

Barnet, Enfield and Haringey Mental Health NHS 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)
RRP16	Chase Farm Hospital	Bay Tree House	EN2 6NZ
		The Oaks	EN2 8JL
		Silver Birches	EN2 8JL
		Cornwall Villa	EN2 8JL
RRP01	Barnet General Hospital	Ken Porter	EN5 3DJ

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental Health NHS 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 Barnet, Enfield and Haringey Mental Health NHS Trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS 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

Overall, we rated services for older people with mental health problems provided by Barnet Enfield and Haringey Mental Health Trust as **good** because:

Patients described staff as caring and kind and told us they were treated with dignity and respect. Relatives and carers told us staff made them feel welcome on the wards and appropriately involved them in planning and reviewing patient care. Staff asked patients for their views of the service and made changes in response. Patients with disabilities were able to use the service safely. Patients told us they had a choice of tasty meals and the food provided was good. Staff could easily access interpreters to communicate with patients and relatives. Patients told us ward managers promptly responded to their concerns.

Staff regularly checked the condition of the wards and equipment used by patients to ensure patients were safely cared for in a clean environment. The number of staff on duty on most shifts corresponded with the staffing level set by the trust. There were sufficient staff to meet people's needs. Ward managers arranged additional staff when this was necessary to keep patients safe.

Staff assessed risks to patients and put plans in place to keep people safe. Risks in relation to pressure ulcers and

falls and trips were identified and managed well. Staff managed people's medicines safely and used the trust's incident reporting procedures appropriately to develop their practice.

Staff completed timely assessments of patients' needs. They ensured any physical health issues were identified and addressed. On most wards a wide range of professionals made up the multi-disciplinary team and developed individualised care and treatment plans for each patient. Staff on wards which were specifically for people aged over 65 had access to specialist training to help them to meet the needs of their patients.

Staff morale was good and staff enjoyed working for the trust. They said senior managers had met with them and had listened to their views. Ward managers checked the quality of the service. On some wards staff had worked closely in collaboration with patients, relatives and carers on projects to improve the quality of patients' lives.

However, at the time of the inspection the Oaks did not fully comply with guidance on same sex accommodation. The trust immediately addressed this matter but need to make sure this is maintained. On Ken Porter, there was no occupational therapist input and we were concerned that patients were not receiving sufficient support from staff to be as independent as possible.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- Staff regularly checked the condition of the ward and equipment used by patients to ensure patients were safely cared for in a clean environment.
- The number of staff on duty on most shifts corresponded with the staffing level set by the trust. There were sufficient staff to meet people's needs. Ward managers arranged additional staff when this was necessary to keep patients safe.
- Staff assessed risks to patients and put plans in place to keep people safe. Risks in relation to pressure ulcers and falls and trips were identified and managed well.
- Staff managed people's medicines safely and used the trust's incident reporting procedures appropriately to develop their practice.

However at the time of the inspection the Oaks did not fully comply with guidance on same sex accommodation. The trust addressed this immediately but now need to ensure this is maintained. Also a couple of wards needed to increase their mandatory training levels.

Good



Are services effective?

We rated effective as **good** because:

- Staff completed timely assessments of patients' needs ensuring any physical health issues were identified and addressed promptly.
- On wards within the older people's directorate, a wide range of professionals made up the multi-disciplinary team and developed individualised care and treatment plans for each patient. Staff on these wards had access to specialist training to help them to meet the needs of their patients.

However on Ken Porter, there was no occupational therapist input and we were concerned that patients were not receiving sufficient support from staff to be as independent as possible.

Good



Are services caring?

We rated caring as **good** because:

- Patients described staff as caring and kind and told us they were treated with dignity and respect. Relatives and carers told us staff made them feel welcome on the wards and appropriately involved them in planning and reviewing patient care.

Good



Summary of findings

- Staff asked patients for their views of the service and made changes in response.

Are services responsive to people's needs?

We rated responsive as **good** because:

- Patients with disabilities were able to use the service safely.
- Patients told us they had a choice of tasty meals and the food provided was good
- Staff could easily access interpreters to communicate with patients and relatives.
- Patients told us ward managers promptly responded to their concerns.

Good



Are services well-led?

We rated well-led as **good** because:

- Staff morale was good and staff enjoyed working for the trust.
- Staff said senior managers had met with them and had listened to their views.
- Ward managers checked the quality of the service.
- On some wards staff had worked closely in collaboration with patients, relatives and carers on projects to improve the quality of patients' lives.

Good



Summary of findings

Information about the service

We inspected six wards for people aged over 65 these were:

- The Oaks: a 21 bed mixed sex acute assessment ward for people over 65 with mental health problems such as mild to moderate dementia, depression and psychotic illnesses. The Oaks is located on the Chase Farm hospital site.
- Bay Tree House: a 23 bed mixed sex continuing care ward for people over 65 which is located in the community. Three of the current patients moved into Bay Tree House as a 'home for life' some years ago from long-stay mental health wards. However, the majority of patients using the ward currently have been diagnosed with a functional mental illness and have transferred to Bay Tree House as a 'step-down' from The Oaks as part of their recovery and discharge plan. They have a range of mental health problems.
- Silver Birches: a 21 bed mixed sex continuing care ward for people over 65. Patients on this ward have a diagnosis of dementia. Silver Birches is located on the Chase Farm hospital site.
- Cornwall Villa: a 23 bed mixed sex continuing care ward for people over 65. Most patients on the ward have chronic and enduring mental health needs. At the time of the inspection 18 patients were using the ward. Cornwall Villa is located on the Chase Farm hospital site.
- Ken Porter: a 27 bed mixed sex continuing care ward for people of any age on the Barnet General hospital site. The trust set up Ken Porter in 2012 when two continuing care services closed as part of the trust's transformation programme. At that time, the trust assessed the patients who moved into Ken Porter as requiring inpatient hospital care for life because of their complex and enduring mental health needs. Since then, the trust have admitted a small number of 'continuing care' patients with mental health needs to the ward.

Our inspection team

The team which inspected Bay Tree House consisted of two inspectors and an expert by experience. The expert by experience had personal knowledge and experience of services for older people.

The team which inspected The Oaks, Silver Birches, Cornwall Villa and Ken Porter consisted of an inspector, a

Mental Health Act reviewer, an expert by experience, a social worker, a nurse and an occupational therapist. The expert by experience had personal knowledge and experience mental health services.

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?

Summary of findings

Before the inspection visit, we reviewed information that we held about inpatient services for older people with mental health problems provided by the trust and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited five wards for older people with mental health problems to check the quality of the ward environment and observe how staff were caring for patients.
- Carried out an observation on Cornwall Villa of how staff interacted with patients during a music session. We used SOFI, the short observational framework for inspections tool, which assists us to judge the quality of care.
- Spoke with 27 patients.
- Spoke with 10 relatives of patients.
- Interviewed the managers or acting managers for each ward.
- Spoke with 28 other staff members; including doctors, qualified nurses, health care assistants and occupational therapists.
- Attended and observed two hand-over meetings and three multi-disciplinary meetings.
- Read 24 patient records.
- Checked a sample of patient medicines administration record charts and reviewed the storage and management of medicines on each ward.

What people who use the provider's services say

- Patients and their relatives told us they received care and treatment and staff were kind and polite.
- They were positive about the quality of the food and said the wards were clean and comfortable.
- Patients and relatives were happy with the range of activities available to them.

Good practice

- On Silver Birches staff and relatives of patients worked together to raise additional funds for patients to use for special events and outings. Additionally, they arranged a 'Compassion in Care' award for a member of staff each month.
- Staff on Cornwall Villa had worked to develop a sensory garden for patients to use.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure the same sex accommodation is maintained on the Oaks to protect the safety and dignity of the patients.
- The trust should ensure all the wards for older people reach the target for mandatory training.
- The trust should ensure that meetings to discuss best interest decisions are recorded so it is clear why decisions have been made for patients who have been assessed as lacking capacity to make the decision for themselves.
- The trust should review composition of the multi-disciplinary team on Ken Porter to ensure patients receive appropriate support to maintain and develop their independent living skills.
- The trust should review with each patient on Ken Porter and their family or advocate how they wish to be supported whilst eating. The review should include consideration of how the patient wishes to protect their clothes when they eat.

Barnet, Enfield and Haringey Mental Health NHS Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Bay Tree House
The Oaks
Silver Birches
Cornwall Villa

Ken Porter

Name of CQC registered location

Chase Farm Hospital

Barnet General Hospital

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.

Detained patients told us staff treated them well. They said staff told them about their rights and they could easily get advice from a Mental Health Act advocate.

Staff understood their responsibilities in relation to the Mental Health Act. They told us the trust provided them with effective support and advice. Records in relation to detained patients were complete and accurate.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the key principles of the Mental Capacity Act. Patient care records included assessments of patients' capacity to make specific decisions. However, in some cases staff had not recorded how they had made decisions

to treat patients who lacked mental capacity. For example, staff had not always appropriately recorded 'best interests' decision-making in relation to the management of patients' medicines.

Detailed findings

The trust had ensured staff understood and put into practice the Deprivation of Liberty Safeguards (DoLS). The multi-disciplinary team on each ward had appropriately

identified and safeguarded patients by making DoLS applications. The trust had ensured ward managers had legally valid and up to date information on patients who were subject to DoLS.

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

Our findings

Safe and clean environment

- The five wards we visited were spacious. They varied in their layout. Ward managers had identified and appropriately addressed specific risks. For example, at Bay Tree House staff ensured that staff were always present when patients used the staircase, to reduce the risk of trips and falls.
- The trust had made an assessment of the ligature points on each ward. Ward managers understood the particular ligature risks on each ward and there were risk management plans in place to mitigate these risks.
- Four wards fully complied with Department of Health guidance on same sex accommodation because male and female patients had bedrooms in different parts of the ward. However, The Oaks was non-compliant. Managers told us that when a bedroom became vacant on The Oaks it could be filled by either a female or male patient. Although each patient had their own ensuite bathroom, the trust had not ensured there was as much gender separation as possible in relation to the sleeping areas. Managers had not grouped patients of the same sex together in rooms off one part of the corridor (for example, women towards one end of the corridor, men towards the other). Additionally, there was no female only day room. Patients using The Oaks were very vulnerable due to their age and mental health needs. Some patients were confused and many could not easily communicate their views and preferences. We have told the Trust they must ensure The Oaks complies with same sex accommodation guidance.
- Each ward had an appropriate clinic room. Qualified staff had made regular checks of emergency equipment to ensure it was well-maintained and accessible to staff.
- Moving and handling equipment used to move and support patients such as hoists and wheelchairs was regularly checked and maintained.
- We observed the wards to be clean, well-furnished and odour free. Relatives and patients told us that they had no concerns about the cleanliness of the wards.

Safe staffing

- For each ward, the trust had calculated the number and grade of nurses and nursing assistants required to ensure patients received safe and appropriate care and treatment. Staff and ward managers told us they considered the staffing levels set by the trust for each shift to be sufficient to meet the needs of the patients on the ward.
- There were vacancies for qualified staff on each of the wards we visited. Ward managers told us that recruitment was ongoing for qualified nurses and in some instances new staff were due to start within the next few weeks.
- In the six months up to July 2015, staff vacancies varied across the wards. The lowest was Silver Birches at 11% and the highest was 32% at Bay Tree House. Staff and ward managers said that, in general, vacant posts were covered by the use of bank staff who were directly employed by the trust. Ward managers told us that bank staff were often retired staff who had previously worked on the same ward and knew patients well.
- Ward managers told us they were easily able to increase the number of staff on duty when this was necessary to ensure patient well-being and safety. For example, on Cornwall Villa patients we observed that some patients with a high level of need received one to one support from nursing assistants. This was in addition to the standard staffing level for the ward.
- Patients and relatives told us there were enough staff on duty to provide support and care. They said there were regular staff on each shift who knew them well and there were always enough staff on duty to ensure activities took place as planned.
- The wards were making good progress in completing mandatory training. The completion rates were Ken Proter 89% staff had completed the training, Bay Tree House 87%, Silver Birches 83%, Cornwall Villa 79% and the Oaks 70%. The Oaks had further training taking place.

Assessing and managing risks to patients and staff

- Nursing staff completed risk assessments when patients were admitted to the ward. Risk assessments were comprehensive and identified risks to patients, staff and others. Assessments included information on the

Are services safe?

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

individual risks to each patient's mental and physical health. Staff regularly reviewed risk assessments to ensure they were accurate and up to date. When there was a significant incident or change in the patient's health, staff had ensured any new risks were addressed. For example, at Bay Tree House staff had taken action to ensure the risks associated with a patient's increased physical health needs were addressed. This included ensuring staff monitored the person's health closely and regularly liaised with external health professionals involved in the person's care and treatment.

- Patients and relatives told us that there were no unreasonable blanket restrictions in place on the wards. We spoke with at least one informal patient on each ward. They told us they were free to come and go from the wards as they wished.
- The multi-disciplinary team had made appropriate plans on the safe use of restraint. For example, on Ken Porter ward staff had clear guidance on the circumstances and use of restraint in relation to a patient. This included information on the steps staff should take prior to the use of restraint and how to use the minimum amount restraint to ensure the safety of the patient, staff and others.
- Staff understood how to use adult safeguarding procedures to report concerns about abuse and neglect. For example, on The Oaks staff had ensured that allegations made by a patient were reported to the local authority safeguarding team.
- On each ward, we checked that staff managed patients' medicines safely. Staff had appropriately completed medicines administration record charts. It was clear that staff supported patients to receive their medicines as prescribed. Medicines were stored securely and staff regularly checked the stocks of medicines.
- Staff understood how to protect patients from the risk of falls. We observed that each ward was uncluttered and easy for people to move around in. When a patient had a fall or trip staff told us about the steps they took to assess, and if necessary treat the patient, document the incident and plan how to reduce the risk of future falls. We observed that staff reminded people to use any walking aids and assisted them to mobilise safely around the wards.
- A tissue viability nurse made regular visits to each ward to advise staff on the care of patients' skin and pressure

areas. She told us ward staff contacted her at an early stage when they had any concerns about a patient and put plans in place to reduce the risk of patients developing a pressure ulcer. Nurses and health care assistants we spoke with demonstrated a good knowledge of the factors which could predispose a patient to develop an ulcer and how they should be alert to this issue. For example, on Silver Birches nursing staff had appropriately documented the risks to a patient's pressure areas and then developed a care plan to monitor the condition of the person's skin and support them to relieve pressure and prevent the development of an ulcer.

Track record on safety

- We reviewed information on incidents reported from wards for older people. One incident had been classed as 'serious' in the previous six months. This was an incident on The Oaks when a patient fell, resulting in a fractured femur. A detailed analysis of the incident had taken place which highlighted the importance of ensuring staff knew how to assess and manage risks in relation to falls.
- Staff across the wards followed a trust protocol in relation to incidents involving a patient slip, trip or fall. They said this enabled them ensure the safety and well-being of the person and identify any factors to prevent future incidents.

Reporting incidents and learning from when things go wrong

- The ward managers and staff understood how to use the trust's reporting procedure for adverse incidents and what they should report. For example, on Ken Porter, there had been recent incidents of patient aggression towards staff. Staff had reported each separate occurrence was reported. This meant there was a full picture in relation to the factors involved in these incidents.
- The ward manager on Ken Porter had held an initial meeting with staff to discuss these incidents and made a plan to reduce the risk of harm to staff. The situation was being reviewed at weekly multi-disciplinary team meetings and shift handovers. Staff told us they had received appropriate support from their managers when such incidents occurred.

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.

Our findings

Assessment of needs and planning of care

- Nursing staff had assessed patients' individual needs after admission to the ward. Information had been recorded on the reasons for admission, the patient's physical and mental health and their social circumstances.
- There was evidence in care records that each patient had received a physical examination and there was appropriate oversight and follow up of any health issues. For example, some patients at Bay Tree House had serious physical health problems. Staff had ensured patients were appropriately referred to specialists for diagnosis and treatment. Staff on all the wards diarised each patient's medical appointments and supported them to attend hospitals and clinics. Ward managers had made sure that continuing care patients attended the dentist and optician.
- Each patient had a care plan which set out how staff addressed their needs. Overall, these care plans were comprehensive in terms of explaining how staff supported and cared for the person whilst on the ward. For example, they included details of the individual support staff gave the patient in relation to their personal care, their physical and mental health, their interests and hobbies and their contact with family and friends.
- Recovery focused care plans were developed on the Oaks for patients, which explained how the ward multi-disciplinary team were supporting the patient with their mental health symptoms and to move on from the ward.
- On the continuing care wards staff were caring for patients who had been previously assessed by a multi-disciplinary team as requiring in-patient hospital care for the foreseeable future. This was a particular issue on Ken Porter ward, where from the observations of the inspection team, some patients appeared to be relatively well, but there were no plans for them to maintain or develop their daily living skills and promote their independence.

- Staff kept well-maintained computerised care records. They told us that when patients were transferred between wards they received the appropriate information.

Best practice in treatment and care

- On each ward we saw that a trust pharmacist made checks on patient prescriptions to ensure that NICE guidance was followed.
- The multi-disciplinary teams on each ward did not include a full time psychologist. We spoke to doctors on two wards who told us they could refer a patient to a psychologist if this was indicated.
- Staff ensured patients had good access to specialists in relation to their physical health needs.
- On each ward qualified nurses carried out audits on, for example, the quality of care records and on infection control procedures.

Skilled staff to deliver care

- All of the wards, apart from Ken Porter, had input from an occupational therapist. Staff told us that a management decision had been made to withdraw occupational therapist support to Ken Porter and to have a full time activities co-ordinator on the ward to provide a comprehensive programme of games and activities for patients. We observed that patients enjoyed an active programme of events arranged by the activity co-ordinator. Patients and relatives told us they were happy about the activities available. However, because there was no professional occupational therapist input on Ken Porter, patients did not have well-developed plans to maintain and develop their daily living skills and promote their independence.
- Each ward manager had data on the mandatory training staff had completed. This showed trust requirements were met in terms of staff training on subjects such as infection control and safeguarding children and adults.
- Staff received regular supervision and appraisal. On the older persons wards, supervising staff completed a proforma which covered key areas. For example, in the case of qualified staff, supervisors kept a record of the staff member's performance in relation to supervision of health care assistants and clinical audit activity.

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.

- Staff told us the training they received prepared them to care for the patients in their care. A training programme set up by the consultant nurse for older people had reportedly improved the confidence and skills of nursing staff working in the service. We saw the programme included topics relating to the physical and mental health needs of older people.

Multi-disciplinary and inter-agency team work

- On each ward there were regular multi-disciplinary team (MDT) meetings. We observed MDT meetings on The Oaks, and Ken Porter. These meetings were well organised and staff worked together to review information about each patient and develop their care and treatment.
- During handover meetings, nursing staff informed their colleagues of relevant information about each patient and care of patients was routinely discussed. For example, the patient's current health and well-being were discussed and any changes or incidents which had occurred were shared.
- Multi-disciplinary team staff told us that there were usually good working arrangements with other organisations in relation to admissions and discharges to the ward. There were regular meetings between trust staff and other health and social care organisations to resolve any difficulties in relation to discharge planning.

Adherence to the MHA and the MHA Code of Practice

- Qualified nursing staff showed a good understanding of the Mental Health Act and the key principles of the Mental Health Act Code of Practice.
- Patient care records showed staff had discussion with patients about their rights on admission and at regular intervals during their care and treatment.

- Staff told us the trust ensured they had access to advice and support in relation to the implementation of the Mental Health Act. Paperwork related to detention under the Mental Health Act was appropriately completed and up to date.
- Details of how to contact the Independent Mental Health Advocacy service were displayed on patient noticeboards on each ward. Additionally, advocates regularly visited the wards to speak to detained patients.

Good practice in applying the MCA

- Most staff understood the key principles of the Mental Capacity Act 2005. For example, they were able to explain how they worked with patients in a way that promoted their understanding and participation in decision making. Qualified staff told us they had attended training sessions on the Mental Capacity Act.
- Care records included information on patients' mental capacity to consent. Staff did not always fully record how their decision making complied with the Mental Capacity Act. For example, on Ken Porter ward a patient had been assessed as lacking the mental capacity to consent to take their medicines. However, there was no recorded 'best interests' decision making in relation to staff administering prescribed medicines to the patient. In the case of another patient on Ken Porter, it was clear that staff had fully complied with the Mental Capacity Act in terms of making 'best interests' decisions in relation to their care and treatment.
- Staff told us they were able to obtain advice on the implementation of the Mental Capacity Act lead.
- On all of the wards, some patients were subject to Deprivation of Liberty Safeguards (DoLS). Staff told us decisions were made at the MDT meeting about making a DoLS application to the local authority. Staff said they received support from the trust in relation to monitoring the progress of DoLS applications and authorisations.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- On all of the wards we observed staff treating patients in a kind and caring way. For example, on the Oaks ward we observed health care assistants laughing and joking with patients whilst they supported them. They took care to bend down so that they were at the same level as the patients who were sitting down and spoke to patients in a way they could easily understand. On Cornwall Villa we observed staff providing support and reassurance to patients through touch and by gently speaking with them.
- Patients and their relatives reported that staff were respectful and friendly. On all the wards, we observed that staff asked patients how they wished to be cared for and involved them in their care. At Bay Tree House staff asked patients what assistance they would like in relation to joining in an activity and what type of drink they wanted.
- Staff knew patients well and were able to describe their preferences and individual needs. For instance, the ward manager and doctor on Ken Porter knew the background history of each patient.
- On Ken Porter, we observed that most patients used a disposable plastic apron, of the type used by ward staff, over their clothes when they ate their meal. We saw some patients putting these on and off themselves. Patients told us they were used to doing this and wanted to keep their clothes clean when they ate. We asked the ward manager to ensure there is a documented discussion, with each patient and their relative or advocate about how they wish to be supported when they eat; and to consider whether alternative ways of keeping the patient's clothes clean, such as though patients using napkins, or their own apron may be more appropriate.

The involvement of people in the care they receive

- The 24 care records demonstrated that staff involved patients, and when appropriate their relatives and carers, in assessments of patients' needs, assessing risks and developing a holistic care plan. A relative of a patient on Silver Birches told us staff regularly invited her to attend meetings to plan and review the care of her husband. She said staff discussed her husband's treatment with her, such as his medicines, as well as his day to day care on the ward. She told us her husband could not easily communicate his preferences and staff consulted her about how he should be supported in relation to his personal care and followed her advice.
- The 10 relatives we spoke with told us staff made them feel welcome on the wards. They were able to spend as much time as they wished with their relative on the ward. We observed that relatives assisted patients to eat their meals and to join in with ward activities, such as dancing.
- On Silver Birches ward there was an active carers group which worked in partnership with staff to enhance the quality of life of patients on the ward. For example, they helped to organise, with the ward manager, a monthly 'Compassion in Care' event when they gave an award to a staff member. Carers and staff also worked together to arrange fund-raising events and entertainment and activities for patients.
- On all the wards visited, ward managers had organised community meetings and asked patients and relatives to complete questionnaires about the service. Minutes of community meetings showed that staff asked patients to comment on their care and how staff treated them. Ward notice boards displayed information on the comments patients had made and what the staff had done to make improvements in response. For example, on Ken Porter, after feedback from patients, staff had made a recent change to how they served patient meals.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- On the day of the inspection, the Oaks ward had an occupancy of over 100% as a patient was on over-night leave and their bed had been filled. However, a patient was due for discharge and the patient would have access to a bed on their return from leave.
- Patients were not moved between wards unless there was a clinical reason. Patients typically stayed on The Oaks for six to eight weeks for a period of assessment. The multi-disciplinary team planned for those patients who required a longer period of in-patient treatment and care to move to another older person's ward.
- Generally, new patients were admitted to the wards at an appropriate time of day which allowed staff to support them to get to know the ward and settle in.
- On The Oaks and Silver Birches there were a small number of patients who were clinically ready for discharge. Typically, these patients could not return to where they were living pre-admission and they were awaiting suitable alternative accommodation. We saw minutes of regular meetings that trust staff held with the relevant local authority to expedite the safe discharge of such patients. Staff felt that these arrangements were effective in ensuring patients were discharged as soon as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- All the wards we visited had a range of rooms which could be used by patients and visitors. For example, there were rooms which could be used by patients for craft activities and different sitting areas. Patients and relatives told us there was enough space to allow them to find a quiet area to sit in.
- On each ward there was a phone which patients could use to make a private call.
- All of the wards had an enclosed garden area which patients and relatives could use if they wished. The trust had recently re-developed the outside space at Cornwall Villa to make a sensory garden. The garden included pleasant sitting areas and was designed to be accessible to patients with mobility problems.

- Patients and their relatives told us that the food available to them was tasty and nutritious and they were able to have hot drinks and snacks when they liked.
- We saw that patients were able to personalise their bedrooms and display their own photos and personal possessions. People told us they were able to keep their possessions secure.
- On all of the wards we visited there were activities taking place. We observed patients enjoying playing games, undertaking craft activities, exercising, enjoying music and dancing and participating poetry and baking groups. Activities were timetabled throughout the week and patients told us they found what was on offer enjoyable and entertaining.

Meeting the needs of all people who use the service

- All the wards we visited were level access and suitable for people with disabilities. Some patients used wheelchairs and walking frames and they could easily move around the wards because corridors were spacious.
- The trust had ensured the wards were suitable for use by patients living with dementia. For example, there was clear signage and colour coding to enable patients to find their way around the ward more easily.
- Staff met the needs of patients and relatives who did not speak English as a first language. Interpreters were easily available when required to translate at meetings and provide accessible information.
- Patients' individual dietary requirements were met. Patients said they could choose what to eat from a range of options. Meals were available which met religious requirements.
- On each ward there were visits to patients from religious leaders.

Listening to and learning from concerns and complaints

- The trust had not recorded any recent formal complaints in relation to wards for older people. Ward managers told us that patients and their relatives raised any concerns directly with them. They promptly addressed these concerns and therefore there were no formal complaints.

Are services responsive to people's needs?

Good 

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

- Patients and relatives we spoke with confirmed ward managers listened and responded to any issues they raised. For example, the ward manager on Silver Birches had taken action in response to concerns about items going missing from the laundry.

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.

Our findings

Vision and values

- On all the wards we visited staff knew and understood the trust's vision and values, They described how they and other staff put these values into practice when working with patients and relatives.
- Trust senior managers had visited all the wards on several occasions to speak with staff and patients. Staff said they valued these visits and senior managers listened to their views.

Good governance

- Each ward manager had information on the performance of their service. This included data on the compliance of staff with mandatory training, the completion of staff supervision and appraisal meetings, staff sickness rates and the completion of audits on aspects of the service, such as health and safety and cleanliness.
- Qualified nurses worked together with the ward manager to ensure the effectiveness of the service. Each nurse had designated responsibilities to supervise and appraise staff as well as other management responsibilities. For example, a qualified nurse on Ken Porter ward told us she regularly undertook infection control audits.
- Ward managers had enough administrative support and were able to submit items to the trust risk register.

Leadership, morale and staff engagement

- Staff on all the wards we inspected were positive about the support they received from their managers. They told us they felt able to raise any issues of concern openly and knew how to whistle blow should this be necessary.
- Staff morale was good. They told us they got on well with their colleagues and enjoyed their work. Managers encouraged staff to raise any concerns and took action to promote good working relationships.
- Ward managers had data on staff sickness and described how they were supported by the trust to deal with any issues in relation to staff sickness or competence. They told us the trust had arranged for them to receive management and leadership training which they found helpful.
- We saw notes of team meetings which demonstrated that managers asked staff for their views and took action in response.
- Staff were asked for their views on developing the service and had been closely involved in improvements such as the upgrading to the garden on Cornwall Villa.

Commitment to quality improvement and innovation

- Managers for the wards in the older people's directorate told us the trust intended to start the process to apply for AIMS accreditation in 2016 but to date there had been no external evaluation of the quality of the wards.