

Hertfordshire Partnership University NHS  
Foundation Trust

# Wards for older people with mental health problems

## Quality Report

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### Locations inspected

| Location ID | Name of CQC registered location    | Name of service (e.g. ward/unit/team) | Postcode of service (ward/unit/team) |
|-------------|------------------------------------|---------------------------------------|--------------------------------------|
| RWR60       | The Meadows                        | Orchid ward                           | WD6 4AL                              |
| RWR60       | The Meadows                        | Dalia ward                            | WD6 4AL                              |
| RWR60       | The Meadows                        | Marigold ward                         | WD6 4AL                              |
| RWR45       | Prospect House                     | Colne ward                            | WD17 3XE                             |
| RWR45       | Prospect House                     | Chess ward                            | WD17 3XE                             |
| RWR31       | Lambourn Grove                     | Lambourn Grove                        | AL4 0TZ                              |
| RWR62       | The Stewarts                       | The Stewarts                          | AL5 4TA                              |
| RWR76       | Elizabeth Court and Victoria Court | Elizabeth Court and Victoria Court    | SG1 4YS                              |
| RWR96       | Kingsley Green                     | Wren Ward                             | WD7 9HQ                              |

# Summary of findings

|       |                 |                |          |
|-------|-----------------|----------------|----------|
| RWR32 | Logandene       | Logandene      | HP3 8BL  |
| RWR34 | Lister Hospital | Edenbrook ward | SG1 4AB  |
| RWR47 | Seward Lodge    |                | SG13 7HL |

This report describes our judgement of the quality of care provided within this core service by Hertfordshire Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Hertfordshire Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of Hertfordshire Partnership University NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We rated Hertfordshire Partnership University NHS Foundation Trust wards for older people with mental health problems as **Good** because:

- Care and treatment was delivered in a person centred, kind, respectful and considerate way
- Care Programme Approach and ward reviews were carried out in a timely manner
- Patients and their carers were involved as partners in their care
- Patients told us they felt safe and were satisfied with the care they received
- There were care plans and risk assessments in place for patients
- There was a culture of staff managing patient behaviours effectively and only using medication when they needed to
- Patients had routine and regular contact with a range of health professionals to promote their physical health and well-being
- Different professions worked effectively together to assess the needs of patients and to support the discharge process
- There was an active occupational therapy team and they developed individual plans and therapeutic activities with patients.
- Patients and their carers told us that staff treated them with kindness, dignity and respect.
- There was an active chaplaincy service which supported patients with their spiritual needs
- Staff showed a clear understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.
- Staff told us they felt valued and supported by the Trust and felt confident they could report their concerns without fear of reprisal.

- There was an active training plan in place for staff to enable them to keep up to date with their clinical or leadership skills and to develop these further
- There were robust systems in place to record incidents and learning from incidents was routinely shared
- Morale amongst staff we spoke to was generally good and staff were clear about their roles and responsibilities
- Local leadership was available and supportive to staff

However:

- Arrangements for medication management did not keep all patients safe. Some patients did not receive the recommended monitoring they should have received following administration of “as needed” or PRN medications for agitation and one patient received an inhaler that was not prescribed for them. There was no involvement from pharmacy staff in medicines reconciliation and covert medication plans were not always reviewed in line with the Trust’s own policy or signed by a pharmacist.
- Care plans were not completed in a personalised way which meant they did not reflect the person centred way that we saw staff delivering care. Records did not reflect that patients or carers had been involved in developing their care plans or had been given a copy, though most people told us they had been involved. Risk assessments and care plans were not all up to date.
- A number of staff told us that the introduction of a new shift pattern meant that they were often unable to take their breaks in a timely manner and some staff told us they were often unable to take a break. Some staff told us that they were anxious about some of the reorganisation of the service and were uncertain about the future of some units.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated Safe as **Good** because:

- Patients said that they felt safe and staff knew how to protect patients from harm.
- Ward areas were clean and well maintained.
- Staff vacancies were actively being addressed and recruited to.
- In accordance with the expectations set out by the National Quality Board, the Trust collected and submitted monthly nurse staffing data. This data showed that actual staffing within the service was generally in line with what was planned.
- The service contained a mix of staff from different grades and professions.
- Team Leaders were able to request additional staff when they needed to.
- Staff carried out individual risk assessments for each patient in order to keep patients and staff safe.
- The service had a good track record of preventing patients from developing pressure ulcers. If patients did develop a pressure ulcer, this was recorded as a serious incident. Staff were proud of their ability to keep patients safe from developing pressure ulcers and of helping to heal those pressure ulcers that patients were admitted with. The Trust has had no pressure ulcers reported as a serious incident since January 2015.
- Mandatory training for staff was routinely undertaken and managers monitored training records. Staff had a good understanding of safeguarding adults processes and there were systems in place to learn lessons when things had gone wrong.

However:

- Some patient risk assessments were out of date and related to preadmission risks.
- There were discrepancies in the prescribing, administration and post administration monitoring of some medications. One patient received an inhaler that was labelled with another patient's name and there was an unlabelled GTN spray in a medicines trolley.

**Good**



### Are services effective?

We rated Effective as **Good** because:

**Good**



# Summary of findings

- Patients were assessed and treated in a timely manner and we saw evidence that patients were effectively discharged when appropriate in their care pathway.
- We saw good practice around assessing, supporting and monitoring patients' nutritional needs.
- In line with the Mental Health Act Code of Practice (2015) and NICE guidelines, patients received thorough physical health checks and medical attention to promote their well-being and they had access to community health services when they needed them.
- Care Programme Approach (CPA) reviews were routinely held in order to collect and monitor patient outcomes.
- Occupational therapy, medical and nursing staff worked well together to plan and deliver patient care.

However:

- The systems that manage patient information (electronic and paper files) did not always support staff to deliver effective care and treatment. The electronic system was difficult for staff to navigate and they could not always easily find information when they needed it. Some patient information was stored electronically, some in paper files, some was duplicated in both and some was referred to but not found in either place.
- Staff did not seem clear on the role of the independent mental health advocacy service and patients were not routinely referred to it.
- Mental capacity assessments were generally not well recorded and a number were recorded incorrectly.
- Covert medication plans were not always reviewed in line with the Trust's own policy and one had not been reviewed for over a year.
- There was limited access to psychological therapies.
- There were inconsistencies in reading patients their rights under Section 132 of the Mental Health Act.

## Are services caring?

We rated Caring as **Good** because:

- Patients told us that staff were kind and provided them with good care.
- Patients told us that staff were willing to provide help when they needed it and they were treated with kindness.
- Patients told us that their individual needs were catered for and that staff showed them respect.

**Good**



# Summary of findings

- During the inspection visit we observed a lot of kind, considerate and positive interactions between staff and patients. We observed that patients were treated with kindness, dignity and respect.
- We observed a lot of very warm interactions between staff and patients.
- We observed staff taking time to interact with patients, to help them to eat, engage in activities and to help them feel less agitated.
- We saw some person centred care which was working well for patients with highly complex needs and behaviours.
- Most patients knew that they had a care plan and had been involved in developing it.
- Most patients had privacy to see visitors in their bedrooms if they preferred and they could make telephone calls in private if they wanted to.
- Staff were willing to take telephone calls from family members on a daily basis if this was what the family needed.
- Staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes. Staff routine encouraged patients and their carers or family to complete the “knowing me, knowing you” and “this is me” documents which were then displayed in patients’ bedrooms.
- We saw staff changing their approach to agitated patients who had dementia in order to effectively engage in a way that was meaningful to the patient at that moment in time.

However:

- We saw little recorded evidence of patient views
- Care plans were not routinely shared with patients and their carers.

## Are services responsive to people's needs?

We rated Responsive as **Good** because:

- Patients using the service told us that they felt listened to and were confident that if they had a complaint it would be acted upon.
- We saw notices informing patients how to complain and how to access an advocate.
- The facilities and premises were generally appropriate for the services that were being delivered. Equipment such as hoists and pressure relieving mattresses were readily available should they be needed, to meet the needs of patients with additional mobility needs.

**Good**



# Summary of findings

- Staff told us that they assessed and treated patients with complex needs and if specialist assessments such as speech and language therapy were required, these would be arranged.
- Patients received a timely and compassionate response to their needs and requests.

However:

- Some staff told us they had concerns with regard to moving and handling techniques and equipment on Victoria Court and Elizabeth Court.

## Are services well-led?

We rated Well-led as **Good** because:

- Staff told us that they were clear about their role in delivering the strategy of the service.
- Managers were visible on the wards and demonstrated skill, knowledge and experience to lead their service effectively.
- Managers said they had both the support and autonomy to do their jobs effectively and were confident they could raise issues of concern with senior colleagues.
- Managers proactively attempted to engage staff in regular briefings and meetings.
- Managers told us that poor staff performance was not tolerated and they were able to deal with this effectively if they needed to by offering training and development opportunities.
- Staff said they felt confident to raise concerns to senior colleagues or to use the whistleblowing procedure and felt their concerns would be taken seriously.
- Well developed audits were in place to monitor service quality.

**Good**



# Summary of findings

## Information about the service

Hertfordshire Partnership University NHS Foundation Trust wards for older people with mental health problems provided inpatient assessment, care and treatment for older patients with organic and functional mental illnesses. The service provided long stay care and treatment for a large number of patients who had been assessed as eligible for fully funded NHS Continuing Health Care and some of the units were mixed gender. The service also provided separate assessment and treatment units for people with dementia and for people with functional mental illnesses such as anxiety or depression.

The service is provided across nine hospital sites:

- The Meadows in Borehamwood – 22 beds
- Prospect House in Watford – 16 beds

- Lambourn Grove in St Albans – 24 beds
- Logandene in Hemel Hempstead – 22 beds
- The Stewarts in Harpenden – 18 beds
- Elizabeth Court and Victoria Court in Stevenage 27 beds on each unit
- Wren Ward in Kingfisher Unit, Kingsley Green – 16 beds
- Edenbrook Ward in Lister hospital, Stevenage was the temporary location of Seward Lodge which was undergoing total refurbishment – 16 beds

This was the first CQC inspection at Lambourn Grove, Logandene, Prospect House, The Meadows, The Stewarts and Wren ward. Seward Lodge was last inspected in November 2011. Elizabeth Court and Victoria Court were last inspected in February 2014 and had no compliance actions.

## Our inspection team

The inspection team included three CQC inspectors and a variety of specialists including:

three nurses;

a consultant psychiatrist;

a Mental Health Act reviewer;

a social worker;

a psychologist;

an expert by experience;

a pharmacist

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information we held about the service.

During the inspection visit, the team also:

- Visited all inpatient wards across nine hospital sites
- Looked at the quality of the ward environments including clinic rooms, emergency equipment and ward facilities
- Spoke with 24 patients who were using the service

# Summary of findings

- Spoke with 17 carers / family members of patients
- Spoke with 3 senior managers
- Spoke with 12 senior nurses (ward managers, matrons and team leaders)
- Spoke to 47 other staff including nurses, health care assistants, doctors, administrators and occupational therapists

We also:

- Looked at 81 medication records
- Looked at 74 care and treatment records, including the legal records of patients detained under the Mental Health Act
- Carried out a check of medicines management

- Looked at a range of policies, procedures and other documents relating to the running of the service
- Observed interactions between patients and staff
- Observed interactions between staff
- Observed therapy sessions
- Attended a ward review and a shift handover meeting
- Visited the construction site to view a unit refurbishment

The team would like to thank all those who met and spoke to the CQC team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the Trust.

## What people who use the provider's services say

Patients and carers told us that they were satisfied with the care and treatment they received from the service. They told us staff were lovely to them. They told us that staff listened to them and treated them with kindness, dignity and respect. Patients told us they knew how to make a complaint and felt confident that if they did complain, it would be taken seriously.

Patients and carers told us their unit was well kept and that cleaning was carried out regularly. Most patients told us that the food was good, well presented and there was plenty of it. However, a small number of patients told us the food was not tasty and was not well presented.

During our inspection, we received a lot of positive feedback from patients and carers about the staff and about the care that was provided.

## Good practice

Prospect House had received the Royal College of Psychiatrists' accreditation for inpatient mental health services (AIMS) for older people since 2009. The inspection team saw the report from the last peer review visit. The accreditation will run until 2017. Prospect House staff were very proud of this accreditation. Staff on the unit had received two trust inspire awards and an employee of the year award for dedication to the job.

Physical health monitoring was routine and standardised tools were used across the service, including nutritional and skin integrity assessment tools. Falls assessments were routinely carried out and audited.

Staff routinely completed person centred "this is me" and "knowing me knowing you" documents for all patients. Patients, families and carers were routinely involved in completing these documents to give them added relevance.

The pool activity level tool was used to assess purposeful activity levels for patients with dementia in a person centred way.

Specialist pressure relieving equipment could be ordered and delivered to the wards within 4 – 6 hours depending upon the location.

# Summary of findings

## Areas for improvement

### **Action the provider SHOULD take to improve**

Hertfordshire Partnership University NHS Foundation Trust Wards for older people with mental health problems SHOULD improve in the following areas:

- The Trust SHOULD review covert medication plans effectively.
- The Trust SHOULD demonstrate that they have effective systems in place for safe management and administration of medication.

## Hertfordshire Partnership University NHS Foundation Trust

# Wards for older people with mental health problems

### Detailed findings

#### Locations inspected

| Name of service (e.g. ward/unit/team) | Name of CQC registered location                      |
|---------------------------------------|------------------------------------------------------|
| Orchid ward                           | The Meadows                                          |
| Dalia ward                            | The Meadows                                          |
| Marigold ward                         | The Meadows                                          |
| Colne ward                            | Prospect House                                       |
| Chess ward                            | Prospect House                                       |
| Lambourn Grove                        | Lambourn Grove                                       |
| The Stewarts                          | The Stewarts                                         |
| Elizabeth Court and Victoria Court    | Elizabeth Court and Victoria Court                   |
| Wren ward                             | Kingsley Green                                       |
| Logandene                             | Logandene                                            |
| Edenbrook ward                        | Lister Hospital (temporary location of Seward Lodge) |

#### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The use of the MHA was consistently good across the service. The documentation we reviewed in detained patients' files was up to date and stored effectively. One

# Detailed findings

approved mental health professional report was missing from both the paper and electronic files at Prospect House. Completed consent to treatment forms were routinely available to inspect. The granting of Section 17 leave was effective but there was no space on the form to show who had been given a copy of the leave form.

Covert medication plans were generally agreed involving all relevant parties such as pharmacist, psychiatrist and nurse. However, review dates were routinely overdue or not listed. One review was a year overdue and there was no pharmacy signature on three covert medication plans at prospect house.

Information on the rights of people who were detained was displayed in wards and independent advocacy services were readily available to support patients, both independent mental health advocates (IMHA), independent

mental capacity advocates (IMCA) and generic advocates. However, staff did not appear to be clear about the role of the IMHA and IMCA or how to refer patients who lacked the mental capacity to know if they needed a specialist advocate or not.

Staff were aware of the need to explain people's rights to them and attempts to do this were generally recorded. However, we found that there were some gaps in the recording of attempts and some inconsistencies around reading the rights to patients who were not able to understand them – some were given repeat attempts even though staff had recorded that the patient lacked the mental capacity to understand their rights.

Patients had access to mental health review tribunals and managers hearings when required.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of recent legal decisions relating to the MCA and the impact of this on the service and patients. DoLS authorisations were applied for when relevant and records showed the status of the authorisation. There were delays in authorisations due to a local authority backlog and not due to Trust issues. Staff checked with their DoLS team for updates on the progress of authorisations.

Capacity to consent to treatment was routinely recorded but mental capacity assessments were not well recorded. At Logandene the mental capacity form had been misinterpreted and consequently all forms we looked at were incorrectly completed. After pointing this out, Logandene staff corrected the forms. We looked at the case files of 31 detained patients and found one T3 form on

Wren Ward (certificate completed by a second opinion appointed doctor for people who lack capacity to consent to treatment) which was out of date from March 2015 and in need of review and another which was out of date on Lambourn Grove from February 2015 and in need of review.

Covert medication plans were generally agreed involving all relevant parties, such as the pharmacist, medic and nurse. However, review dates were routinely overdue or not listed. One review was a year overdue and there was no pharmacy signature on three covert medication plans at Prospect House.

Staff demonstrated a good understanding of assessing mental capacity but decisions were not effectively recorded, so it was not possible to see the MCA steps that had been taken to carry out assessments of mental capacity.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

### Our findings

#### Safe and clean ward environment

- All wards complied with NHS guidance for mixed sex accommodation. Most bedrooms were not ensuite. There were designated male / female areas on the mixed gender wards with shared unisex toilet and bathroom in these designated areas. Clear bathroom / toilet signage was in place on all wards. Patients could mix together in communal areas if they wished.
- The building design of all units (except the unopened refurbished Seward Lodge) had blind spots where staff could not easily see all patient areas. Staff said they managed these by actively deploying staff in the ward areas and by carrying out regular observation of all patients regardless of their individual assessed risks. We observed staff being deployed throughout the units.
- Staff carried out assessments of ligature risks. There were a number of ligature risks but the service had assessed these and they were on the risk register. The wards were designed to be accessible for people with dementia and mobility needs (for example bathroom taps that looked like taps and fixed hand rails). Staff were aware of potential ligature risks and managed their patients in their environment. There were no reports of any patients having used a ligature on the wards for older people with mental health problems.
- The wards were generally well-maintained and clutter free. Logandene, Victoria Court and Lambourn Grove showed signs of wear and tear on the fabric of the internal buildings but refurbishment plans were scheduled for the service as a whole so staff told us these would be resolved.
- Patients told us that standards of cleanliness were good. There was a plentiful supply of cleaning material in designated locked areas. Hand washing procedure signs were visible. Hand gel was available. Audits of hand hygiene were carried out regularly. Evidence from April – December 2014 showed: 100% compliance for Wren Ward (their first audit was carried out in October 2014 as it was a newly opened ward); 100% compliance for The Meadows and Prospect House; 99.8% compliance for Elizabeth Court; 98.3% compliance for The Stewarts; 75.6% compliance for Edenbrook / Seward Lodge. Victoria Court did not submit data for 2 months between July & August 2014 however scored 98% from September - December submissions. Logandene and Lambourn Grove submitted no data for the whole period. Audits of mattress condition are also carried out and averaged 95.2% compliance across the service for the same period.
- We looked at patient-led assessments of the care environment, scores for the service and found that Logandene, The Meadows and The Stewarts scored 100% for cleanliness. Lambourn Grove scored 99%, Victoria Court 98%, Prospect House 98% and Elizabeth Court 99%. All scores were above the Trust average of 98% and the average score for England which is 97%
- There was active cleaning taking place on the wards when we visited. Cleaning labels were dated and attached to equipment that might be used by different patients in clinic rooms. Toilets appeared clean and all wards had full toilet paper, soap and hand drying facilities.
- Equipment was maintained and serviced appropriately. Dates of servicing were clearly visible and all were in date.
- Staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins. These bins were not over-filled. Audits for the correct use of sharps from April – December 2014 showed 90-100% compliance across the wards.
- Emergency equipment, including defibrillators and oxygen, was in place. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Check and service dates were up to date. Medical devices and emergency medication were also checked regularly. The checklist logs in clinic rooms

# Are services safe?

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were seen and there were few gaps. However, there was no IV adrenalin available on the resus trolley on Wren ward and Lambourn Grove which is recommended to be present by the Resuscitation Council (UK).

- Staff carried personal alarms.

## Safe staffing

- Staff received mandatory training and refreshed their learning annually in areas such as infection control, safeguarding adults / children, fire safety, basic life support and RESPECT (preventing and managing behaviours that challenge). We looked at a sample of training records across the service. Prospect House had 96% compliance, Lambourn Grove had 86%, and Edenbrook had 77% (lower than their target due to sickness which was 5.5 staff in March 2015). 100% of staff at Victoria Court and Elizabeth Court had completed their mandatory training.
- The Trust determined staffing levels centrally and reported that they were confident that staffing levels were sufficient to keep patients safe. However, common feedback from staff was that the introduction of new staffing systems meant that nurses often could not take their breaks effectively. Most staff we spoke to said there was enough staff to provide effective patient care. One member of staff told us that there were not enough staff to “go the extra mile” with patients. Two staff told us that the Trust was considering implementing a different method of determining staffing levels. Staff on Victoria Court told us they were concerned about staffing levels at night because they felt four staff could not always effectively meet patient need in a timely manner, particularly if staff were dealing with an emergency. Trust data shows that the average fill rate for staff did not fall below 80% in the period December 2014 - January 2015, with the exception of The Stewarts where night time health care assistants were at 79% but this was compensated with an increase to 123% of nursing staff.
- Ward managers told us they could get additional staff when required and staffing was increased in relation to individual patient. For example to cover additional observations that were implemented to keep patients safe. Victoria Court staff were positive about receiving an additional member of staff on the evening shift.

- There were nursing staff vacancies across the service. These were being actively recruited to. A sample across the service showed 3.5 at Victoria and Elizabeth Court, 2.5 at Prospect House and 3 at Seward Lodge / Edenbrook. Staff told us they used regular bank staff when they could, to maintain continuity of patient care and a sample of rotas we looked at confirmed this. Staff reported that they rarely used agency staff.
- Staff and patients told us that planned escorted leave from the wards was almost never cancelled due to staff shortages.
- Staff told us that there was adequate medical staff available day and night to attend the wards quickly in an emergency.

## Assessing and managing risks to patients and staff

- All but one patient we spoke to told us they felt safe on the wards. This patient told us that they did not feel they or their possessions were safe because another patient regularly came into their room during the night which distressed them but staff were aware of the issue and were providing oversight of the situation.
- Individual risk assessments had been carried out for all patients on the wards but they were not all up to date. Some risk assessments related to the period before a patient had been admitted to the service. Staff told us they managed individual patient risks by knowing their patients well and by managing the ward environment well. They gave good examples of what they did to reduce agitation in patients who had dementia. Before they were admitted to the service, one patient had been hurting themselves for a very long time,. Staff managed this by providing the patient with physical touch, kind words and something that distracted them and kept them busy so they didn't hurt themselves as often or as badly. We saw how effective this was in keeping that patient safe. Staff demonstrated that they knew their patients well.
- Staff said that if patients needed additional staff to keep them and others safe, staffing levels could be increased.
- For patients detained under the Mental Health Act, the approved mental health act professional's paperwork was available in all but one case we looked at so staff could easily see what the history and risks which had led to the patient's admission.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- The handover process between shifts included discussion of individual patient risk and physical health care needs.
- Staff had received training in safeguarding vulnerable adults and children. All staff we spoke to showed a good understanding of how to identify and deal with potential safeguarding concerns. Staff told us that they could get advice from senior colleagues and the safeguarding team if they felt they needed to. Safeguarding adults concerns and alerts reported to CQC are low for the service. Between 1st March 2013 and 2nd February 2015 there were 5 in total: 1 alert and 2 concerns from Lambourn Grove; and 2 concerns from Elizabeth and Victoria Court.
- Between 12th June 2014 and 12th January 2015 there were 43 recorded incidents of restraint in the service: 18 at Logandene, 13 at Lambourn Grove and 12 at Edenbrook (Seward Lodge). None of these were restraints in the prone position. However, all staff told us that restraint was almost never used. Staff said that when used, restraint took the form of gently guiding a distressed or agitated patient away from the source of distress but they recorded this intervention as restraint. One staff member gave us an example of covering a distressed patient's hands with a towel when she was confused, distressed and throwing faeces. They told us that they had been informed that this intervention would be classed as restraint but they explained that they had merely been trying to preserve the patient's dignity and reduce the likelihood of spreading infection. It seemed that the service had a very low threshold of what they deemed restraint, and this might explain why their numbers of restraint were so high. However, staff had received training in managing violence and aggression should they ever need to use more significant forms of restraint. Staff were able to give good examples of how they used de-escalation and distraction techniques to support agitated patients and we observed this taking place during the inspection.
- We reviewed the medicine administration records of 81 patients across the wards. We found few reported errors in administration of medication. However, one patient on Wren ward was prescribed a medication that their GP had noted they had an allergic reaction to in 2010. We also found that their audit standards for safe and secure handling of medicines was last done in November 2014 when the ward was newly opened, there were no major concerns, an action plan was completed and returned to the pharmacy department on 2nd March 2015. We found a GTN spray in the medicines trolley on Lambourn Grove that did not have a patient name on it. We also found a patient's eye drops which did not show a date when they were opened. We found one patient was receiving an inhaler that was labelled with another patient's name. There was overstocking of some medicines at Lambourn Grove which did not reflect their stock list and could make it difficult to effectively rotate stock in terms of expiry dates. We found that medicines reconciliation across the service was not routinely carried out with the involvement of pharmacy. There were multiple dispensing systems at Victoria and Elizabeth Court and we found that when changes to doses were made, the original dose remained on the medication administration record (MAR) which could lead to confusion and result in a patient being given an incorrect dose.
- Covert medication plans were generally agreed involving all the relevant parties, such as the pharmacist, doctor, nurse and relative. Covert medication is the term used to describe times when a patient is given medication that they are not aware of, such as in their food or drinks. They had good rationales and were well recorded. However, we inspected fourteen prescription charts at Prospect House and there were three covert medication plans in place. None of the covert medication plans had been signed by the pharmacist. One was dated September 2014 and another February 2015 but neither had been reviewed in line with the Trust's own policy. Across the service, we found covert medication plans that were not reviewed in line with the Trust policy. Prospect House was using a covert medication "position statement" from the UKCC dated 2001. There are more up to date guidance notes available.
- People using the service were provided with information about their medicines. A pharmacist could attend the ward if requested to. An online service was available to patients to learn about medication. Staff reported an effective response from pharmacy services if they contacted them.

## Track record on safety

## Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Data from the Trust showed one serious incident (SI) in the last six months which was a pressure ulcer acquired following admission at Logandene. Staff were involved in the stop the pressure campaign and said they were working hard to prevent their patients developing pressure ulcers. Evidence seen at Logandene showed how they were using person centred ways to combine the use of equipment and staff skill to prevent pressure ulcers. Elizabeth and Victoria Court also reported SIs earlier in 2015 relating to a power failure, two cases of Norovirus and an acquired pressure ulcer.
- Staff we spoke to knew how to recognise and report incidents. They were confident that they could report incidents without fear of recrimination.
- The Trust used a Datix electronic incident reporting system. All staff were aware of it and what type of incidents they should record. Local and senior managers had access to monitor the Datix system and did so routinely.
- Staff were made aware of incidents in team meetings and handovers and could give examples of lessons learned.

### **Reporting incidents and learning from when things go wrong**

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

### Our findings

#### Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that risks to physical health were identified and managed effectively.
- Occupational Therapy staff assessed and supported patients with ward based activity therapies. Ward staff supported patients with therapeutic activity at other times. The model of human occupation (MOHO) was used for admission assessments. The Pool Activity Level (PAL) Instrument for Occupational Profiling was used to consider activity for people with dementia. Both are recognised assessment tools. Occupational therapy staff also attended patient home visits for assessment purposes.
- Care plans were in place that addressed patients' assessed needs. We saw that these were mostly reviewed and updated. Patients gave us examples of how their individual needs were met but care plans did not always reflect patient views. We saw very person centred care being provided. However, the way the care plans were written did not reflect the positive interventions we saw. The written documents lacked a holistic and person centred style. The written care plans focused on the meeting of physical needs. The way we saw staff delivering care was very person centred, The care plans did not do staff justice because we saw them providing a lot of positive emotional intervention and very individualised care patients.

#### Best practice in treatment and care

- Specialist pressure relieving equipment such as mattresses could be ordered and delivered within 4-6 hours depending upon the site. Staff were all aware of the "Stop the Pressure" campaign and were keen to prevent patients from acquiring pressure ulcers. Safeguarding alerts were raised for patients who were admitted with a pressure ulcer. The service had just appointed a tissue viability nurse to promote patient skin integrity.

- Physical healthcare assessments were routinely carried out and reviewed for patients including: falls risk assessments and audits; and the modified early warning system (MEWS).
- Staff routinely completed person centred "This is Me" and "Knowing Me Knowing You" documents for all patients. Patients, families and carers were routinely involved in completing these documents to give them added relevance.
- The service is currently running the "Dementia Challenge Toolkit", to audit standards and make improvements where necessary

#### Skilled staff to deliver care

- Staff working in the service came from a range of professional backgrounds including nursing, medical, occupational therapy, chaplaincy, housekeeping, pharmacy and psychology. Social work / care manager support was provided by the local authority. Other staff were drawn upon for specialist assessments such as physiotherapy, speech and language therapy and nutrition when required. All patients were registered with a local GP surgery, and doctors visited the units regularly.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken training relevant to their role, including: Safeguarding children and adults; fire safety; health and safety; basic life support; moving and handling; infection control; information governance; and management of actual or potential violence.
- Staff told us they received regular supervision and annual appraisals. We saw evidence to confirm this. Supervision and appraisals were used to address performance issues, to reflect on practice and development needs and to discuss learning from incidents.
- Some doctors told us that recruiting medical staff in the area was difficult but they had a good medical team and supported each other and recruitment difficulties did not have a negative impact upon the service.

#### Multi-disciplinary and inter-agency team work

- Assessments on wards were multidisciplinary in approach. Patient records showed that there was

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effective multidisciplinary team (MDT) working taking place. Staff gave examples of having involved external professionals when the patient needed this. There was evidence of families being invited to care programme approach meetings.

- Staff told us that handovers, MDTs, CPAs and ward round meetings were effective in sharing information about patients and in reviewing patient risks / progress. A social worker from the local authority would be invited for discharge planning. Different professionals were seen to be working together effectively to assess and plan patients' care, treatment and discharge. We observed a handover meeting. It was effective in sharing essential information between staff so that patient's changing needs were highlighted.
- Staff said referrals to other services such as physiotherapy or speech and language therapy were processed in a timely manner.
- Staff said they felt that they worked well as a team and could express their professional opinions within the team.

## Adherence to the MHA and MHA Code of Practice

- The use of the MHA was generally good across the service. The documentation we reviewed in detained patients' files was mostly up to date and could be accessed easily.
- One Approved Mental Health Professional (AMHP) report was missing from both the paper and electronic file at Prospect House.
- Completed consent to treatment forms were available to inspect.
- The granting of Section 17 leave was effectively managed but there was not a place on the form to identify who had been given a copy of the leave authorisation.

- Staff were aware of the need to explain patient's rights to them and attempts to do this were generally recorded but there were some inconsistencies. Some patients were assessed as not able to understand their rights but repeated attempts were still made. For some patients who were assessed as lacking capacity to understand their rights, we could not find the mental capacity assessment to confirm this.
- Information on the rights of people who were detained was displayed in wards and independent advocacy services were available to support patients, but staff did not seem clear on the different types of mental health advocacy and did not routinely refer patients who lacked capacity.
- Patients had access to mental health review tribunals and managers hearings.
- Staff knew how to contact the MHA office for advice when needed.

## Good practice in applying the MCA

- Staff demonstrated a good practical understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, the recording of mental capacity assessments generally lacked the detail required by the MCA so it was not possible to determine the rationale by which assessment outcomes had been reached. Also, covert medication plans were not reviewed in line with the trust's own policy.
- Staff knew who to contact for further advice and guidance about issues relating to the MCA.
- DoLS authorisations were applied for when relevant and records showed the status of the authorisation.
- The Trust had a DoLS team which recorded the status of DoLS applications and authorisations. Ward staff contacted that team for updates.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

### Our findings

#### Kindness, dignity, respect and support

- Patients told us that staff treated them with respect and dignity.
- Staff appeared interested and engaged in providing good quality care to patients. We observed staff interacting with patients in a very caring and compassionate way.
- Staff responded to people in distress in a calm and respectful manner. They de-escalated situations well by listening to and speaking quietly to people who were frustrated, upset or angry and gently guiding patients away from situations they found difficult. Staff could also offer some patients medication that was prescribed to reduce their anxiety and agitation but they mostly used their skills and interactions to calm patients.
- We saw staff engaging in very positive interactions with patients and showing appropriate levels of humour if it helped patients.
- We talked to staff about patients and they discussed them in a respectful manner and showed a very good understanding of their individual needs. Staff gave examples of the types of person centred support that individual patients needed to help them to feel safe and comfortable, for example providing a toy dog for a patient who missed their dog and a doll for a patient who had been very unsettled at night but after receiving the doll was able to feel calmer and as a result could sleep during the night.
- We saw patients being given the support they needed to deal with the emotional aspects of their mental illness
- Staff told us that they spend time with carers in order to help them deal with the emotional consequences of their relative's mental illness, specifically supporting carers to learn more about dementia and how it can affect people.
- We looked at the latest patient-led assessments of the care environment scores for privacy, dignity and respect.

We found that Lambourn Grove scored 82%, Logandene 87%, Prospect House 89%, The Meadows 83%, The Stewarts 93%, Victoria Court 77.9% and Elizabeth Court 85%. The Trust overall score for privacy, dignity and respect was 88% and the average score for England was 90%.

#### The involvement of people in the care they receive

- Staff said patients could visit the units before moving there and there were “welcome packs” for patients and families. We saw that these provided a lot of information about the units and service.
- Patients, who could and wanted to, were engaged in developing their care plans and knew what the care plan was. Some patients said they did not want to be involved in their care plans. Most patients on the wards were not able to engage in developing their care plans because of their level of dementia but staff involved their families and carers so that interventions were meaningful to patients. However, the care plan documents did not accurately reflect the level of person centred care that we saw staff providing. The care plan documents were task centred and medical, lacking personal detail. However, we saw that staff were actually providing very detailed, person centred care.
- Carers were routinely involved in patient care programme approach meetings. Patients who understood their needs and care were involved in their CPA meetings.
- Staff knew they could make a referral for an independent mental capacity assessment for patients who lacked mental capacity to engage in their care planning but said they would only do this if there was no family. Staff did not demonstrate a clear understanding of the role of the IMCA and IMHA.
- Details of the local advocacy service were displayed in all the wards.
- There were patient telephones available on the units and staff allowed patients to use the ward telephones if they needed to make calls in private.
- Carers groups were advertised on some units. Wren ward was relatively newly opened and staff said they hoped to set up a regular carers meeting. The Stewarts held a monthly carers meeting which they said was well attended. Logandene were hoping to hold carers

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meetings more regularly. Elizabeth Court had a well established carers group but Victoria Court no longer had one. The Meadows held a monthly carers meeting and Prospect House carers met when they felt the needed to.

- We saw compliments and thank you cards on some units. We did not see a formal mechanism for collating compliments for the service.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

### Our findings

#### Access, discharge and bed management

- The service as a whole had capacity to accept new admissions. However, based on geography and patient / carer preference there may be a waiting list in some areas.
- We saw evidence that patients were effectively discharged from the service when it was appropriate in their care pathway.
- Staff were aware of some delayed patient discharges but this was generally because families had challenged the CHC eligibility or because there were delays in finding a suitable community placement for the patient to move onto.
- We saw little evidence of patients having to move wards because of non-clinical reasons. Staff said that patients with complex behavioural needs were managed on the units and not moved elsewhere. However, one patient complained to Edenbrook / Seward Lodge in January 2015 that they had been moved four times prior to be discharged. The complaint was fully investigated by the Trust and as a result key learning was identified.
- Between July 2014 and January 2015, the service had a low number of readmission to hospital within 90 days of discharge. There was 1 to Prospect House, 2 to Edenbrook 2 to Seward Lodge, 3 to Lambourn Grove, 6 to Logandene, 4 to Wren ward and none at Victoria Court.
- The service had a large number of delayed discharges between July 2014 and January 2015 with Lambourn Grove having the highest in the Trust. There were 11 at Prospect House, 13 at Edenbrook, 5 at Seward Lodge, 21 at Lambourn Grove, 5 at Logandene, 9 at Wren ward and none at Victoria Court. Staff told us that delays in patient discharge are usually attributable to finding a suitable placement for the patient to move on to because of their complex needs and the shortage of

specialist placements in the area. They said this is further complicated by the wishes of family who often do not want the patient to be too far from the area in which they live.

#### The ward optimises recovery, comfort and dignity

- The wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. All wards were accessible for patients and carers with restricted mobility.
- There were rooms for patients to meet relatives, but they could also spend time with patients in their bedrooms if it was appropriate.
- Patients had access to telephones and staff helped them to make and receive calls if needed. Staff allowed patients to use ward telephones if necessary. Staff were willing to take calls from relatives throughout the day.
- All the wards offered access to an outside space, which included smoking areas. Garden areas had seating. Wren ward had access to two safe garden areas. One had a garden chess set which, although the pieces were heavy to lift, patients told us they liked. The gardens were visible to staff from the communal and office areas so provided safe oversight whilst allowing patients the freedom to enjoy landscaped outdoor space. The lawns were AstroTurf, reducing maintenance whilst providing level access ground underfoot. The Stewarts had raised garden beds and planting pots for patients to use and patients with severe cognitive decline were enabled to participate in gardening activities from the comfort of their lounge by the visiting horticulturist. Elizabeth Court had ramped access to the garden area which was difficult to use in bad weather so there were plans to improve the access and this was supported by the carers group. The Meadows had two small outdoor areas but there was little evidence of patient activity in either of them.
- Snacks and drinks were available when patients wanted them. Hot meals were provided which were delivered and reheated on the units. Patients had a choice of meals and told us there was plenty of food and it was generally very good. A very small number of patients at Prospect House told us they did not like the taste or presentation of the food. Foods that complied with specific religious, cultural and dietary needs were

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Good 

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available for patients. Wipe boards with closing doors in the dining areas provided staff with discrete access to individual patient dietary needs information so they did not have to leave patients unattended.

- We looked at the latest PLACE scores for ward food. We found that Lambourn Grove scored 84.8%, Logandene 94.4%, Prospect House 94.5%, The Meadows 97.6%, The Stewarts 99.4% Victoria Court 91.6% and Elizabeth Court 81.5%. The overall Trust score for ward food was 90.66%.
- Units displayed activity programmes. There was a range of activities for patients including pet therapy, drama therapy, OT led breakfast clubs, crafts and gardening. We observed a music session, flower arranging, a seated exercise routine and a horticulture session which patients appeared to be engaged in and enjoying. We also observed individual patient activities such as walking with staff, looking at picture books and reminiscing. We saw no evidence of patients involved in education or high level therapeutic and rehabilitation activities. Wren ward explained that as a new ward, they aimed to further develop links with the OT department for patients to take part in more OT led activities. Patients and staff told us that activity and therapy sessions were almost never cancelled due to lack of staff. Patients on Wren ward had access to free Wi-Fi and had a choice of five newspapers which were delivered to the ward.
- Patients did not routinely have keys to their rooms but we saw staff responding quickly to open or lock patient rooms when required. Due to the high level of patients' cognitive decline on most units, bedrooms were routinely locked. This prevent patients from removing other the belongings of other patients. One patient and carer told us that they found it unsettling when other patients came into their room uninvited at night.
- Staff were seen to knock and ask patients for access to their rooms before entering.
- One patient at Prospect House told us that it was a disturbance when staff opened the door to carry out observations during the night. Staff told us that the refurbishment of the unit would include larger observations hatches which would reduce disturbance to patients.

- Patient rooms could be personalised with items such as pictures and memorabilia. Some patient rooms showed evidence that this had taken place.

## Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. Meaningful attempts were made to meet patients' individual needs including cultural, language and religious needs.
- There was a chaplaincy service to support patients with a diverse range of spiritual and religious needs.
- Interpreters were available to staff to help assess patients' needs and explain their rights, as well as their care and treatment if required. There was evidence of interpreters having been used. Some staff spoke other languages in addition to English.
- A choice of meals was available to suit patients' religious, cultural and personal choices. Patients could access snack outside of meal times if they wanted to and healthy eating guidance was available to patients in pictorial form.
- All units were equipped to support patients with physical health and mobility needs. There were specialist baths and level access showers on all units. Hoists and equipment were available and more specialist equipment could be ordered.
- Logandene showed a recent order for cooling gel cushion pads, for immobile patients who felt hot in their chairs. They aimed to trial these to see if they were effective in providing more comfort for patients.
- Patients on Wren ward were generally more independent with mobility but specialist equipment could be accessed within hours if required. One patient on Wren ward told us that the doors were very heavy to open for people for who lacked much physical strength. We found that they were very heavy.
- Accessing Wren ward, which was based at Kingfisher Court in Kingsley Green, was not easy using public transport so the Trust had arranged free transport from local hospitals and railway stations. The newly refurbished Seward Lodge is equipped with double doors on some bedrooms and in the therapy rooms to enable easy transfer for patients who cannot be safely moved out of their beds.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards, as well as information about the independent advocacy service, CQC and the patient advice and liaison service.
- Patients could raise concerns and complaints directly with staff and all but one patient we asked said they felt confident in doing so.
- There was one complaint on Lambourn Grove which had been ongoing since August 2013. Staff across the service told us that complaints often related to the reassessing of patients eligibility for fully funded Continuing Health Care (CHC) funding rather than the

quality of care provided and these complaints can go on for a number of years whilst the CHC process is reviewed. There were a series of negative comments relating to care provided at Lambourn Grove between 1st February 2014 and 31st January 2015.

- Patients told us they knew how to make complaints and were confident they would be listened to and their views would be taken seriously.
- Wren ward told us that they had been working with the onsite catering team to make changes to the menu and this had shown positive results.
- Staff told us they were open to receiving both positive and negative feedback and considered all feedback in team meetings, supervision and briefings.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

### Our findings

#### Vision and values

- Staff we asked showed a clear understanding of the Trust's vision and values. Staff told us that their aim was to provide quality care for their patients. Copies of the Trust's vision and values were seen during the inspection.
- Staff told us that they felt valued by the Trust and believed that they could express their views without recrimination.
- Ward managers had regular contact with their managers and senior colleagues and felt supported by them.
- Senior managers held "back to the floor" exercises when they visited the units and experienced what it was like to work there.
- There were regular team meetings and briefings. Staff told us they felt valued and supported by their managers, colleagues and senior managers. Staff told us they liked their jobs and enjoyed their work. Almost all staff reported good morale within their areas but some did share concerns about developments within the service and there was some anxiety about units changing the way services were provided or closing in the future.

#### Good governance

- The service had systems of governance in place such as the Datix incident reporting system and which assisted staff to manage and monitor risks on the ward environment. The Datix also provided information to senior managers in the Trust in an open and transparent way. Trust-wide teams such as DoLS and Safeguarding were available to provide staff support.
- Performance data was captured and used to address quality and staff performance issues. Senior managers had access to this so could monitor things like mandatory training and annual appraisal compliance across the service.

- Ward managers told us they had enough autonomy to manage their wards effectively and they could rely upon support from their own managers if they needed to escalate issues. We saw that senior managers were visible in the ward environment.
- Staff had regular supervision and appraisals and most were up to date. For example, Prospect House had 95.2% of annual appraisals up to date. Logandene had three out of twenty seven staff slightly overdue for supervision, partly due to sickness. Victoria and Elizabeth Court were up to date with their appraisals and supervision.
- The Trust used audits to monitor the effectiveness of the service. We looked at the audit of Section 132 of the MHA which obliges a trust to make detained patients aware of their rights. The audits had taken place annually in March, since 2010. The last available data was from March 2014 which showed that the Trust was not fully compliant, having a rate of 91%. An action plan had been put in place which involved using a new form to record the data. Data from 2014 – 15 was not available but as outlined earlier, we saw some inconsistencies in how patients were made aware of their rights.
- Systems for monitoring the effective management of medication were effectively identifying administration errors. These were recorded, investigated and the outcome fed back to staff and also recorded as Safeguarding incidents. However, as outlined earlier, we did find one bottle of eye drops without a "date opened" date and a GTN spray which was not labelled with patient information.

#### Leadership, morale and staff engagement

- We found the wards to be well-led overall. There was evidence of clear leadership at a local level. Ward managers were visible on the wards during the day-to-day provision of care and treatment and they were accessible to staff. We were told the culture on the wards was open and we saw this.
- Staff we spoke to were enthusiastic and engaged with their roles. They told us they felt able to report incidents and raise concerns. Staff on Edenbrook / Seward Lodge were very excited about the redevelopment of the unit and had been closely involved with each stage of the development. They were particularly excited about the

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way the physical environment of the new unit would offer more opportunities for patients and provide more comfort whilst using the latest technology and research in dementia care.

- Staff were kept up to date about developments in the Trust through regular newsletters, emails, team meetings and briefings. However, staff at Victoria Court felt they were not fully communicated with about plans for their unit.
- Staff were aware of the Whistleblowing process told us they felt confident to use it.
- Ward managers told us they had access to leadership training and development opportunities. They told us they felt supported and valued by their immediate line manager and felt they had more opportunities with Hertfordshire Partnership University NHS Foundation Trust than they had with previous employers.
- Staff across all units reported that they were not satisfied with the new shift patterns which led to them working two long days and two short days. Some staff reported that this led to them being more tired, often less able to utilise their breaks effectively and led to a feeling of a worse work / life balance than they had previously had. If they missed breaks, staff said they could effectively be on shift for twelve and a half or thirteen hours. Some nursing staff reported that they lost their breaks in order for other members of the team to take a break whilst ensuring that patient care was not disrupted.
- Managers and staff told us that, overall, they felt morale was good within their teams but acknowledged that there were a lot of changes and reorganisation in the service which had led to some staff anxiety. Staff at Victoria Court felt morale was lower in their unit

because they were not clear about the future of their unit and they felt this made recruitment of staff difficult. Staff survey results could not be broken down to determine results for the service as a whole.

- Managers said they were confident in the support they could receive from senior leaders within the Trust.

## Commitment to quality improvement and innovation

- Elizabeth Court had successfully applied for support from the Kings Fund to “enhance the healing environment” and as a consequence they had undergone a high standard refurbishment of the reception area.
- Staff on Edenbrook / Seward Lodge felt fully engaged and enthusiastic about the redevelopment of their unit. The unopened unit was visited as part of this inspection. It was found to provide a high specification in terms of environmental design, using leading research from the University of Stirling to provide a safe, dementia friendly layout. The new unit also provided excellent outdoor facilities for patients to use safely and freely, in line of sight of staff. The gardens were specially designed with planting and fixtures such as a potting shed, guiding pathway and seating, to relax and engage patients with dementia.
- Wren ward had opened as a unit for frail and vulnerable patients so fewer patients with functional illness would need to be accommodated on wards that predominantly catered for patients with dementia.
- The service was partway through a redesign which they expected would benefit patient assessment and treatment without the need for as many patients to remain in the hospital environment. This would mean a reduction in overall long stay Continuing Health Care beds in hospitals but an increase in the number of such beds in patients’ own communities.