We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Dene

Gatehouse Lane, Goddards Green, Hassocks, BN6 9LE

Tel: 01444231000

Date of Inspection: 30 October 2013

Date of Publication: November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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<td>Respecting and involving people who use services</td>
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<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
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<tr>
<td>Management of medicines</td>
<td>✓</td>
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<tr>
<td>Staffing</td>
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<tr>
<td>Supporting workers</td>
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<td>Records</td>
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## Details about this location

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<th>Registered Provider</th>
<th>Partnerships in Care Limited</th>
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<tr>
<td><strong>Overview of the service</strong></td>
<td>The Dene is a modern purpose-built hospital providing specialised medium and low secure services for people with mental health needs, mild learning disabilities or problems with substance misuse. The hospital has six wards, although one is currently closed, with a total of 84 beds, comprising one male acute admission ward; two medium secure wards for women and two low secure services for women managed across two areas. The nominated individual is Steven Woolgar.</td>
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<tr>
<td><strong>Type of service</strong></td>
<td>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</td>
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| **Regulated activities** | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury |
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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Dene had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Staffing
- Supporting workers
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist. We were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

The purpose of this inspection was to follow up on widespread non-compliance identified during our last visit to The Dene on 30 April 2013.

It is noted that since that inspection, there has been an open and honest acknowledgement by the provider of the shortfalls and a commitment to address these issues. The Regional Executive Director told us there was "A need to facilitate a culture shift to improve both patient and staff engagement and this will take some time and sustained effort."

The inspection team comprised four Compliance Inspectors, a Pharmacist Inspector, a Specialist Advisor and an Expert by Experience.

We visited all five wards, observed care practices, examined a range of documentation and spoke with patients, nursing and care staff and senior managers.

We found that a lot of hard work and significant improvements had taken place since our previous inspection. These included changes to the management structure, the relocating
of the acute admission wards, more support and involvement of patients in their care and treatment planning and improved communication, staff support systems – and staff morale.

We found that before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Consent forms had been completed appropriately.

We saw that patients' privacy, dignity and independence were respected. We saw that staff were friendly and kind and responded to patients’ needs. We saw that people were supported to make choices, including how they spent their time, and that their choices were respected. A care worker told us "We ask patients instead of telling them and try to prompt rather than do things for them - it puts the power back to them. The managers are very hot on things like that."

One patient told us "Generally all of the staff are very caring. They are trying to give us much more support. They're here for me whenever I need them." Another person told us, "It's the best hospital I've been in. I have the support of the staff and the psychologist. There are people helping you all the time. I feel safe here."

We found that improved systems were in place to ensure there were sufficient numbers of staff on duty to meet the assessed care and support needs of the patients. Staff were supported and received appropriate professional development.

Despite on-going issues with the electronic patients records, we found that significant improvements had been made regarding the accuracy and consistency of the records maintained.

You can see our judgements on the front page of this report.

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**More information about the provider**

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
**Our judgements for each standard inspected**

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<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>✓ Met this standard</th>
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<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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**Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**Reasons for our judgement**

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider had developed a patient council which was a patient and advocate led forum. It was a formal meeting held once a month with the agenda set by patients in advance. We saw minutes of these meetings and noted that clear action points were recorded. We spoke with a nurse on Wendy Orr who could tell us the names of the patient representatives for the ward and confirmed that they attended meetings. They showed us copies of emails they had received disseminating the content and actions of these meetings. This showed there was a high level forum for patients to express their views and preferences in the way the service was delivered.

We saw ‘You said…We did’ posters in the ward areas. These detailed suggestions that had been made by patients and the actions that had been taken. For example, there had been comments about the decoration of the premises which had led to a refurbishment programme which we observed was in progress, and a suggestion for a summer ball which had been held. On occasions, patients assisted in the interview process for new staff. A nurse told us that a named patient had formed part of the panel that interviewed them. This demonstrated that the provider acted on patients' suggestions on the running of the service.

We found each ward held a community meeting five days a week. We saw the records of these on two wards. We saw a poster displayed encouraging patients to attend the community meetings and reminded them of their purpose. From the notes, we saw that a wide range of issues were discussed including feedback about food provided, discussions about the day's activities and how people were feeling. We saw an example where a patient had suggested shorter but more frequent smoking breaks, and we saw that this suggestion had been implemented. This meant that patients had the opportunity to influence how the service was provided at ward level.
We found that patients were involved in the planning of their care, and the review of their care plans. We saw that patients were routinely asked to sign their care plans. However when this option was declined, this was recorded in the individual care plan. A staff nurse told us, "We sit with them and discuss the care plans, and discuss when we have an evaluation or during the ward rounds." A care worker told us that patients were given as much choice as was practicable. They said, "We put the power back to patients. We wouldn't tell them, we ask them. We try to prompt them rather than tell them or do things for them - it puts the power back to them. The managers are very hot on things like that." This demonstrated that people who use the service understood the care and treatment choices available to them.

Patients had access to an independent advocate. We saw posters informing them of this. On Wendy Orr we saw a multi-disciplinary review in progress and saw that the patient and an advocate were present. Patients were given a copy of their individual care plan as part of a patient portfolio which also contained other relevant information about the service, as well as legal documents including section papers and leave rights. Two patients shared their portfolios with us and we saw they contained the relevant information. We saw evidence that a patient, for whom English was not their first language, was provided with a professional interpreter to ensure that they were able to participate in ward rounds and care reviews. This showed that patients were supported to be involved in their care planning.

On Wendy Orr ward we saw an example of a patient with complex needs who had participated in writing a care plan on how they wished to be supported when they became distressed. This care plan also contained detailed information regarding the triggers that led to them becoming distressed and strategies to deal with these. The care plan was kept securely in the ward office in hard copy and all bank and agency staff who did not know the patient were required to read it before they started their shift. This showed that this patient had been actively involved in planning their complex care to ensure that their preferences were respected.

We observed that patients were treated politely. We saw staff were friendly and kind and responded to patients' needs. We saw that people were supported to make choices, including how they spent their time, and that their choices were respected. We saw that observation hatches to peoples' room remained closed and we saw staff knock before opening them. A care worker said, "For observations we knock before we open the hatch; I wouldn't dream of not doing this and I'm confident my colleagues do the same. I want patients to have privacy; it's their right." We saw that when needed, staff spoke to patients in private, and saw a review meeting was held in private. This demonstrated that patients' privacy, dignity and independence were respected.
Consent to care and treatment

| Met this standard |

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with four people who were using the service on the day of our inspection. They told us that they had been given information and understood the care and treatment choices available to them. When we spoke to staff they were aware of the steps they needed to take when obtaining consent from patients. We found that there was a culture of working collaboratively with patients to gain their agreement and consent for care on a day-to-day basis.

One staff member told us how they gained consent, "I work with them, I get the patient's ideas and then it's much easier. They are more likely to give their consent if you give them a good reason." We heard this member of staff encouraging a patient to attend another part of the ward. We observed how they obtained the patient's cooperation and received an acknowledgement that they were happy to proceed. The patient did comment afterwards, "This is the best hospital I've been in. I have the support of the staff. People help me all the time". This demonstrated that before patients received any care or treatment they were asked for their consent and the provider then acted in accordance with their wishes.

Another staff member told us, "We have community meetings every morning and patients are asked if there's anything they want. We don't like to force them to do anything." A therapy assistant said, "I have discussions with them, we ask; would this benefit you and what would be the best way for you to deal with this?" This demonstrated that there was a commitment to gain patients' individual consent for their treatment and support on a day-to-day basis.

The Mental Health Act (MHA) allows for treatment and detention without the patient's consent in certain circumstances. Staff told us they had received training in the MHA. Staff were aware of the requirements of the MHA and how this affected their practice and how they needed to care for patients who were detained under the MHA. This showed that in respect of the MHA, the provider acted in accordance with legal requirements.

We examined the legal records for five patients across two units, in respect of the MHA. In
all cases we saw that appropriate documentation was on file. Original details and section forms were available in the care notes system. There was evidence that consent to treatment forms were reviewed and updated on a monthly basis. This was a practice that started in August 2013 according to the records available. There was evidence that Section 132 rights had been explained to patients and action taken when these rights were not understood. There was also evidence that some patients had exercised their right to a Mental Health Review Tribunal. The outcome of these reviews was recorded and documents stored.

We found that a number of these structured reviews had recommenced over recent months, but this was progressing in a consistent manner. The care notes system contained an alert notification for routine issues to be followed up or noted.

We spoke to patients throughout the inspection who told us they had been given sufficient information to enable them to make informed decisions about their treatment and care. We spoke to a patient about the process of agreeing their treatment and care. They said, “They went through it and asked my opinion. If I don't agree with some things we can about it and they get changed if I ask them.”

We found staff were aware that they needed to seek agreement and consent to any examination, care, treatment and support patients received. They were aware of the consent policy and described the steps that they needed to take when obtaining and recording consent from patients. We also saw that when they did not wish to do this, or refused, this had been noted. For example, we saw that a patient had declined to take their medication. This decision was noted and logged appropriately. This meant that patients had given consent to the treatment and care they received.
Care and welfare of people who use services

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we looked at five patient's plans of care across two wards of the hospital. We saw that there was an inconsistent approach to care planning. The quality and depth of information varied from person to person. Access to information for staff through the electronic Care Notes system was difficult and agency staff were unable to access the system.

On Elizabeth Anderson Ward, of the five people's care plans we looked at, we found one patient had three care plans in place that covered self-harm, advance directive and a medical care plan. Additional background information was available. In one report we saw the Historic Clinical Risk Management (HCR20) assessment which contained detailed information about a patient's background, index offence and triggers. However, the provider may wish to note that the space available to accommodate the written assessment is so narrow it could only fit two or three words on each line. This meant that information was difficult to find and read. Many of the care plans we looked at had been developed in the last two – three months. Of the plans we looked at some were 2-3 days over the allotted review date.

Of the five care plans we looked at, one had an individualised prevention and management of violence and aggression, physical intervention plan in place. We saw a team of professionals providing multi-disciplinary interventions. We spoke to a forensic psychologist who was very positive about the work that their team did and the support that they received to deliver it. They told us that they were concerned that behaviour management plans and suggested interventions are effectively communicated verbally and in writing. We spoke with an occupational therapist on one ward who proudly showed off their well utilised space. They spoke with warmth and enthusiasm about the therapeutic benefits to patients of their work.

In the afternoon we joined two therapy assistants who were facilitating group work with patients. The session was well attended and patient led. The sessions contributed
meaningfully to the activity targets for patients each week.

We spoke with one patient after the session and they told us "The staff are there when we get up. They listen to us when we are feeling bad. I've not found any member of staff to be rude or disrespectful. They're always ready to listen to me."

We looked at the daily care notes for a patient who had been admitted to hospital due to severe dehydration. The daily notes completed by The Dene staff documented the patient's refusal to take fluids but the outcome for the patient did not appear to have been considered until admission to A&E became necessary. We were unable to locate information in the patient's care notes regarding treatment provided at hospital, the discharge plan and an updated care plan in response to the incident.

We spoke with three patients on Wendy Orr Ward. Everyone we spoke with told us that they were generally happy with the care and treatment they had received. People told us that they had confidence in the staff team and we saw that there were positive interactions between staff and people using the service. One person told us "Generally all of the staff have been very caring. They are trying to give us much more support. They're here for me whenever I need them." Another person told us, "It's the best hospital I've been in. I have the support of the staff and the psychologist. There are people helping you all the time. I feel safe here."

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We looked at the arrangements in place for a patient on long term segregation (LTS). There was a detailed LTS plan in place for this person. We saw that the patient responded well to a move to another ward and reintegration into the ward environment. In this case, the care and treatment had been planned and delivered in line with their individual care plan and had resulted in a positive outcome for the patient. However, the provider may wish to note that we could not find a LTS plan for another patient, who was moved to the seclusion unit on the 25th October 2013. The nurse in charge we spoke with told us that one was in place but was unable to locate it in the patient's care notes.

The Expert by Experience told us of their experience on Edith Cavell Ward, "The ward was adequately staffed but there was a general feeling of unhappiness and discontent among many patients. This was mainly due to the fact that they were far from home and away from their usual support networks. They were marking time there until beds could be found for them nearer home. This was a circumstance beyond the provider's control. However, I do think the CQC needs to emphasise to government the detrimental effect on peoples' mental health which the chronic bed shortage has."

They also spoke with four patients on Wendy Orr Ward and told us, "They were all happy with the way they were being treated and aware of what was in their care plans which they could input into. They felt they could readily discuss any problems with nurses. The staff were pleasant and friendly and there was plenty of interaction with patients. I saw one woman go up to a nurse for a comforting hug."

There were arrangements in place to deal with foreseeable medical emergencies. We were shown training records that showed staff had undergone training in resuscitation. Some had received more advanced training at the UK Resuscitation Council intermediate level (ILS). Staff we spoke with confirmed this training had taken place. We found that there was a bleep rota that ensured a clinician who had ILS training was available to respond to emergencies at all times. We saw that ward areas held adequate resuscitation equipment including oxygen, emergency medicines and defibrillators. They also held first
aid kits, body fluid spillage kits and burns kits. Ligature cutters were kept in identified locations throughout the ward areas. There was a robust system for checking all emergency equipment to ensure it remained ready for immediate use. We were shown the logs in which these checks were recorded and noted that they were consistently completed.

We saw that patients had care plans relating to their physical health. The hospital had a visiting GP twice weekly and a practice nurse who patients could consult about physical health concerns. Staff responded to patients' physical health needs; for example we saw that a patient had been taken to see a dentist a few days earlier when they had complained of toothache. In another care plan we saw that details of a patient's appointment with their GP and subsequent treatment had been recorded, and another patient was having their anti-coagulant treatment carefully monitored. This showed that people's physical health needs were being considered and met.

On Wendy Orr we saw that the frequency of formal patient observations was displayed in the ward office. We observed that checks were carried out and recorded at the correct frequency. We also saw that patients were risk rated using the RAG system. Staff told us that these risk ratings were reviewed during ward rounds, or when there was a change in a patient's behaviour or condition. On Wendy Orr ward we had discussions with staff about a patient whose rating had been changed that morning in response to their improvement. We observed on ward that RAG ratings were clearly displayed in the office, but on another ward this had not yet happened as the required coloured markers had not yet arrived. We saw pre-printed lists of comprehensive security checks were consistently completed. All staff we spoke with were aware of the RAG rating systems and its meaning.

Patients detained under the Mental health Act had their rights explained to them. We saw that patients' rights as defined by section 132 of the mental health act were discussed with them on admission and at monthly intervals. We saw this was appropriately recorded. Where a patient refused to participate, this too was recorded with a date when the intervention was to be re-tried. A care worker told us, "Section 132 rights, I go through it with them sensitively. I ask if there is anything they don't understand. I'm happy to sit with them all day if that's what it takes." The provider had systems in place to monitor compliance through its quality assurance dashboard. A nurse said, "It definitely helps, it flags what needs doing and saves any relapse."

During our last inspection, the acute admission ward was located on the first floor which had an impact on the informal patients who were inevitably subjected to the same restrictions as the detained patients. Since then the acute admission ward has been transferred to the Edith Cavell ward on the ground floor.

During this inspection we found that informal patients were free to leave Edith Cavell ward and we saw notices displayed throughout the ward which made this clear to them. A nurse told us that if an informal patient wished to leave the ward an assessment was made of their mental state and any risks. They went onto tell us that if there were no safety concerns they were "Taken to reception and they have their leave, on their terms with a documented agreement."

During our observation we saw that there was a range of activities available to patients. Although there were programmes agreed in advance, we noted there was considerable flexibility so that patients' preferences could be accommodated. We saw that the day's activities were discussed at the ward community meetings and that changes to the
Programmes were made in response to patients' requests. We saw the day's activity plan displayed in the common area of a ward. It included the community meeting, cooking, a shopping trip and table-tennis. We observed that these activities were provided and that the patients were engaged in them. We also saw that there was a range of self-directed activities such as games, and recorded music that patients could pursue on request. This meant that there was sufficient meaningful activity provided for patients and they were given the opportunity and support to take part.
Management of medicines  
Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The CQC pharmacist looked at medicines management systems. We had issued a warning notice following our previous inspection on April 30 2013 because we had seen some shortfalls at the time. We found that the provider had taken steps to address these shortfalls. In recognition of the work done we judge the provider to be compliant with the requirements of the warning notice.

Appropriate arrangements were in place in relation to obtaining medicine. The service used a stock top-up supply system based on a pre-agreed stock level. This was used by a visiting pharmacist on a weekly basis to order the required amount. Additional prescribed non stock items were order by nursing staff by fax. We saw that for two people medicines were not ordered in a timely fashion to get their prescribed treatment. This issue will be dealt with outside of the inspection process.

We saw records for medicines ordered, administered and disposed. The provider may wish to note that staff did not make a record of medicine received into the home.

Medicines were kept safely. The service had dedicated locked rooms in each ward area which were appropriately fitted so that medicines could be stored safely. The temperatures of the medicine storage areas were monitored. This meant that medicines were kept so that they were in a suitable state to use. We saw that in one area the fridge temperature was below the recommended range and staff took action to get the fridge seen by maintenance department. In another ward area a new fridge had been recently obtained to replace one that was not working properly. This means that medicines were stored at the correct temperatures.

We were told that the doctor visited twice a week to see to the physical health needs and the psychiatrist was on site daily. This meant people were able to see the doctor if needed.

Appropriate arrangements were in place in relation to the recording of medicine administered. We looked at all the treatment chart made available to us. These covered four of the five wards at this service. This meant we could look at a lot of information about medicine administration. We saw that the actual amount given when a medicine was
prescribed as a variable dose was recorded. This meant appropriate arrangements were in place for record keeping of medicines administered to give clear picture of the medication profile and history for each person using the service.

Self-audits of the MAR charts were conducted four times a day and the clinical lead had done an in-depth audit of a sample of the treatment charts. We saw evidence of staff being asked to attend meetings to discuss any concerns picked up by these audits.

We saw from records that staff had received training on medicine management recently. Only nursing staff were authorised to manage medicines at this service.
**Staffing**

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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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**Reasons for our judgement**

The Regional Executive Director told us of a review of the medical staffing arrangements at the hospital, including a doctor who will be joining the team shortly in the new role of Forensic Lead. "Their focus will be specifically around risk management and they will be the Responsible Clinician (RC) to the medium secure patients." The doctor has extensive experience in forensic risk management.

The Director also informed us of a review of nursing skills mix. They told us "We have strengthened the leadership with additional Charge Nurse and Deputy Charge Nurse posts and have recruited to a number of these already. Further new starters are due to join us over the coming months. We continue to recruit Staff Nurses and have introduced some new recruitment initiatives to improve our ability to attract and retain quality staff. Following the initial inspection we experienced a lowering in morale across the hospital staff team, which led to a higher than usual number of leavers. I am pleased to advise that this is now beginning to tail off and, therefore, with our new starters we are now beginning to see an increase in establishment figures."

We were shown figures for the number of 'starters and leavers' since the previous inspection. Of the new appointments there had been 14 Registered Mental Nurses (RMN), including 5 bank nurses and 23 Health Care Workers (HCW), including 14 bank staff. During the same period we saw that there had been eight RMNs leave the Dene and 17 HCWs, including seven from the bank.

During the inspection we were shown copies of duty rotas which indicated that there was generally sufficient numbers of staff on each ward. However when we examined the breakdown of those figures, it was clear that there was still a significant number of agency staff working at the hospital, to ensure that wards were adequately covered.

The Director confirmed that recruitment was on-going and staffing levels continued to be a priority issue, discussed daily during the senior managers' morning meetings. They told us "There is a process that we go through to cover staff shortages. Once we have established the required numbers for each ward, based on factors such as patients' individual RAG ratings (The Red – Amber - Green system for assessing risk) we will try and cover the shift with our permanent staff. Failing this we have a pool of bank staff who we can call on. Only
as a last resort would we use agency staff and when we do we try to have people who have worked here before and therefore know the patients and know the routines."

The amount of agency and bank staff was raised as a concern by a member of staff we spoke with. They told us "It's correct that staffing has increased on the ward but we have a reliance on agency workers and they just don't know the patients." Another health care worker told us "When someone calls in sick they get agency staff. It's all very well but we feel better about the day when we see the rota and there are experienced staff on rather than agency. It's like at handover, if I look round and see familiar faces, I think it's going to be a good day. If there are a lot of strange faces – then it's probably not."

From our observations on all the wards and through discussions with patients and staff it was clear that improvements to staffing levels throughout the hospital have been made. As a result patients are feeling safer and more supported and their opportunities for activities, including leave where appropriate, have increased. "There are people helping you all the time. I feel safe here."

Staff we spoke with talked of feeling "Valued" and "Listened to." One deputy charge nurse told us "Sickness is covered by bank staff as much as possible and they try to select the same ones for continuity, although sometimes they are not available. Changes are happening for the better, we now have more staff on duty, for example there are two RMNs now".

The impact of these improvements was also noted by the Expert by Experience. They told us "Community meetings and activities were taking place without being cancelled, and there were enough staff to take people out on escorted leave."
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our last inspection, we found that The Dene were non-compliant with the regulations relevant to the support that was offered to workers. The Dene had provided a remedial action plan in the requested timeframe and during this inspection we checked that this had been satisfactorily implemented.

We found that the staff were supported and received appropriate professional development. We spoke with the executive director who was acting manager and seven members of staff across Michael Shepherd and Amy Johnson wards about the support that was provided. The staff we spoke with included two health care workers, two mental health nurses, two charge nurses and one of their deputies.

We found that the staff received regular one to one and group supervision and other forms of support. We saw clear hierarchy charts displayed in ward offices indicating who was responsible for the carrying out of supervision, and we saw that all staff names were scheduled. A charge nurse told us, "I get one-to-one with the lead nurse every month and we get clinical supervision once a week". A nurse said, "I get monthly supervision, weekly clinical supervision and we have monthly staff meetings. We also have staff forums every month". One newly recruited member of staff said, "I have a mentor I can ask questions to who is there to support me until I feel more confident".

We looked at six sets of staff professional development files and saw that supervision was recorded and signed by all parties. Competence was assessed, monitored and recorded. We saw that staff were subject to appraisals after their first three months and six months in employment, then yearly. Appraisals addressed individual professional development and included staff training needs, demands of the role, career aspirations and levels of satisfaction.

The acting manager told us, "We monitor attendance in supervision and appraisals in all departments. These include administration, catering, housekeeping, maintenance, medical, facilities, nursing, occupational therapy, psychology, reception and social work."

All the staff members we spoke with confirmed they felt supported by the process. One
nurse told us, "Things are changing for the better. The support from managers is invaluable". This meant that the provider ensured that people employed by the service received appropriate professional development, supervision and appraisal appropriate to the work they performed.

We noted that additional team meetings took place routinely and when necessary. For example, the lead nurse manager had called a meeting following two difficult days that had presented particular challenges so that the staff could debrief and support each other. One nurse said, "We can bring anything to the agenda of any meeting we attend and speak out if we have any concerns. We can also participate anonymously to the staff forums if we prefer". The acting manager told us regular ward meetings were held to improve the connection between the teams. They chaired monthly staff consultative committees meetings, where each department brought a representative to discuss issues and provide feedback. We saw minutes of these meetings which indicated committed involvement from all participants.

The acting manager told us, "We are looking to improve cohesion between the different teams to benefit the staff and patients". Charge nurses held monthly meetings to discuss topics such as security, duty rota, staff levels, staff support and supervision. We saw that these meetings were documented and included clear action plans. A charge nurse described to us how they held open drop-in sessions in their office and told us, "The staff can come and talk to me anytime". A care worker confirmed this and said, "There has been a marked improvement in the support we get and the morale, I have total confidence in the charge nurse who is approachable, knowledgeable and helpful, they listen to what I have to say".

We noted the staff were able to access additional support in relation to their role. For example, the service provided daily support with technology. The acting manager told us, "Some staff can get quite anxious coming to grips with the computerised system which can be quite complex. We have a dedicated day where anyone can drop in and get their issues resolved, we have nominated an IT champion and a computer system champion who are on standby to assist". We saw the human resources department held drop-in clinics to enable staff to discuss any staffing issues. Staff had access to a 24hours confidential helpline which provided help, advice and counselling. The service held anonymous staff surveys and one was in process at the time of our inspection. This enabled the service to appraise the staff's perspective and improve the service accordingly. This showed that there was an open culture in the service which allowed staff to feel supported to raise concerns without fear of recrimination.

We looked into the induction provided for staff at the beginning of their employment. The induction lasted 12 weeks and formed part of a comprehensive professional development programme based on recognised standards within the mental health care sector. We found that all staff in wards including bank staff had received or were receiving training in the management of violence and aggression (MVA) and immediate life support (ILS) and that attendance was compulsory.

A newly recruited member of staff told us, "I was provided with a clear induction welcome pack, very informative and comprehensive. I just started and have already been trained in a classroom setting for four days for the MVA and one day for the ILS. I was assessed at the end of it and not able to continue until I could demonstrate my competence. I am impressed and comfortable knowing that training is taken seriously". Staff were able to re-join the induction training and refresh their knowledge. This meant that staff were
supported to do their work in a safe working environment where risk of violence were assessed and minimised.

All the staff we spoke with told us that comprehensive training was made available to them and we saw recorded evidence that all mandatory staff training was currently up to date and on-going. We saw that extensive additional training was available. This included de-escalation of challenging behaviour, clinical risk management, suicide prevention, stress management and personality disorder. This meant that the service ensured staff were properly trained and supported to provide care and treatment to patients. This also meant the provider ensured that staff were able to further their knowledge about the needs of people who used the service and carry out their role.

We discussed staff’s opportunities for studying and furthering their qualifications. The acting manager told us the service encouraged workers to gain qualifications and we saw that a student programme was available to enable care workers to obtain diplomas in health and social care. One member of staff said, “I feel I can progress here and I hope to become a mentor”. The acting manager told us a new development grant was now made available every year to all new nursing staff and would become available to existing staff from January 2013. This grant enabled staff to fund further their studies or purchase books or assistive equipment. This meant that the programme of learning and development was supported by appropriate resources.
Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our last inspection, we found that The Dene was non-compliant with the regulations relevant to records. The Dene had provided an action plan in the requested timeframe and during this inspection we checked that this had been satisfactorily implemented.

The Regional Executive Director told us "We now have dashboards which help us monitor on a daily basis compliance against issues such as risk assessments and care plans and physical health requirements. This is assisting the teams to identify areas they need to work on as well as providing a tool for supervision of individuals. We have conducted additional training in our electronic patient records system (EPR) and have identified an IT champion on site to provide help on a 1:1 basis for staff struggling with computer use. Our EPR system continues to be developed to ensure that it captures the information that we need to evidence the work that we are completing with our patients and where there are gaps we are currently scanning in paper records information to supplement the system. This is an on-going work in progress."

Staff records and other records relevant to the management of the services were accurate and fit for purpose. They were kept securely in locked cabinets and locked offices and staff were able to access them promptly. The Dene were in the process of becoming paperless and patient records were created, updated and stored in a computerised system. However the provider may wish to note that the computerised system created input duplication and was not always effective in promoting prompt and reliable access to information when staff needed it.

For example we saw a patient who had an arranged activity to leave the hospital. A member of staff was identified to escort her. ‘We heard the member of staff enquire as to what risks were involved with the patient in a supermarket setting. The risks were only disclosed verbally and in general terms and no risk assessment for this activity was produced nor accessed on the system before it took place.

We discussed duplication and inconsistent access to information with the acting manager who explained that staff had to enter information in several places due to a lack of linkage in the current design of the computerised system. They said, "It would be fabulous if we
could feed information from one section to another. At present the system does not do the links for us so there is repetition of information and this takes staff's time which could be better utilised”. One member of staff confirmed to us that the system was not user friendly, that they may spend time to search for information which was fragmented, and needed frequent support from the IT champion.

We looked at staff’s professional development plans, induction checklists and staff supervision, appraisals and training records. We found they were well maintained, accurate and updated. We saw duty rotas, supervision rotas, updated lists of ward champions, and minutes of numerous meetings that were held in relation to the running of the service. These included meetings of patients' representatives, quarterly service reviews, charge nurses, staff consultative committee, ward community, operations, business, management team and regional senior management team.

We saw that minutes were appropriately recorded and included outcomes, follow-up and action plans. We saw records of seclusion document audits, audits of compliance in staff's supervision and appraisal, and records for monitoring patients' attendance in activities and therapy provision. These records were used to monitor the quality of the service provided, identify trends and drive improvement.

Charge nurses on each ward updated records and carried out monthly audits directly in the computerised system. These were in respect of supervision meetings, clinical team meetings, weekly departmental management team meetings and clinical governance. We saw that staff recorded their observation of patients' behaviour and activities every 15 minutes when warranted. We spoke with a charge nurse who told us, "The staff now record everything really and my deputies and I check it all. I have suggested some improvement regarding the maintenance of supervision folders and patients' care plans and management took the suggestions on board, this has now been changed for the better". 
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as “government standards”.

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Regulation</th>
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<td>Respecting and involving people who use services</td>
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<td>Meeting Nutritional Needs</td>
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<td>Records</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
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