

Berkshire Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

2nd and 3rd Floor Fitzwilliam House, Skimped Hill,
Bracknell, Berkshire
RG12 1BQ
Tel:0118 960 5000
Website:www.berkshirehealthcare.nhs.uk

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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)
RWX51	Prospect Park Hospital	Rowan Ward	RG30 4EJ
RWX51	Prospect Park Hospital	Orchid Ward	RG30 4EJ

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for older people with mental health problems as good because:

- Staff delivered care and treatment to patients in a kind, caring manner that respected their dignity.
- Patients and their families told us they felt safe and cared for on the wards.
- We saw evidence of innovation on both wards as the first wards for older people with mental health problem to have implemented Safewards.
- Staff promoted research into dementia care.
- Staff had good understanding and awareness of safeguarding. Staff had completed safeguarding training and knew the safeguarding process.
- Staff mandatory training was up to date. Staff appraisals were up to date.
- Managers reported good relationships with the trust's senior management. Staff told us that senior managers frequently visit the wards.
- Care and treatment was provided by multidisciplinary team working. We observed a thorough and effective patient focussed staff handover.
- Patients had access to a wide variety of activities. Patients had a choice of what activities would be available at the weekend. We saw a cinema for patient use on Rowan Ward.
- We saw evidence of community meetings taking place for patients on the ward.
- We saw Mental Health Act paperwork up to date and fully completed. We saw good evidence of recording and storing of legal paperwork. Staff had a good understanding of the MHA.
- Managers were completing the Excellent Manager course.
- Patients told us the food was of good quality. We saw evidence of staff catering for a variety of dietary requirements. Soft food and easy chew diets were available.

- Staff on the wards told us they felt well supported by senior management within the Trust and that senior managers were a visible presence on the wards.
- We observed that the wards were clean, well maintained and clutter free.

However:

- The provider must ensure that all staff working on the wards are aware of the requirements of individual patient needs and observations. The provider must ensure that these are being carried out appropriately and risks to patients are minimised. This includes physical and mental health issues.
- All staff working on the wards must be made aware of the risks of the patients in their care. We found that not all staff were aware of patient risk assessments and the level of observations required to support patients.
- The provider must ensure that individual care plans are developed for all risks identified in patients. We found care plans that did not reflect the risk highlighted in the risk assessments.
- Staff must receive supervision to ensure they are provided with appropriate support to meet patient needs. Staff did not have regular supervision.
- Staff should report all incidents that occur on the ward.
- We saw the patient board was not covered in the ward office. The provider should ensure that patient confidentiality is maintained where patient names were displayed in the office on Orchid ward, which could also have been seen from the ward area.
- We saw no privacy curtain in the bathrooms. Staff should promote the privacy and dignity of patients through the provision of curtains around the door of the bathrooms on both wards.
- Patients should be given more opportunity to be involved in their care plans where able.

Summary of findings

- Staff should display notices to inform patients not detained under the Mental Health Act 1983 of their rights inside the entrance to all wards.
- Staff should arrange a best interest discussion to take place for any informal patients attempting to leave the ward.
- Not all staff had awareness of pressure area care and prevention.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Not all staff were made aware of the requirements of individual patient needs and observations to ensure these were being carried out appropriately and risks to patients were minimised.
- Staff were not always keeping line of sight observations when needed.
- Risks to patients were not always appropriately planned for.

However:

- Patients told us they felt safe on the wards. Staff had a good understanding and awareness of safeguarding issues and staff were up-to-date with this training.
- Both wards maintained safe staffing levels.
- We saw risk assessments in place. Staff completed risk assessments on admission and reviewed these regularly.
- Staff use Safewards principles to promote patient safety.
- Staff use de-escalation techniques such as soft words and talk down to manage patient distress and anxiety.
- Ligature risks were managed on the wards..
- Staff arranged specialist assessments as required.

Requires improvement



Are services effective?

We rated effective as requires improvement because:

- The use of standardised care plans meant that individualised needs of patients could be missed.
- Staff did not receive regular supervision on the wards. Staff supervision at band 6 and below was not formally completed, which could have implications for staff practice and patient care. However the trust have subsequently informed us that staff did have the opportunity to take part in a regular 'Space' reflective practice session facilitated by an independent professional.

However:

- Staff completed assessments in a timely manner at point of admission. Staff included physical health checks in the admission assessment.
- Patients had access to community health services when they needed them.
- We attended one Care Programme Approach (CPA) review which promoted patient well being and recovery.

Requires improvement



Summary of findings

- Occupational therapy, physiotherapy, social work, medical and nursing staff worked well together to plan and deliver multidisciplinary patient care.
- All staff had received an appraisal of their work.

Are services caring?

We rated caring as good because:

- Patients told us staff treated them with kindness and care respecting their dignity.
- Staff interacted with patients in a meaningful way and responded to individual needs.
- Relatives told us staff were kind on the ward. Relatives had high praise for staff on both wards.
- Patients had opportunity to choose the activities they were involved in.
- Staff assisted patients to eat with a respectful and discreet approach

However:

- Patients were not involved in their care planning.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Wards were provided with the appropriate equipment to support care and treatment on the ward. Clinic areas were clean and well equipped.
- Patients of both wards had a quiet areas and activity rooms to use. Rowan ward had a cinema for patient use. Patients of both wards had access to outside garden areas.
- Patients on Orchid ward could make drinks and had access to hot drinks throughout the day.
- Patients were able personalise their bedrooms.

However:

- There was no lockable storage in the bedrooms.

Good



Are services well-led?

We rated well led as good because:

- Staff knew and understood the trust's vision and values.
- Staff mandatory training and appraisals were up to date.
- Staff were provided with opportunities to develop their management skills.

Good



Summary of findings

- Managers were a visible presence on the wards and were supported by senior managers within the trust.
- All grades of staff considered their manager supportive. Both managers had the confidence of their staff team.
- Managers promoted innovation on the wards. The wards had implemented Safewards. One preceptorship nurse had been given time to undertake dementia care research.

Summary of findings

Information about the service

Berkshire Healthcare NHS Foundation Trust wards for older people with mental health problems provide inpatient assessment, care and treatment for older patients with organic and functional mental illnesses.

The service is provided on one hospital site at Prospect Park Hospital:

- Rowan Ward is a 20 bedded unit for male and female patients who may have a diagnosis of dementia
- Orchid Ward is a 20 bedded unit for male and female patients with a functional mental illness.

Our inspection team

Our inspection team was led by:

Chair: Dr Ify Okocha, Medical Director Oxleas NHS Foundation Trust.

Team Leader: Natasha Sloman, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Louise Phillips, Inspection Manager (mental health) Hospitals CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff and a variety of specialists and experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The inspection team that inspected wards for older people included two CQC inspectors and a variety of specialists including:

- a registered psychiatric nurse;
- a psychiatrist;
- a Mental Health Act reviewer;
- an expert by experience;
- a medicines inspector (specialist advisor pharmacist)

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the team also:

- visited one hospital site, visiting two wards
- looked at the quality of the ward environments and observed how staff were interacting with and caring for patients
- spoke with nine patients who were using the service
- spoke with seven carers/family members of patients

Summary of findings

- spoke with 15 staff members including ward managers, staff nurses, healthcare assistants, occupational therapists, assistant psychologists and a pharmacist
- spoke with four doctors
- looked at 18 medicine records and carried out a check of medicines management
- looked at 10 care and treatment records
- looked at 21 legal records of patients detained under the Mental Health Act
- observed interactions between patients and staff
- observed interactions between staff
- looked at all the clinic rooms, emergency equipment and ward facilities
- attended one shift handover meeting and one staff meeting
- attended one Care Programme Approach meeting
- attended one reflective practice staff formulation meeting
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients and carers told us they felt safe on the wards and were satisfied with the care and treatment provided on both wards. Patients told us that they were treated with kindness, dignity and respect by staff. We were also told by patients that the food was of a good standard. Patients

enjoyed the variety of activities on offer, although some told us they would like their own television in their room. We saw compliments and cards received by the wards from patients thanking staff for the care and treatment they received on the wards.

Good practice

Both wards we visited had implemented the Safewards scheme, led by the occupational therapy team. These were the first wards for older people with mental health problems in the country to have done so. Safewards is a de-escalation and risk management approach that involves talking with patients using soft words and

creating calming space on the wards. We saw evidence of visiting Professors' commendations and national recognition for implementing the scheme. Mental health providers from America, Norway and within the UK have all visited the wards to see how Safewards is applied.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff working on the wards are aware of the requirements of individual patient needs and observations to ensure that these were being carried out appropriately and risks to patients were minimised. This includes physical and mental health issues.
- All staff working on the wards must be made aware of the risks of the patients in their care.
- The provider must ensure that individual care plans are developed for all risks identified in patients.

- Staff must receive supervision to ensure they are provided with appropriate support to meet patient needs.

Action the provider **SHOULD** take to improve

- Staff should report all incidents that occur on the ward.
- The provider should ensure that patient confidentiality is maintained where patient names were displayed in the office on Orchid ward, which could also have been seen from the ward area.

Summary of findings

- Staff should promote the privacy and dignity of patients through the provision of curtains around the door of the bathrooms on both wards.
- Care plans should reflect risks highlighted in the risk assessments.
- Patients should be given more opportunity to be involved in their care plans where able.
- Staff should display notices to inform patients not detained under the Mental Health Act 1983 of their rights inside the entrance to all wards.
- Staff should arrange a best interest discussion to take place for any informal patients attempting to leave the ward.

Berkshire Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Rowan Ward	Prospect Park Hospital
Orchid Ward	Prospect Park Hospital

Mental Health Act responsibilities

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

- We completed a MHA monitoring visit to Rowan Ward. We reviewed MHA detention paperwork for all 16 detained patients and five detained patients on Orchid Ward.
- The use of the MHA was consistently good across the core service. The documentation we reviewed in detained patients' files was up to date.
- We found good evidence that the MHA was being appropriately used and staff had a good awareness of the requirements of this. The explaining of patients' rights under Section 132 of the MHA was well recorded. This was also regarding the number of times the rights had been read and the level of understanding of the patient.
- We saw evidence that a second opinion appointed doctor (SOAD) had been requested in a timely manner as one of the three month rules was due to expire later in the month and a SOAD had been requested.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were applied for

when relevant, and records showed the status of the authorisation. All of the patients whose records we checked who were receiving treatment for mental disorder had had capacity assessments.

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

- Both wards admitted both male and female patients. All bedrooms had en suite toilet facilities and Orchid ward also provided en suite showers. The trust was able to designate bedrooms and bathrooms into male and female only areas depending on the patient population.
- Patients on both wards had access to assisted bathrooms. The doors of these bathrooms opened directly onto the corridor. None of these bathrooms had a privacy curtain, so if a member of staff entered or left the bathroom during a care activity the patients' privacy and dignity would be infringed.
- Rowan ward provided patients with signage to support people who may have dementia. The ward had colour zoning to help patients find their way around the ward. For example, bathrooms doors were yellow and there was a hand rail of a contrasting colour to help patients identify this.
- There were potential ligature risks on both wards. Staff on the wards were aware of these risks and could increase patient observations if the risks were raised. We observed ligature cutters clearly visible in the ward office. The ligature risk assessment enabled staff to have an awareness of the potential risks posed.
- Both wards were well maintained, clutter free and clean. Hygiene audits were completed and up to date which meant that patients were protected from infections.
- The Patient Led Assessment of the Care Environment (PLACE) scores showed that Prospect Park Hospital scored above the England average in all areas. It was rated 100% for cleanliness and food; 94% for privacy, dignity and wellbeing; 97% for condition, appearance and maintenance and 97% for dementia care.
- All emergency equipment was maintained and serviced appropriately. Dates of checks were clearly visible and demonstrated that equipment had been checked monthly within the previous six months

- Staff monitored and recorded fridge temperatures in the clinic rooms. These were checked daily and were within the recommended range. This ensured patients medicines were stored at the recommended temperatures to maintain their effectiveness.
- Controlled drugs were stored safely and the controlled drug book was checked daily.
- Staff carried alarms at all times.
- There was CCTV on Orchid ward linked to the office showing the entrances and garden areas so that staff could observe these areas.

Safe staffing

- Rowan Ward had recruited to all staff vacancies, although not all appointed had yet commenced in post. Orchid Ward had four nursing vacancies and two healthcare assistant vacancies. These posts were being recruited to. These vacant posts were being covered by a combination of staff over time, bank staff and agency staff as needed. Staff told us they used regular bank or agency staff when they could to ensure continuity of care.
- There were four occasions in September 2015 that Rowan ward was unable to meet the trust target for safe staffing. These were managed by staff cover from other wards and the Duty Senior Nurse on call being aware of the shortage. There was no reported impact on patient care during these times.
- On Orchid ward temporary staff did not always have appropriate knowledge of patient risks and risk management. In the week of the inspection Orchid ward had experienced high levels of staff sickness which resulted in an increased use of unfamiliar temporary staff. One of these staff was allocated to provide 'line of sight observations' on a patient who was assessed as at high risk of self harm. We saw that the worker had positioned themselves in a chair on a corridor near the bedroom door with a wall restricting their line of vision to the patient. The member of staff was unable to provide us with any information about the patients

Are services safe?

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

risks. This lack of information put the patient and possibly others at risk of harm. Similarly, the inspection team were not informed of the potential risks of patients prior to interactions with them.

- All staff undertook a training week annually to complete mandatory training. Records showed that mandatory training for all staff was up to date.
- The patient also had physical health complications and their dietary intake was to be monitored. The unfamiliar agency worker was unaware of this, which put the patient at potential risk of inadequate nutrition.
- Staff on both wards work to a three shift pattern – 7am-2.30pm, 12pm-8pm and 7.45pm-7.15am, with six staff working during the morning, five during the afternoon and four staff at night. On each shift there were a minimum of two qualified nurses. Staff covered the Health based Place of Safety on a rota which could impact on ward cover. However, additional staff could be brought in to cover at night. Patients and carers told us that they felt there was always enough staff on duty.
- Medical cover was provided by two consultants and two junior doctors working across both wards. This provided a consistent level of medical cover to patients.

Assessing and managing risk to patients and staff

- The majority of patients on both wards said they felt safe.
- Patients admitted to both wards underwent physical health checks and medical assessments. Staff on Rowan Ward regularly reviewed risk assessments and we found good evidence of staff using additional tools such as FRAT (Falls Risk Assessment Tool) to plan care for patients and minimise risks of falls.
- On the wards the risk assessments, pressure sore vulnerability and NEWS (National Early Warning Signs) were recorded and kept in paper files which ensured staff were aware of patient health care and treatment needs. However, not all qualified staff on Orchid ward could convey the importance of pressure sore prevention. When we asked a permanent qualified nurse why a patient with reduced mobility did not have a preventative care plan we were informed that an ulcer had not yet developed and if it did they would seek the

advice of the tissue viability nurse. The care notes stated that the sacral area was “becoming a little red.” This did not demonstrate a preventative approach to pressure area care.

- We saw that staff encouraged patients to drinks to keep them hydrated. However, where patients were on fluid intake monitoring charts, there was a lack of monitoring of these to demonstrate adequate fluids were provided.
- We observed handover which was clear, thorough and included discussion of individual patient risk so that staff were aware of concerns.
- However the risk assessments on Orchid ward were not always reflected in patient care plans. For example, one patient was identified as being a high risk of falls due to constant pacing and poor physical health, yet there was no information in the care plan to mitigate this. Also, a patient that required full assistance with feeding did not have a care plan for this. The records showed that their weight had been recorded six days after admission, but there was no Malnutrition Universal Screening Tool (MUST) undertaken. This is a tool to support patients with their nutrition.
- Safeguarding adults and children training was up to date for all staff on both wards. Staff had a clear understanding of safeguarding and how to escalate any concerns they had. Staff reported having good links with the trust safeguarding lead and safeguarding services in the local authorities. Staff record safeguarding incidents on the trust electronic recording system, which are then reviewed by the trust safeguarding lead.
- Staff had not used restraint or seclusion on either ward in the six months prior to our visit. Staff complete a five day prevention and management of violence and aggression (PMVA) training course as part of their induction and attended an annual refresher course to ensure they maintained their skills.
- Staff managed observations within the staffing numbers for the first observation and then either bank or agency staff were used. Staff review observation levels daily.
- We saw good evidence of de-escalation practices on the wards. Both wards had Safewards accreditation and were the first older persons wards in the country to do so.

Are services safe?

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

- We observed blind spots on both wards. Staff mitigated against these by use of observations around the ward. Staff were visible throughout the ward at all times.
- We looked at 24 medicine charts. These were clear and complete. Pharmacists visited the wards twice a week to carry out a check of the medicine systems. Bluebell Ward stored the emergency medicines, close to Rowan and Orchid wards to enable both wards to access these promptly. We found evidence of one patient prescribed covert medicine, and this was clearly assessed and planned. Capacity and best interests decisions had been taken. Staff clearly recorded and reviewed this.

Track record on safety

- Data from the trust showed no serious incidents occurred on either ward in the six months prior to our visit.

Reporting incidents and learning from when things go wrong

- Staff recorded incidents of aggression, falls, pressure area care and medicine incidents on the electronic

recording system to ensure that the trust were informed of these. However, staff on Orchid ward did not record all reportable incidents as per trust policy. On one patients daily notes we saw that a patient needed lifting after being found on the floor. This incident was not reported through trust's electronic system. This meant that the trust was not consistently provided with accurate information on incidents.

- The ward manager circulated a plan to all staff following any incidents to ensure all staff were aware of any changes to procedures that arose as a result. An example of work in this area was following an incident of staff attempting to feed patients when they already had food in their mouth. We were shown information that the speech and language therapist (SALT) had planned teaching sessions for staff regarding feeding patients.

Are services effective?

Requires improvement 

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

- We looked at 10 care records across the two wards. Care plans were completed promptly on admission to the wards. However, the staff of both wards did not create personalised care plans to meet individualised needs and these did not always reflect the risks identified in the risk assessments. Of the 10 we viewed, only one was personalised and another had individualised information of the care to a patient around the use of PMVA.
- We found that the care plans were drawn from a library within the electronic system. In most instances this supported patient needs, however we found examples where the practice could be unsafe. For example a patient on one ward was wheelchair dependent, and required arms length observation if they attempted to stand. However their care plan for the prevention of circulatory complications was "to remain mobile".
- Patients had a physical health check on admission and care was planned in response to individual needs.
- Relatives of patients on Rowan ward told us they did not have copies of care plans and were not aware of the care planning process.

Best practice in treatment and care

- We found evidence of the Malnutrition Universal Screening Tool (MUST) in use on the wards to support patients with their nutrition. We found that these were completed in the majority of cases and were kept under regular review by staff.
- Staff used the 'Listening in Action' process to recognise and respond to patient need. Listening in Action promotes staff engagement with the wider organisation and encourages patient involvement their care.

Skilled staff to deliver care

- Staff working on the wards came from a variety of professional backgrounds to support the needs of the patients. We spoke with nurses, occupational therapists (and assistants), psychologists (and assistants), pharmacists, healthcare assistants and doctors.

- Staff appraisals were complete within approved timescales. We found that 100% of staff across both wards had an appraisal within the previous six months.
- Staff had access to e-learning alongside planned training sessions in areas such as safeguarding, Mental Health Act awareness and record keeping.
- Not all staff had received formal supervision on a regular monthly basis. However the trust have subsequently informed us that staff have opportunity to take part in a regular 'Space' group. This group provides staff with an opportunity for reflection and is the forum in which to raise clinical concerns. This group was not running on the days we inspected the service.
- We observed one staff meeting which showed high levels of support to staff from their peers and the manager.
- We observed one reflective practice meeting led by an assistant psychologist. Staff complimented this approach and valued the time for this.

Multi-disciplinary and inter-agency team work

- We observed a staff handover that was patient focussed and comprehensive to enable relevant information to be passed on. Staff in attendance included nursing staff and one occupational therapist.
- Staff maintained good links with community care co-ordinators. Rowan ward had a dedicated Band 4 staff member whose role it was to contact the community teams on a weekly basis to check progress of delayed discharges.
- We attended one care programme approach (CPA) meeting which had involvement from the community team. This was a patient focussed meeting and all present, including the patient's relative contributed to this. Discharge planning was discussed as part of the patient care plan.
- We witnessed a patient being admitted to Rowan ward under the Mental Health Act 1983 and saw good evidence of effective working relationships with the Approved Mental Health Practitioner (AMHP) and ambulance crew.

Are services effective?

Requires improvement 

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.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- We viewed the records relating to five patients detained under the Mental Health Act 1983 (MHA) on Orchid Ward and 16 on Rowan Ward. Staff had completed all MHA paperwork and Section 17 leave forms appropriately.
- We checked both electronic and paper documentation. We found good practice of storing and maintaining of MHA paperwork.
- Staff had completed consent to treatment and capacity assessments in line with legal requirements. We saw good evidence of staff consulting with a Second Opinion Approved Doctor (SOAD) when considering electro-convulsive therapy (ECT).
- All staff had access to e-learning for the MCA as well as face to face learning for the MHA.
- We saw evidence of one patient being administered covert medicine. Staff had followed appropriate guidelines and we saw clear evidence of multidisciplinary decision making which also included family members.
- We observed that there was no notice on display on either ward with the rights of informal patients. We alerted the manager of Orchid Ward to this.

- We saw information about the IMHA (Independent Mental Health Advocate) service displayed on both wards. Staff reported that the IMHA visited frequently, but not on set days. One relative told us that they were not aware of the IMHA service. Staff knew how to contact the IMHA to make a referral.

Good practice in applying the Mental Capacity Act

- Staff demonstrated a good practical understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had recorded mental capacity assessments for both day to day decisions and complex decisions. Rationales were meaningful and clearly recorded.
- Staff received training in MCA in their induction and receive annual updates of this. Staff training in MCA was completed and up to date. Staff also had access to e-learning to improve awareness of the MCA.
- We found that two patients on Rowan Ward were subject to DoLS. Patient paperwork was completed and up to date which ensured appropriate safeguards were in place.
- On Orchid ward we observed staff prevent a patient who was admitted informally from leaving the ward. Staff explained this was due to the patient's cognitive impairment and the fact the patient did not understand the risks involved.

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

- Patients told us they felt safe and treated with kindness, dignity and respect. We observed many examples of positive staff interaction with patients which demonstrated kindness and respect. We saw staff speaking with patients in a calm, gentle manner, displaying humour as appropriate. Staff showed an interest in the patients at all times.
- We observed staff concerns for the patients' welfare, such as where they encouraged patients to drink to keep hydrated. Staff spent time with patients and explained patiently and calmly who they were and helped them around the ward. We saw compliment cards left for staff by patients on the ward where they thanked staff for the care they had received. We saw evidence of dietary requirements met in the form of diabetic menus and soft chew menus.
- We observed one lunchtime and saw staff were respectful of patient needs when assisting them to eat. The staff were encouraging and supportive of those with dietary requirements and specialist eating needs. Staff were calm and gave time to each patient during the mealtime.
- The staff implemented the principles of Safewards when de-escalating distressed and anxious patients, where we saw them using soft words and talk down, which the patients responded positively to. We saw clear examples of the principles of Safewards displayed on the wards to remind staff of how to support patients.

The involvement of people in the care that they receive

- The ward held community meetings for the patients. The minutes of these meetings showed a high number of patient attendance. Within these meetings the patients had choice over what activities took place at the weekends and could choose which structured activities they wished to participate in.
- We saw boards displaying who was the named nurse for each patient for each shift so that patients were kept informed of who would be supporting them.
- We saw that patients were involved in choosing their activities and observed good quality nursing interventions and interactions. We observed nursing staff offer individual patients a range of activities to choose from. Staff encouraged participation and this was done to meet the individual patient's needs and was patient led.
- We looked at ten patient care plans. The majority of the care plans viewed were not personalised. We did see one example of good clear care planning that was personalised and had good patient involvement. However, on Rowan ward we saw that patients views on their care plans were not sought or discussed.
- Relatives we spoke with did not know their relative had a care plan. However, they said they had received invitations to care programme approach meetings on the ward to discuss their relatives care. We attended one CPA meeting and there was a relative present.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- Bed occupancy for the six months between February and July 2015 was 79% for Orchid ward and 72% for Rowan ward.
- Rowan ward had eight delayed discharges. Staff told us this was due to there being limited community placements for patients with dementia. Staff reported funding issues in finding appropriate placements. Staff reviewed the delayed discharges weekly on the ward. Rowan ward had a dedicated band four practitioner to link with the local authorities and community teams to follow up these issues.

The facilities promote recovery, comfort, dignity and confidentiality

- On Orchid ward we observed that patient names were displayed in the office, which could also have been seen from the ward area. This did not promote confidentiality in relation to the patients.
- We checked the clinic rooms on both wards. These were clean, organised and well equipped. The staff checked equipment regularly to ensure this was safe for use. There were activity rooms and an art room for patients to use across both wards.
- The occupational therapy service worked across both wards and their work promoted recovery and was patient centred. Occupational Therapists worked with patients to develop plans for their return to the community and their recovery.
- Staff showed us bedrooms with en suite facilities so that patients could use these in private. Staff assisted with personal care to the majority of the patients on Rowan ward.
- The trust had equipment in place to help reduce patient falls. Four bedrooms on each ward had beds with sensors to alert staff if patients were getting out of bed. These beds were used for people who were assessed as high risk of falling and could be lowered if required. Patients were assessed on admission and these beds were allocated on a risk basis.
- Staff across both wards worked in a collaborative manner to ensure best outcomes for the patients. This was supported by the shared consultant and doctor cover for both wards.
- We saw a board on both wards displaying the day, date, season and name of the ward, to help orientate patients to these. Patients had access to a secure garden space. Patients could access this used this freely under the supervision of staff where necessary.
- Patients and relatives told us the food was of good quality with a variety of menus, and specific dietary requirements were catered for. These included vegetarian options, soft chew diets and diabetic diets.
- Patients were able to personalise their bedrooms. We saw that some patients had done this with photographs and personal belongings.
- There was no lockable storage in the bedrooms. Two carers of patients on Rowan ward stated they reported items of clothing going missing on the ward. The ward manager explained that it was not unusual for a patient to remove clothing, shoes or slippers and walk away without them. Other patients can then take these by mistake. Both wards had a lockable cupboard in the ward office for patient belongings.
- Staff provided a full range of activities throughout the week including weekends. Staff and patients told us they chose the weekend activity at their weekly community meeting. Occupational therapists ran the structured activity programme. We saw a timetable of events including tai chi, art, chair exercises, woodwork and pottery for patients to access
- Patients could use quiet areas on both wards and meet with relatives in private. Children were not permitted on either ward and staff informed that there was a family room off the ward if children visited.
- Patients on Orchid ward had access to kitchen facilities to make themselves a drink whenever they wished. Staff provided this to patients of Rowan ward, due to potential risks to patients as a result of their needs.
- There was a cinema space on Rowan ward for patients to use. Staff told us there was a film night every week.

Are services responsive to people's needs?

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

Patients had requested the film night start earlier in the afternoon and so staff brought the time forward in response to this. We saw there was a wide variety of DVD films and documentaries for patients to watch.

Meeting the needs of all people who use the service

- There were hoists and disability aids in the bathrooms and toilets for staff to use when assisting patients with personal care and any mobility needs. Staff assisted patients with personal care as needed.
- Staff respected patients' diversity and human rights. Staff engaged meaningfully with all patients regardless of their ethnic and cultural background. We saw books of all faiths and religion available to patients in the quiet room.
- Interpreter services were available to the ward. We saw leaflets and posters for local services and treatments that patients could access in the community

- There were a variety of food choices to meet religious and ethnic requirements. We saw the menu choice clearly displayed in the dining area so that patients knew what the meals were.
- We observed one meal time and witnessed good staff interaction with patients and support for those patients unable to feed themselves.

Listening to and learning from concerns and complaints

- Staff reported they knew how to respond to patient complaints. There was confidence that managers listened to complaints and responded appropriately. The managers provided feedback to all staff of the learning from complaints.
- We saw Patient Advice and Liaison Service (PALS) leaflets on the ward. Relatives we spoke to told us they would know how to make a complaint. Managers reported that there were no on going complaints at the time of inspection.

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

- Staff we spoke to were aware of and understood the Trust's vision and values.
- We spoke with managers of both wards who said they felt well supported by their managers and senior trust management. Both managers told us that members of the Trust board were a visible presence on the ward.

Good governance

- Staff mandatory training was up to date.
- Managers told us they had not completed formal supervision with all staff. Staff supervision at band 6 and below was not formally completed. Staff reported they received a lot of informal support and supervision from managers and peers.
- Staff appraisals were complete and up to date. Staff told us they had good support from managers and knew their own appraisal targets.
- Staff told us that shifts were always covered. We saw evidence of staff rotas which confirmed this.
- We reviewed information prior to the visit which stated that Rowan Ward had not met safe staffing levels on four occasions in September 2015. The trust had recruited to these positions to enable a safe level of staffing to be maintained.
- All staff had access to the incident reporting system. Staff recorded details of incidents and these were overseen by the manager. The managers had a clear system of reporting back to staff so that staff were aware of any outcomes from incidents. This was done via e-mail communication and team meetings. Staff updated the ward risk register following incidents.

- Staff knew how to raise safeguarding issues within the Trust. Staff had a good understanding of the DoLS referral process to local authorities.

Leadership, morale and staff engagement

- We saw good evidence of clear leadership on both wards. Managers were visible and supported staff and patients when required.
- Managers felt motivated and inspired by the trust Chief Executive. and spoke of pride in working for the trust.
- The manager of Orchid ward told us morale can be low when staff leave. They were not able to tell us what they do specifically to address morale within the staff team, however, the staff we spoke with were positive about their work. Staff told us they would know who to go to with a complaint. Staff had awareness of and confidence in the complaints process.

Commitment to quality improvement and innovation

- Both wards were part of the Safewards accreditation scheme. They were the first older peoples wards in the country to have implemented this scheme.
- Staff told us that a preceptorship nurse had been given time to spend with the research and development team to carry out dementia research. Preceptorship nurses are newly qualified nurses who have support from a preceptor within the work environment to develop their confidence and refine their skills, values and behaviours.
- Managers were completing the trust 'Excellent Managers' course to support them in their role.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Patients and others were not protected against the risks associated with unsafe care and treatment:

- Care plans were not always developed in response to risks identified.
- Observations of patients were not carried out consistently to ensure risks to patients and other were minimised.
- Some of the staff working on the wards were not made aware of the risks of the patients in their care.

This is a breach of Regulation 12(2)(a) and (b)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Staff did not receive appropriate supervision in their work.

Staff did not receive ongoing supervision in their role to ensure that competence was maintained.

This is a breach of Regulation 18 (2) (a)