

Surrey and Borders Partnership NHS Foundation
Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXX2T	West Park Epsom	Primrose Ward	Primrose Ward
RXX2T	West Park Epsom	Bluebell Ward	KT19 8PB
RXX2T	West Park Epsom	Bluebell Ward 2	KT19 8PB
RXXW1	St Peter's Site	Spenser Ward	KT16 0TA
RXX22	Farnham Road Hospital (Mental Health Unit)	Victoria Ward	GU7 7LX

This report describes our judgement of the quality of care provided within this core service by Surrey and Borders Partnership 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.

Summary of findings

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

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Staffing levels were good and staff were appropriately trained and qualified. The service encouraged their professional development.
- Patients received a high level of physical care. The service was committed to monitoring physical healthcare and aimed to reach the standard expected on a general acute ward.
- Patients' care was planned and assessed in line with their needs. Dedicated staff from all disciplines ensured that care met a wide range of needs. Patients and their relatives were involved in decisions regarding care delivery.
- Patients who were detained under the Mental Health Act or subject to treatment under the Mental Capacity Act were treated in line with legislation.
- Patients were treated with dignity and respect. Staff took an interest in their lives and spent time to make patients feel comfortable.

- The service was responsive to individual needs. Patients and carers were listened to. Care was delivered based on suggestions and feedback.
- Staff teams worked well together and were dedicated to improving the lives of their patients. Staff felt supported to raise concerns and these were addressed appropriately.

However:

- One ward was not meeting guidance on the requirement to provide same-sex accommodation.
- The service did not always share best practice. This meant that patient care and environmental standards varied across each ward. An example of this was an uncontrolled falls risk on one ward
- Staff told us that they did not feel connected and involved in learning and innovation from other areas of the trust.

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:

- One ward was not meeting same-sex guidance. Patients had to walk past the rooms of patient of the opposite sex to reach toilet and bathroom areas.
- One ward had blind spots which were not mitigated against.
- The shower room on Spenser ward had call alarms that patients would find difficult to reach if they needed to alert staff.
- Spenser ward had a shower with a large drainage hole that could present a risk to patients.
- Staff did not receive feedback from issues affecting safety from other areas of the trust.

However:

- All wards had comprehensive ligature audits which allowed staff to manage identified risks. The service responded appropriately to minimise risk and there was evidence that this work was ongoing.
- The ward environments, including clinic rooms, were clean. Equipment was well maintained and regularly audited. All wards were wheelchair accessible.
- All wards had appropriate alarm systems to keep patients and staff safe. Staff regularly checked alarm systems and faults were fixed appropriately.
- Staffing levels were safe and there were low vacancies across the service. Bank and agency staff usage was minimal. Night staff were supported to maintain their clinical skills.
- The service had created one hour protected time every Thursday. Staff used it to increase their one to one time with patients.
- Staff had good knowledge and understanding of medicines management. We observed good practice across the service.
- Staff had good knowledge and understanding of best practice that related to providing safe care to patients. They knew how to report issues that compromised safety and felt the service encouraged them to learn from incidents. Staff who had been involved in an incident felt supported by the trust.

Requires improvement



Are services effective?

We rated effective as good because:

Good



Summary of findings

- Staff assessed the needs of the patients and planned their care in line with each person's individual needs. Patients, their carers and members of the multidisciplinary team contributed to care planning, resulting in holistic care being delivered across the service.
- The service was piloting positive behavioural support care plans. Patients who displayed challenging behaviour were given psychological support to ensure their behaviour was managed in the least restrictive way.
- Patients received a high level of physical health care across the service. Staff with experience in physical health care were available to all teams.
- Staff received good levels of training. The service used protected time to offer staff continuous professional development days every two months. In addition to this, continuous professional development was offered during the weekly protected hour created on Thursday. Ward managers provided in-house training in response to identified learning needs.
- Staff used appropriate assessment tools to ensure a wide range of patients' needs were assessed and monitored. The service had a well-planned approach to clinical audits.
- Staff received regular supervision and appraisals. Ward managers used protected time to ensure supervision levels remained high.
- Staff had good knowledge and understanding of the Mental Health Act, Mental Capacity Act and deprivation of liberty safeguards legislation. Staff knew how to get advice if necessary. We saw that the law was applied appropriately.

However:

- Patients who were developing issues with continence did not always have continence assessments in place before being given continence pads. This could result in them losing the ability to manage this physical function as they could become unnecessarily reliant on continence pads.
- The National Institute for Health and Care Excellence guidelines state psychological interventions should be available to older people with mental health problems. The service had difficulty in recruiting psychologists. This resulted in minimal psychological interventions across the service.
- Staff were not regularly following up and recording the status of DoLS application.

Summary of findings

- Staff told us they were experiencing functional issues with SystemOne. They felt the support that was available had been withdrawn too quickly and this was impacting on the time they could spend on direct care activities.

Are services caring?

We rated caring as good because:

- Patients told us they were treated with dignity and respect. Staff knew their patients well and we observed welcoming and calm environments across the service.
- The service delivered patient-centred care. Patients and carers told us they felt involved and listened to.
- Patients and carers had regular opportunities to give suggestions and feedback. The service listened and responded accordingly.

However:

- Patients and carers were not routinely asked whether they had any preferences for their future care and treatment. Therefore, patients might not get their preferred treatment in certain situations, for example if their physical health deteriorated and they could not communicate.
- Some patients we spoke to did not know how to operate the viewing panel. This could compromise patients' privacy.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Patients were not transferred to other wards unless clinically required. Patients who had functional and organic issues were appropriately assessed to ensure they were in the correct environment.
- The service had appropriate systems and resources to monitor delayed discharges and keep them at a minimum.
- The trust was in the process of creating a service to help carers and care homes manage patients with challenging behaviour. The older peoples' inpatient service would benefit from fewer admissions and readmissions.
- Patients had access to purpose built garden areas. They promoted sensory stimulation and therapeutic activity.
- Patients had access to a varied diet that met their needs. The service was able to cater for specific dietary needs as they had in-house catering at West Park Epsom

Good



Summary of findings

- Patients were able to access interpreters, advocacy services and other agencies to support their needs. Contact details were clearly displayed across the service.

However:

- The service did not consistently provide dementia friendly features across all sites. This meant that patients were offered a variable quality of therapeutic experiences.

Are services well-led?

We rated well-led as good because:

- Staff agreed with the trust's values and visions and used them to improve patient care and experience.
- The service had responded positively to previous regulatory recommendations and had a good approach to auditing and monitoring the systems and processes they used.
- The multidisciplinary teams supported each other and there was strong leadership in place. Staff were encouraged to improve and given protected time to do this. Staffing issues were addressed effectively by ward managers.
- We saw many examples of the trust's commitment to quality improvement and innovation.

However:

- Staff had limited knowledge of senior trust staff above their service manager.

Good



Summary of findings

Information about the service

The service had recently undergone some location changes including ward closures.

Primrose ward was an eight bedded (mixed gender) assessment and treatment unit for older people who had functional mental health problems (such as depression) and who were able to attend to their own basic needs. The ward had a multidisciplinary team which included occupational therapists and psychology support. This unit was based at The Meadows, West Park Hospital in Epsom.

Bluebell ward was made of of two wards. Both were eight bedded, single sex, assessment and treatment units for older people who had organic mental health problems, such as dementia. Bluebell ward had a multidisciplinary team which included occupational therapists and psychology support. This unit was based at The Meadows, West Park Hospital in Epsom.

Victoria Ward was a 22 bed acute assessment and treatment inpatient unit for older people, of mixed gender experiencing a functional mental health illness that necessitated an admission into hospital. The ward provided admission for persons in the South West Surrey district who were in need of short stay inpatient individual assessment, treatment and rehabilitation. This unit was based at Farnham Road Hospital, Guildford.

Spenser ward was a 20 bedded acute assessment and treatment inpatient unit for older people, of mixed gender, experiencing a functional mental health illness that necessitated an admission into hospital. This unit was based at the Abraham Cowley Unit, St Peter's Hospital, Chertsey.

We inspected this core service in July 2014 as part of our comprehensive pilot mental health inspection programme. Following this inspection we told the provider to take action in two areas.

Care and welfare of service users

The service had not ensured the welfare and safety of the service user because there were not records demonstrating that skin integrity and falls risks were monitored and assessed on admission and were not identified in the management of care.

Assessing and monitoring the quality of service provision

The service's governance processes were not clearly highlighting services in the division for older people which were not performing well, therefore improvements could not take place or be closely monitored.

During this inspection the service had taken appropriate action to address both these issues.

Our inspection team

The inspection team that inspected wards for older people with mental health problems included a CQC

inspector, a Mental Health Act reviewer and three specialist advisers - a registered psychiatric nurse, an older adult consultant psychiatrist, and a registered psychologist.

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

Summary of findings

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 that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited all five of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 15 patients and ten carers.
- Spoke with the managers or acting managers for each of the wards.
- Spoke with the two matrons who work across the sites.

- Spoke with 44 other staff members including doctors, nurses, health care assistants, psychologists, physiotherapists, occupational therapists, pharmacists, an activity coordinator, administration staff, domestic staff, catering staff, ward clerk and medical secretaries.
- Spoke with the medical director with responsibility for this service.
- Attended and observed one hand-over meeting, three multidisciplinary meetings, two care programme approach meetings and four therapeutic activity sessions.
- Carried out one short observation framework for inspectors before and during a patient meal-time.
- Looked at 30 treatment records of patients.
- Carried out a specific check of the medication management on all five wards.
- Carried out a Mental Health Act review on Victoria ward.
- 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 their carers told us that staff treated them with respect and dignity. Staff were approachable and took time to get to know them as individuals. They felt safe and occupied whilst on the ward. Patients and their carers felt included in decisions and kept informed. They told us that staff gave information in a way that was understandable.

One carer was extremely complimentary about the service. Their relative had early onset dementia and this had been the first time they had felt supported in many years. They told us that staff were patient and compassionate towards their patients. They had a better understanding of their relatives' condition and treatment plan and had seen improvements in their quality of life.

Good practice

The service had a commitment to delivering physical health care to the level expected from a general acute ward. A GP trainee at West Park had improved the quality of venous thromboembolism and prophylaxis care provided. This reduced the risk of patients contracting blood clots due to reduced mobility and giving appropriate treatment to reduce the risk of diseases spreading. All sites used a physical health checks benchmark to ensure that standards did not slip.

The service had invested resources into positive behaviour support, which is a psychological therapy that supports patients with challenging behaviour without

using restrictive methods. Bluebell ward was piloting psychology led PBS care plans. The matron at West Park was involved in setting up intensive support teams. These teams introduced PBS techniques to carers and care homes. The aim was to decrease admissions and readmissions. This model had good outcomes in other areas of the country.

The ward manager on Bluebell ward had used available funds to create a sensory garden for patients. It included flowers and features that stimulated the senses and supported patients to engage in gardening.

Summary of findings

The consultant on Spenser ward had carried out research to improve older peoples' care. The whole team had an outstanding approach and this had been rewarded by the trust in last year's awards for staff recognition.

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to improve:

- The service must ensure that all sites meets same-sex accommodation guidance at all times.
- The service must take action to ensure all call alarms are appropriately positioned to allow them to be activated.

Action the provider **SHOULD** take to improve

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

- The service should ensure staff have clear lines of sight and take action to minimise the risk of blind spots.
- The service should deliver a consistent approach towards maintaining their environments. This should include addressing the cleaning provision on Victoria ward and ensuring patients have access to a lockable space in their rooms on Primrose ward.

- The service should ensure that all patients have their continence managed in a way that promotes independence.
- The service should ensure that patients routinely have crisis and contingency plans in place.
- The service should take action to ensure that patients' future preference for care and treatment is recorded
- The service should ensure that patients' records and care plans fully reflect the patients' assessed needs and plans.
- The service should review its training for staff in SystemOne and ensure the system's tools are suitable to meet the service's needs.
- The service should ensure that the status of all Deprivation of Liberty Safeguards applications are followed up and recorded regularly.

Victoria ward should ensure all patients are familiar with how to use their viewing screens so their privacy is maintained to their preference.

Surrey and Borders Partnership 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
Primrose ward	West Park Epsom
Bluebell Ward	West Park Epsom
Blubell ward 2	West ParkEpsom
Spenser ward	St Peter's Site
Victoria Ward	Farnham Road Hospital (Mental Health Unit)

Mental Health Act responsibilities

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

The service had received three Mental Health Act (MHA) monitoring visits between 8 April 2014 and 12 March 2015. The main issues highlighted at these visits were regarding using the correct procedures during the admission process; capacity and consent not being correctly recorded; and lack of patient involvement in care plans.

During this inspection, we found good processes in place to ensure the MHA and guiding principles of the MHA Code of Practice were adhered to. 75% of staff had received training in the MHA. Front line staff had a good working knowledge of the MHA and the Code of Practice.

Section 17 leave of absence forms clearly recorded the type of leave that was being authorised and copies were routinely given to patients and carers. This meets requirements set out in Chapter 27 of the MHA Code of Practice.

Patients' capacity and consent to treatment was regularly reviewed and recorded.

Detailed findings

Patients had been informed of their rights (under section 132 of the MHA) and this was clearly documented in their records. This was repeated weekly for patients detained under section 2 of the MHA and monthly for those detained under section 3 of the MHA. This meets requirements set out in chapter 4 of the MHA Code of Practice.

Patients' care plans were individualised and their involvement was evident in most cases. However, they did not always contain patients' views.

The MHA record keeping and trust scrutiny were good. Staff were well supported by the MHA office who were

approachable for advice. Wards did not hold MHA documentation because all MHA documentation was sent to the MHA office for safekeeping. Copies were scanned onto patients' care records. Therefore some MHA records were not always accessible for easy reference.

Posters were displayed throughout the service informing patients of how to contact the independent mental health advocate (IMHA). The IMHA visited wards weekly and on request. They routinely introduced themselves to detained patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received, or were booked on, training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They also demonstrated good knowledge of the legislation involved. Capacity assessments were used appropriately and linked to best interest decision meetings. All DoLS applications and authorisations were appropriate. However, staff had not

followed up or recorded the status of these applications in patients' notes at regular intervals. We were informed that the trust had expressed their concerns, regarding the backlog of DoLS applications, to the local authority in October 2015. They confirmed that severe delays were ongoing. The trust had reflected their ongoing concerns on their risk register.

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

- Staff were able to observe the majority of the wards we visited. Victoria ward had a long ward layout. Staff were able to view closed circuit television monitors in the nursing office to ensure the safety of patients. We observed a blind spot on Primrose ward which was managed by staff regularly walking round checking the whereabouts of patients.
- All wards had completed comprehensive ligature audits. Staff responded to recent ligature concerns by removing wardrobe doors and hinges. Victoria ward had reduced ligature points and installed anti-ligature fittings in seven rooms. The ward had funding to extend this work to all 22 bedrooms. Patients were managed on 1:1 observations if they were assessed to be at risk. Staff knew that ligature cutters were in the emergency resuscitation bag.
- Primrose ward did not currently comply with same-sex guidance as men and women had to walk past rooms occupied by the opposite sex to access the toilet and bathroom. We noted the ward layout did have the potential to meet guidance. The ward had an allocated female lounge. The ward manager told us that they did not allocate men and women allotted beds as the patients mix often changed. They told us that new admissions generally used the vacant room as, previously, patients had objected to moving room. However, patients would move rooms if clinically necessary. For example, there was a large room with mobility aids. Patients with falls risks had rooms near the day area. Staff gave examples of using close observations for patients who displayed aggression and sexual disinhibition to mitigate risk.
- All wards visited had fully equipped clinic rooms. We observed robust audits for checking resuscitation equipment and emergency drugs. Victoria ward had a large stock of medicines in their medicines cupboard although all were in date. Primrose ward had an opened barrier cream with no recorded opening date. Staff told us this had been opened that day and were aware of the risks regarding using contaminated medicines. All fridge temperatures were audited to ensure they were suitable to stock medicines.
- Primrose ward had clear systems that ensured the environment and furnishings were well maintained. Bluebell ward 2 did not have a cleaning audit in place. This ward opened two weeks before our inspection and staff told us that some systems were still being put in place. Victoria ward used an external cleaning agency and did not have access to cleaning schedules. We observed a domestic staff member cleaning kitchen and toilet areas in the same shift. This could lead to cross contamination from their clothing. The ward manager agreed that the agency did not provide enough staff to maintain a ward of that size. Spenser ward also had shower curtains that required further cleaning. Staff told us they routinely changed shower curtains every six months or if damaged. All patients and carers we spoke with had no concerns regarding cleanliness across the service.
- We saw a shower in Spenser ward with a large drainage hole that could present a risk to patients' mobility.
- All wards managed and audited the control of substances hazardous to health effectively.
- The Patient Led Assessment of the Care Environment score for cleanliness was 100%; The national average stood at 98%.
- All wards completed monthly hand washing audits. We found these to be very comprehensive, although they were generally used for nursing and not medical staff. We found some electrical items that were not safety tested. The matron told us that some items had come from wards that had closed. This issue was addressed during our inspection.
- Patients' mobility equipment was well maintained and audited. Spenser ward used a mobility equipment cleaning rota to ensure no equipment was overlooked.
- All wards had environmental risk assessments that were checked regularly. We observed the quality of assessment detail varied across wards.
- All staff had access to appropriate alarms. They allowed staff to call for personal support or emergency drugs. Nurse call systems were located in all patient areas.

Are services safe?

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Spenser ward had call alarms which were out of arms reach in the shower areas. This meant that patients could be unable to alert staff if they fell or needed assistance.

- All wards regularly audited fire alarms and we saw evidence that action had been taken when problems were identified.

Safe staffing

- The trust employed 45 qualified staff and 82 healthcare assistants across the service. Between 1 July 2015 and 30 September 2015, the service had 12 qualified staff vacancies and 13 healthcare assistant vacancies. We were told that recent staff reallocation from ward closure had significantly decreased the amount of vacancies. Within the same period the staff sickness rate was 6%.
- Bank and agency staff were long term and familiar with the patients and environment. Staff told us that redeployment due to ward closure had improved safe staffing levels on all wards.
- Ward managers on all wards gave good support to night staff. On Primrose ward they came in at night to include staff in meetings. On Victoria ward a night staff member was being supported to improve her nursing skills after moving from a continuing care ward. The flexible working policy was due to be reviewed in May 2016. The ward managers were committed to ensuring that all staff were gaining appropriate clinical experience.
- All ward managers were able to adjust their staffing levels daily to ensure appropriate care was delivered at all times.
- Staff were present in all communal areas. Staff from Victoria ward told us that a qualified member of staff was not always in the communal areas. The ward layout meant the nursing office was away from the main patient lounge. However, CCTV was fitted that was monitored by qualified staff from the office.
- Staff told us that due to improved staffing they were able to spend more one to one time with their patients. Patients told us that they felt well supported by staff. Staff on all wards had recently stopped working long days on a Thursday. This freed up one hour protected time for staff to spend with patients.
- Staff on all wards reported that escorted leave or ward activities were rarely cancelled. Patients we spoke to had no concerns in this area.

- All wards had embedded a culture of carrying out nursing care to the same standard as an acute setting. All sites had physical health nurses available.
- The on call doctor, who covered West Park Epsom site, also covered a site 45 minutes away by car. The consultant often provided cover if junior medical staff were at educational sessions. The consultant did extra sessions to manage this shortage of medical cover. Patient care was not compromised by these arrangements.
- Staff had an average mandatory training rate of 90% across the service. The average overall training rate was 95%. Staff felt the protected time on Thursday had helped them complete training. Staff also attended continuing professional development (CPD) days every two months. These days included mindfulness training, sharing good practice across wards and new learning.

Assessing and managing risk to patients and staff

- Between 1 May 2015 and 31 October 2015 there were 19 recorded incidents of restraint on Victoria ward and four on Spenser ward. One incident was a prone restraint. Prone position restraint is when a patient is held in a face down position on a surface and is physically prevented from moving out of this position. This restraint also required staff to administer rapid tranquilisation to the patient. Staff were aware that NICE guidance stated that the vital signs of patients should be monitored, following rapid tranquilisation, until they are fully alert. All staff were able to locate NICE guidance on the trust intranet.
- We viewed 30 care records during our inspection. Twenty-nine records showed that the risk assessment was completed during the admission process with one completed 11 days after admission. This patient had been seen by medical staff on admission. All risk assessments were reviewed and updated after incidents.
- Patients had falls assessments completed on admission. They were updated regularly and routinely after returning from leave.
- Staff used the risk assessment tool on SystemOne, the trust's electronic patient records system. Some staff told us they found recording risk difficult due to limited prompts. All patients had falls assessments in place. Spenser ward was the only ward routinely recording crisis and contingency plans. The other wards completed crisis plans after incidents.

Are services safe?

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- All wards restricted patients from having lighters, carrier bags and charger cables to mitigate against risk of self-harm. Patients were not individually assessed on their ability to safely have these items.
- Informal patients were aware they could leave at will. All wards had signs clearly displayed by their entrances informing informal patients of their rights.
- All wards had good policies and procedures for use of observation and searching clients. One health care assistant we spoke to was unclear on the policy. This was discussed with the ward manager. She showed us that this had been on the agenda for the ward managers meeting in February 2016 and that the policy had been circulated to all staff. She agreed to recirculate the policy.
- We observed staff on all wards using good de-escalation skills. Staff spoke positively about the de-escalation training provided in the prevention and management of violence and aggression training. For example, they told us the session on recognising body language was helpful. All staff were aware of older adult restraint policy and could locate it on the trust intranet.
- Across the service, an average of 90% of staff had received training in safeguarding adults and 88% in safeguarding children. Staff showed a good understanding of how to identify and deal with safeguarding concerns. Staff gave us examples of recent safeguarding incidents on the ward and the actions that had been taken as a result. Staff knew who the trust's safeguard lead was. We viewed the recent safeguarding alerts on Spenser ward. They were all followed through until closure.
- All wards stored medicines securely and in accordance with the trust policy and manufacturers' guidelines. Doctors relied on patients' records and information from carers to initiate medicine regimes. They contacted the GP for a medical summary if the patient was not known to them.
- Victoria ward used assistive falls technology to support staff to reduce the risk of falls. Patients' bedroom had flooring, with sensors and alarms fitted, to alert staff when a patient had fallen. This technology was used when patients had been identified as being high risk of falling. This was in addition to other fall risk management plans. The other wards we visited did not provide this.
- All wards displayed a 'safety cross' to audit the incidents of falls in the current month. Waterlow assessments

were completed to assist staff with the management of pressure sores. During our inspection we identified that the assessment on SystemOne was incomplete. This meant the score did not accurately represent the risk of developing a pressure sore. This issue was raised with the trust and staff were advised to use paper assessments until the issue was resolved.

- Children were not allowed to visit on the main ward areas. However, alternative visiting arrangements were provided by the trust to ensure that children and young people could visit.

Track record on safety

- Data provided from the trust highlighted four serious incidents in the last 12 months. Three of these occurred at wards that are now closed and two of these were unauthorised absence by staff.
- A carer from Spenser ward told us that her relative had sustained a fractured wrist that had gone unnoticed by staff. The incident was recorded accurately as described by the carer. The ward manager told us that staff had been debriefed after this incident and lessons had been learnt regarding seeking appropriate medical advice.

Reporting incidents and learning from when things go wrong

- All staff had access to the trust's datix system to report incidents. All staff had good awareness of what to report and how this was done. All wards had a good culture of informing carers of incidents. Staff routinely updated risk assessments after incidents.
- Ward managers audited all incidents and discussed them at the monthly ward managers' meeting. Staff told us they were happy with the support they received after incidents. They were discussed at team meetings, supervision and development days. All wards had psychological support and reflective practice weekly.
- Lessons learned were shared internally across all wards. Examples given to us included: a pay phone had been removed from Spenser ward because it was a ligature risk; and a patient on Victoria ward had new glasses and a medication review following a fall.
- Staff felt that wider learning from other incidents across the trust could be better. They only received feedback from serious incidents in other services.
- Staff could access the serious incident support team, which consisted of clinicians who were on-call and had

Are services safe?

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

received training to support a team. They offered an initial meeting that enabled staff to discuss the incident. Further follow up was available through support via email and signposting to appropriate services.

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

- Patients' needs were assessed and care was delivered in line with their individual care plans. All records we reviewed showed that patients had 72 hour care plans following admission.
- Patients' physical health needs were assessed and monitored to a high standard. Wards had input from physical health workers and some staff were trained in general nursing. Continence assessments were not carried out when a patient was developing issues with their continence. This meant continence pads could be given prematurely, causing patients to be at risk of losing independence in this function.
- Care plans were of a good quality, with significant input from the wider multidisciplinary team. Two thirds of care records contained patients' views and the remainder contained some carers' views. All care records viewed contained care plans which addressed a full range of problems and needs. They were all recovery focused. Victoria ward had some care plans that contained nursing jargon that were not patient friendly.
- Both Victoria and Spenser ward considered discharge plans. The discharge coordinator on Victoria ward attended funding panels to support patients' placement applications. However, this input was not always clearly recorded in a discharge care plan. Psychologists on Bluebell ward were piloting positive behavioural support care plans. Positive behavioural support is a psychological therapy used to understand how to manage an individual's challenging behaviour.
- Patients, particularly those with cognitive issues, had 'This Is Me' documents to provide staff with an insight to their life and skills. On Bluebell ward, only two out of eight were completed. Staff told us they relied on carers to complete these documents. There was little evidence that staff attempted to get this information from the patients, or contact carers to ensure it was completed. This could impact on the service's ability to provide individual care. However, when tested, staff had good knowledge of their patients' interests, likes and dislikes, working life and families.
- Staff used the trust's electronic patient records, SystemOne, to store and access patient information. They all had individual logins and passwords to maintain confidentiality. Staff told us they were still

familiarising themselves with the system and felt that system support could be improved. Medical staff at West Park Epsom told us there was no clear protocol on where to file documents, which meant they could be found in one of four places. Staff as a whole felt they had less time to deliver care because of the increased time they spent using the electronic system.

Best practice in treatment and care

- All wards followed NICE guidelines in relation to safe and effective use of medicines to achieve best possible outcomes for patients. Staff were aware of maximum doses for antipsychotic medicines as indicated in the British National Formulary and knew that all current patients were on suitable doses. Staff at West Park Epsom carried out electrocardiograms and blood tests when patients started to take antipsychotic medication as part of a prescribing observatory of mental health quality improvement programme.
- Out of 39 prescription charts viewed, one did not have known allergies recorded. On three charts, as required medicines were not reviewed after not being required for two weeks. Spenser ward had eleven out of twelve charts that contained illegible signatures. Victoria ward had one chart which did not clearly record if medicines had been refused or signed.
- Psychologists offered minimal therapeutic input across Victoria ward. The service recognised this would affect their intention to gain accreditation for inpatient mental health services. Spenser and Victoria ward had been unable to recruit into psychologist vacancies. The trust was considering extending the vacancies to include applications from newly qualified psychologists.
- Patients received comprehensive physical healthcare. The service had support from a full range of allied health professionals. All wards audited physical health provision. The consultant on Spenser ward had significant research experience in this area.
- Staff on all wards routinely used the malnutrition universal screening tool to ensure patients had their nutritional needs met. Dietitians were involved in care planning across the service. Spenser ward had a nutrition champion. Staff routinely monitored food and fluid intake for 72 hours after admission. All wards had access to adapted cutlery and
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- Staff on all wards used health of nation outcome scales to assess and record severity and outcomes.

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.

Occupational therapists used the model of human occupation screening tool, to determine patients' ability in cooking, shopping, personal care, budgeting and travelling.

- We saw a wide range of clinical audits being used on all wards. These included: infection control; pillow and mattress maintenance; hand washing; care records; urinary tract infection; venous thromboembolism; falls and nutrition. Clinical audit had been an outstanding compliance action from our previous inspection and the service had addressed this.

Skilled staff to deliver care

- All teams consisted of nurses, doctors, health care assistants and occupational therapists. A social work lead worked across the service. Specialist assessments such as physiotherapy, speech and language therapy and dietary were carried out when required by staff working across the trust. All staff we spoke to had appropriate experience and qualifications.
- Psychologist input was minimal on Victoria ward due to difficulties in recruiting staff. However, patients had access to appropriate therapies, such as reminiscence therapy on Bluebell wards.
- Staff reported that pharmacy support had been an issue. West Park Epsom now received weekly pharmacist input and Victoria ward was in the process of switching to the on-site pharmacy for dispensing medicines.
- All new staff received a trust induction and local induction to their service. Health care assistants were encouraged to undertake training in physical health care.
- Spenser ward staff had regular supervision and appraisals were up to date. They used a supervision hierarchy so most staff supervised others at a lower grade. The deputy ward manager took the lead in ensuring supervision happened regularly. We looked at four nursing staff records on Primrose ward and found three had regular supervision and two had appraisals recently. The two outstanding appraisals were for health care assistants. Ward managers used protected time on Thursday to improve supervision and appraisal levels. Allied health professionals across the service were satisfied with their supervision and appraisal arrangements.

- Staff on Bluebellwards all received specialist dementia awareness training. This training was optional for staff on functional wards. The service offered continuous professional development days every two months to introduce new learning to staff.
- Ward managers addressed poor performance through supervision initially. A formal capability policy was also available. The Victoria ward manager showed us how she had successfully used this policy to support a newly qualified nurse to improve her medicine management skills.

Multi-disciplinary and inter-agency team work

- Primrose and Bluebell wards had weekly multidisciplinary team (MDT) meetings. Patients and carers were given a checklist to prepare for the meeting and received feedback afterwards. The checklist was comprehensive but did not contain capacity concerns. However, we observed the consultant adapting their language to maximise the understanding of patients, by talking in a simple clear way. One carer told us that the meeting was the first time she had felt supported and was impressed how information was projected on a screen so everyone felt involved. Spenser and Victoria ward had two MDT meetings a week.
- Community teams attended MDT meetings regularly and allied health professionals attended when they were involved with the patient. All wards used conference calling to gain views from people who could not attend.
- We observed the handover sheets for all wards. Staff discussed mood, sleep, mobility and nutrition for all patients. The language used was very positive. All staff had a copy of the handover sheet so they were aware of their allocated workload.
- Ward managers met monthly. They discussed operations and shared updates on care, systems and learning across wards. This meeting had recently taken learning from the health and safety audit and arranged workstation assessments for all staff.
- The matron at West Park Epsom had daily contact with the bed flow manager and discharge coordinator. They told us links with social services could be improved despite the service having a social services lead. Often discharge was delayed due to funding issues and dispute over the patient requiring support from health or social services.

Are services effective?

Good 

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- Staff on Spenser ward reported good working relationships with the ambulance service, A&E department and local GPs.

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

- 75% of staff had received training in the Mental Health Act (MHA) and demonstrated a good understanding of the MHA and Code of Practice.
- Consent to treatment paperwork was all in order and attached to medicine charts. Capacity assessment forms were completed by the responsible clinician, together with the conversation held with the patient and prompts that guided the decision.
- Patients had their rights under the MHA explained regularly. The level of patients' understanding was well documented. Victoria ward used a patient's relative to inform them of their rights, as English was not their first language. This made it difficult to ensure she was receiving the correct information.
- Patients' leave arrangements were clearly documented and copies of leave forms were given to patients and carers for reference.
- Staff told us that the MHA administrators were very supportive and approachable for advice. All wards had a copy of the Code of Practice in their office and staff were aware of its guiding principles.
- The MHA office kept documents and scanned them onto the patients' electronic records. This could be delayed meaning documentation was not always easily accessible.

- The Independent Mental Health Advocate (IMHA) attended all wards weekly and on request. They introduced themselves to all detained patients and explained their role. We saw posters with IMHA contact details clearly displayed on all wards.
- The MHA office completed regular audits to ensure that the MHA was applied correctly.

Good practice in applying the Mental Capacity Act

- 80% of staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There was an MCA policy, including DoLS, that staff could refer to if needed. Qualified staff had a good understanding of MCA and knew the five statutory principles. Health care assistants had varied understanding across the service.
- Wards did not have a system in place to monitor and record the status of DoLS applications after they had been received by the local authority. Staff only knew there was a backlog and could not be certain that the applications were being processed.
- Patients' capacity was assessed and recorded within their care records. This was generally carried out by the appropriate member of the MDT on a decision specific basis. Details of the conversation were clearly recorded.
- All wards had meetings to support patients to make best interest decisions. On Bluebell ward, six out of 11 meetings involved the carer. One decision concerned administering medicine covertly. Pharmacy and relatives were involved to ensure the medicine doses were appropriate. This decision had a clear date for review.
- Independent Mental Capacity Advocates (IMCA) were available on request. Information for this service was clearly displayed on all wards.

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

- We observed many staff interactions with patients in a caring and respectful manner across the service. Staff were engaged and interested in providing good quality care for patients. Staff de-escalated situations well by talking calmly to patients and redirecting them to other areas of the ward and engaged them in distraction.
- We carried out a short observational framework for inspectors on Primrose ward, before and during lunchtime. Patients were encouraged to be as independent as possible and the staff support provided was discreet and respectful.
- Patients and their carers told us they were well cared for and kept safe. They knew their key worker and were confident to discuss their care and needs. Staff explained care they were giving and asked for permission.
- The details of patients' names, details and admission status in the nurse office were covered to maintain confidentiality.
- Staff had good knowledge of their patients' interests, likes and dislikes, working life and social situations.
- The service had a PLACE survey score of 93% for privacy, dignity and wellbeing. This was 7% higher than the national average. Patients told us that staff always knocked before entering their room.
- On Victoria ward, many viewing panels on patients' doors were open. The ward manager told us that patients controlled this themselves. Some patients we spoke to did not know how to operate the viewing panel. This could compromise patients' privacy.

The involvement of people in the care that they receive

- Staff orientated patients and their carers to the ward. Patients received an information leaflet relating to the ward on admission. Patients told us they felt welcome and appreciated niceties, for example, being introduced to patients and staff and offered a cup of tea.

- Patients were involved in care planning across the service. On Bluebell ward, which cared for patients with dementia, carer involvement was more evident. All wards had good systems in place to ensure patients and carers had copies of care plans. Victoria ward had patients' care plans displayed in their rooms to support staff adherence. We observed an outstanding care plan on Spenser ward which addressed the mobility needs for a patient with autistic spectrum disorder.
- Multidisciplinary meetings were patient centred. Projectors were used so everyone could read care records. Patients and carers were encouraged to prepare for meetings. Carers routinely received feedback and minutes of all meetings concerning their relatives.
- Advocates visited the ward weekly and were available on request. Their contact details were clearly displayed on all wards.
- Patient led meetings were held weekly to gather suggestions and feedback. They were well attended on all wards. Patients on Victoria ward named their meeting 'Sunday Matters' and created a 'hungry table' so patients could have their meals served first if they were hungry. All wards clearly displayed 'you said, we did' comments on the ward.
- All wards had a tablet available for patients and carers to record their views and give feedback. The survey, called 'Your view matters' was monitored by the ward manager and also feedback to the trust via their reporting system, Meridian. The current survey had to be completed in one sitting so staff often filled it out with patients on paper so it could be revisited. Staff uploaded it to Meridian when completed.
- All wards had monthly carers' meetings. Victoria ward also had a monthly carers' surgery where carers could discuss confidential issues. We saw how carers' views had led to an activities coordinator being employed on Primrose ward. All wards had completed the triangle of care self-assessment tool to improve carer engagement across the service.
- Patients on Spenser ward were the only patients to have advance decisions in place

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

- Average bed occupancy over the last six months was 71%. The service had recently had bed closures and current bed occupancy was 80%.
- Beds were readily available to meet patients' clinical needs in the catchment area. We spoke to one carer of a patient with early onset dementia. They told us it had been very difficult to get support and felt the trust did not adequately provide for this condition.
- Patients had not been moved unless it was clinically required. We found some patients with cognitive issues on the functional wards. They had assessments in place that showed that a move to an organic ward would be inappropriate.
- The service was able to access the trust's adult psychiatric intensive care units (PICU) for unsettled patients. We were shown clear protocol for transfer to PICU.
- Delayed discharge was not an issue across the service. Ward managers communicated with the bed flow manager and discharge coordinator daily.
- Victoria wards' discharge coordinator told us that funding and finding appropriate placements delayed discharges at times.
- The trust was in the process of introducing an intensive support team. They worked with service users and carers in the community to help them manage challenging behaviour through positive behaviour support. The intention was to decrease admissions and readmissions due to placements breaking down. The team will work from three hubs to ensure accessibility to the whole trust catchment area.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation, spirituality and treatment. West Park Epsom was in the process of creating a reminiscence room and therapy kitchen for patients. Victoria ward was very hot in some areas. The ward manager told us that the hospital controlled temperature centrally. They were unable to access individual radiators as they were covered for safety.

- Patients had access to an outside space, which included smoking areas on most wards. Victoria ward was on the first floor and patients had to go into the hospital grounds to smoke. Garden areas had seating and handrails to support patients. They had raised gardens at waist height so patients could participate in gardening without bending. Bluebell wards had access to a garden specifically designed with dementia friendly features, such as flowers that stimulated the senses.
- Dementia friendly design features were in place. Victoria ward had a long corridor layout which had rooms allocated to patients dependant on risk. For example, patients with mobility issues had rooms nearest the day room. The corridor was painted in different colours to help patients locate their room. Appropriate signage was in place to promote orientation.
- Bluebell ward did not have memory boxes in place for their patients. These could stimulate emotion and promote conversation from people with dementia.
- All wards had adequate quiet areas where patients could meet visitors.
- Patients were able to use their mobile phones. Wards also had mobile phones which patients could use in privacy.
- We spoke with 15 patients, two of them were unsatisfied with the food. West Park Epsom had a chef who prepared meals and provided a varied menu. All wards catered for patients' birthdays.
- Patients were able to make hot drinks during the day with drinks available on request at night. Patients on Primrose told us that often night staff were slow or ignored their requests for hot drinks. All wards had fresh fruit and a variety of snacks available. Victoria ward had responded to patients' suggestions and had tins of beans and soup available for snacks.
- Patients were able and encouraged to personalise their bedrooms.
- Victoria and Spenser wards had lockable drawers in all rooms. Ward managers at West Park Epsom told us secure boxes had been ordered for all bedrooms. All wards had systems in place to store patients' money and possessions.
- All wards had activity schedules run by occupational therapists and psychologists. Primrose ward had a newly appointed activities coordinator and we saw patients enjoying photography and making scrapbooks. Spenser ward had an outstanding activity schedule which included pet therapy, baking and knitting poppies

Are services responsive to people's needs?

Good 

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

in partnership with Age UK. Victoria ward was currently offering a minimal activity schedule. The psychologist told us they had received no applicants for a recently advertised psychology post.

- Activities were led by nurses during the weekend and included quizzes, bingo and movie evenings. Patients told us they enjoyed the activities that were offered.

Meeting the needs of all people who use the service

- Wards were compliant with the Equality Act 2010, allowing access for patients and carers with restricted mobility. This included the provision of wheelchair access to bedrooms and bathrooms.
- Information on treatments, local services, patients' rights, advocacy and how to complain were available in all reception areas and notice boards on the ward and were available in different languages.
- The service could access interpreters and signers when required. For general conversation, staff were observed using a phone app to communicate with a Cantonese-speaking patient.
- The service was able to cater for all dietary requirements. A patient with particular food preferences was transferred to Bluebell ward, which had in-house catering, so his nutrition needs could be met.

- There was a chaplaincy service to support patients with a diverse range of spiritual and religious needs. All wards had access to a multi-faith room.

Listening to and learning from concerns and complaints

- The service had received three complaints in the last 12 months, two of which were partially upheld.
- Patients told us that they knew how to complain and that staff were approachable. They were aware how to access the patient advice and liaison service but told us they would like the leaflets in bigger print.
- Patients on Primrose ward told us that issues such as choice of biscuits were addressed very quickly.
- A carer on Bluebell ward told us that she complained that her relative's clothes were unwashed. This was addressed quickly and she received feedback.
- Staff told us they often resolved complaints in the patients' meeting. If the complaint needed to be escalated further, it was discussed with the ward manager and a datix incident form was completed.
- The service published and displayed a complaints and compliments poster monthly. Staff told us that this information was discussed in team meetings. Spenser ward had a folder that recorded complaints and suggestions. It included recommendations on how to improve patients' care.

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

- All wards displayed the trust's visions and values. Staff were aware of them and felt they were given the resources and support to give their patients a good quality of life. Trust values were discussed as part of supervision and team meetings.
- Staff felt the service was good at communicating its objectives. Staff across the service were engaged and responsive.
- Staff knew who the chief executive was, but not all knew the director of nursing. Staff reported daily visits from the service matrons and spoke highly of their support.

Good governance

- The service had good systems in place to ensure that staff were appropriately skilled to deliver safe and effective care to patients. This had been the subject of a compliance action from our previous inspection.
- Staff participation in clinical audits was extensive and this had led to improved outcomes for patients. Patients' physical health needs were particularly well attended.
- West Park Epsom site and Victoria ward used an inadequate system to monitor patients' monies and valuables. This was not in line with trust policy. This was discussed with the service matron and we saw on an unannounced inspection the week after our inspection this issue had been addressed across the service. The matron told us they had reviewed and revised the trust policy to allow two members of staff to countersign money movement. This served to safeguard staff against mistakes.
- The service used a physical health checks benchmark to ensure their attention to physical health risks was monitored and constantly improving.
- The service had a good understanding of what they needed to achieve to gain AIMS accreditation. Victoria ward felt they could increase patient involvement in care plans and had plans to get a laptop to make this easier.
- Ward managers had the appropriate level of authority to do their jobs. There was good administration support was in place. Two matrons worked across the service to ensure best practice and learning was shared.

- Staff were able to access the trust's risk register. Any issues that needed to be added were discussed in team meetings.

Leadership, morale and staff engagement

- Staff sickness and absence rates were 6% across the service. Ward managers monitored these and had a contact in human resources if they needed advice.
- Staff on Victoria ward told us they had found it difficult to fit into the team after moving due to ward closures. Staff had good understanding of whistle-blowing. Staff felt confident to raise concerns without victimisation.
- Staff morale was generally high. Most staff told us they loved their job. Staff from across the multidisciplinary team (MDT) knew each other's roles and supported each other. An occupational therapist on Primrose ward told us they helped nursing staff with observations or escorted leave if they were available. A psychologist on Spenser ward was supported by the MDT in completing a complex coroner's report.
- Ward consultants were good leaders and motivators. Ward managers encouraged staff to attend seminars as part of their working hours.
- Junior doctors told us that teaching arrangements had improved. They met with an educational supervisor weekly to discuss work related issues.
- Staff had the opportunity to give feedback on the service through the staff survey, supervision and team meetings. Staff were able to input into service development. The ward manager on Bluebell ward 2 was able to bring learning from her previous job and introduced a new handover sheet. The matron and administration team had supported this process.

Commitment to quality improvement and innovation

- A GP trainee at West Park Epsom had started a quality improvement process to bring venous thromboembolism and prophylaxis care in line with acute medical wards.
- The service had invested resources in positive behaviour support (PBS) to support patients with challenging behaviour. Bluebell ward and Spenser ward were piloting PBS care plans and the matron was involved in

Are services well-led?

Good 

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creating three intensive support teams (IST). These teams will work alongside carers and residential placements and introduce PBS strategies that help manage challenging behaviour in the community.

- Spenser ward had achieved accreditation for inpatient mental health services for older people (AIMS-OP). This assures staff, patients and carers, commissioners and regulators of the quality of the service being provided.
- Spenser ward was named team of the year in the trust's CARE awards 2015.

- The service had used funds available to address ligature risks and improve garden areas.
- The consultant on Spenser ward was committed to improving older peoples' care. They had carried out research in blood pressure, monitoring sleep and one to one therapeutic interventions.
- Spenser ward offered a knitting group to patients at which they were assisted to knit poppies for charity. This initiative was supported by Age UK.

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 10 HSCA (RA) Regulations 2014 Dignity and respect

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 10 Dignity and respect

The provider had not ensured that patients on Primrose ward had access to toilet and bathroom facilities without having to pass bedrooms occupied by patients of the opposite sex.

This is a breach of regulation 10 (1) (2)(a)

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 15 HSCA (RA) Regulations 2014 Premises and equipment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 15 Premises and equipment

The provider had not ensured that nurse call alarms in shower areas on Spenser ward were appropriately located to be used by patients.

This is a breach of regulation 15(1)(f)