

**Outstanding**

**East London 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)
RWKW2	Community Health Services and Mental Health Care for Older Persons Directorate	Thames House Columbia ward Leadenhall ward Cedar Lodge Ivory ward	E1 4DG E1 4DG E1 4DG E9 6AT E13 8SPAT E13 8SP
RWKY6	Mayer Way	Townsend ward Poplars ward	LU5 5BF LU5 5BF
RWKY8	Bedford Health Village	Fountains Court	MK40 2NT
RWKX7	East Ham Care Centre	Sally Sherman ward	E7 8QP

This report describes our judgement of the quality of care provided within this core service by East London 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 East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London 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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

### **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

## Contents

### Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	7
Information about the service	12
Our inspection team	12
Why we carried out this inspection	12
How we carried out this inspection	12
What people who use the provider's services say	13
Good practice	13
Areas for improvement	14

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### Detailed findings from this inspection

Locations inspected	15
Mental Health Act responsibilities	15
Mental Capacity Act and Deprivation of Liberty Safeguards	15
Findings by our five questions	17

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# Summary of findings

## Overall summary

We rated wards for older people with mental health problems provided by East London Foundation Trust as **outstanding** because:

- Patients received care, treatment and support that met their individual and diverse needs. We received very positive feedback from patients and carers that they were treated with dignity, respect, kindness and compassion. was a caring and person-centred culture throughout the service. Staff were fully committed to working in partnership with patients and carers. Staff engaged with patients in a positive way which promoted their well-being.
- Patients were cared for in a clean, safe and well-maintained environment. Appropriate furnishings and equipment were available to support the patient group. Environments had been adapted to meet the specific needs of patients, for example appropriate colour schemes, matt flooring, signage and the use of wall art for patients with dementia.
- There was a recognition of the importance of making sure people were offered food and drinks which met their health needs, was appropriate for their cultural and religious needs and where they received the right support to enjoy their meals.
- Robust risk management arrangements were in place. Risks were assessed and reviewed regularly to ensure people's individual needs were being met safely. Monitoring and reviewing risks enabled staff to understand risks and give a clear, accurate and current picture of safety. Patients where able and their carers were involved in managing risks and risk assessments were person-centred and proportionate.
- A multi-factorial falls prevention assessment tool had been developed by staff working in the service and was used across the wards and had reduced the number of patient falls. Harm caused by physical violence on a number of wards had been reduced through the quality improvement violence reduction programme.
- Staff knew how to protect patients from harm and were knowledgeable about how to recognise signs of potential abuse and the reporting procedures that were in place. Staff understood their roles and responsibilities to raise concerns and report incidents and near misses.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Managers responded to any staff shortages quickly.
- There was a holistic approach to assessing, planning and delivering care and treatment to patients throughout the service. There was comprehensive monitoring of patients' physical health needs, advice and guidance was sought from other healthcare professionals as required. Staff worked collaboratively with other professionals in the trust to ensure best outcomes for patients.
- Patients received care and support from staff that had the required skills, knowledge and training to meet their needs effectively. Staff support was provided through a programme of supervision and appraisal. Specialist training, including how to support people with dementia had been provided. Staff also had access to leadership training and felt they were able to progress their careers.
- Teams included a range of staff specialities and staff were skilled and experienced working with the patient group.
- Staff across the service applied the Mental Health Act and Mental Capacity Act legislation appropriately to meet the specific needs of individual patients. A significant number of patients had authorised Deprivation of Liberty Safeguards in place. This helped to ensure they were cared safely but also in the least restrictive way.
- Patients, carers and family members were involved in the decisions about the care and treatment planned. Carers and relatives were included in meetings, kept well informed and had access to carers groups and training.
- Services were planned and delivered to take into consideration patient's individual needs and

# Summary of findings

circumstances in partnership with other teams in the trust, social services and third sector providers. These complex working relationships were effective and supported patients with their ongoing care.

- A complaints procedure was in place. Staff addressed patients' concerns and complaints in a timely manner and used learning from them to improve the service.
- The service had a positive, open and inclusive culture which centred on improving the quality of care patients received through empowerment and involvement. Throughout our inspection we saw that staff embedded the values of the trust in all aspects of their work and spoke about the patients being at the heart of the service.
- Staff enjoyed working at the service and were committed to providing good quality care and support to patients.
- There was a strong commitment to quality improvement and innovation from all staff at all levels. Staff took ownership for the QI programme and spoke proudly of the improvements made.
- Services were developed in line with evidence based practice.
- The service had been shortlisted for several awards including the National Patient Safety award for missed doses in medication. Staff on Sally Sherman ward were nominated for and won the Nursing Times Award 2015 for the care of older people.

# Summary of findings

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

### Are services safe?

We rated wards for older people as **good** because :

- Wards were clean and well equipped. Staff followed infection control procedures.
- There were sufficient staff on duty to meet patient needs and keep patients and staff safe. There was ongoing staff recruitment and retention efforts and the trust were making progress with recruiting qualified and unqualified staff.
- Staff had undertaken mandatory and specific training for the patient group.
- Patient risks were assessed upon admission and at regular intervals during their care. There were comprehensive multi-factorial assessments to manage falls, nutrition, skin and mobility.
- Procedures and policies were in place to manage restraint. Staff had been trained to ensure that patients were restrained safely.
- Staff had a good understanding of the types of abuse that people could experience and knew the procedures to follow.
- Incidents were reported, there were monitoring systems to review and investigate incidents. Lessons learnt were shared with staff through a variety of methods. There was an on-going programme to reduce the numbers of incidents involving violence and aggression across the service.

However:

- On Ivory ward and Cedar Lodge, some risk assessments contained very little information.
- Ligature audits did not detail time frames for work on ligature points to be carried out.

Good



### Are services effective?

We rated effective as **good** because:

- Staff made a comprehensive assessment of patients' needs upon admission. They also completed ongoing assessments.
- Staff made robust arrangements to ensure that patients' physical healthcare were met. This included ensuring that other healthcare professionals were involved when needed. They followed through to ensure that interventions were completed.

Good



# Summary of findings

- Care plans were holistic, and included medical, nursing, therapeutic, social, and physical health care needs. Care plans were reviewed regularly within MDT meetings.
- Staff delivered care and treatment in line with current guidance.
- Patients' nutrition and hydration needs were assessed and monitored comprehensively. Staff had a good awareness of individual nutritional needs such as the type of diet required and how this impacted on patients overall wellbeing.
- Staff were appropriately skilled to deliver care and there was a range of staff disciplines that contributed to the ward. There was good evidence of MDT and interagency team work.
- There were systems in place to ensure adherence with the Mental Health Act and the Mental Capacity Act. Capacity assessments were well documented and were decision specific. Best interest meetings took place as needed. Deprivation of Liberty Safeguards authorisations were followed appropriately.

However:

- On all wards, the information needed to deliver care was not always easily accessible as information was stored in several electronic systems and also paper records. There was a risk that staff might not refer to the latest care record.
- On Cedar Lodge there was no occupational therapist and this had an impact on supporting patients with their therapeutic activities and going out in the community.

## Are services caring?

We rated caring as **outstanding** because:

- There was a strong, visible person-centred culture throughout the service. Putting patients at the centre of the service, involving and empowering them was clearly embedded in the culture of the organisation.
- Staff were responsive, caring and highly motivated.
- Patients received exceptional care by staff who understood how meet their diverse needs and knew them well. This care was very holistic and took their social care, personal relationships, cultural and religious needs into account where this was wanted by the patient. There were excellent examples of life history work that had been carried out on Thames ward and Sally Sherman wards which provided staff with detailed information on how to care for individuals.

**Outstanding**



# Summary of findings

- Patients and their carers were very positive about the care and support they received. Patients were able and their carers were actively involved in planning their care and treatment. Staff worked in partnership with patients and their carers and promoted positive relationships. Patients and carers were always invited to meetings where decisions were made. Care plans included the views of patients and carers.
- Patients, their carers and relatives felt staff treated them with respect that they listened, and were caring and empathetic. Staff spoke about patients with respect and kindness and demonstrated their knowledge and understanding of how living with a mental health condition could impact on people and their families and other important people.
- On Thames ward, the carer support group had been involved in the refurbishment of the ward. Carers were provided with support and training so that they had a better understanding of dementia care.
- Staff knew how to support people in ways that maintained their privacy and dignity while respecting their preferences.

However:

- On North unit at Fountains Court, we observed minimal interaction between staff and patients with staff talking amongst themselves. We saw few meaningful activities, although the activity co-ordinator was on leave.
- Service user meetings were not taking place on Leadenhall ward.

## Are services responsive to people's needs?

We rated responsive as **outstanding** because:

- Arrangements for access to the service were robust. The average bed occupancy meant that patients could access inpatient services when needed. In most cases patients were cared for near where they lived. There were a range of wards to meet people's individual needs.
- There were good systems in place for admissions and discharges. Staff used the Care Programme Approach as the framework for planning and co-ordinating care. The wards and community services worked very closely together to support people having a discharge as planned. There were strong links with social services and the third sector such as the Alzheimers Society and Age Concern to meet patients' social care support needs.

**Outstanding**



# Summary of findings

- Staff responded to patients' diverse cultural, religious needs and there was access to appropriate spiritual support. Patients, when they wished, were supported to celebrate Ramadan which was taking place at the time of the inspection. Staff made prayer mats available. Interpreters were available for those patients who did not speak English as their first language.
- Ward environments were dementia friendly and promoted meaningful interaction between patients and staff.
- We saw excellent use of pop up reminiscence rooms on Fountains Court and Townsend ward. Reminiscence themes included a shop where patient could make small purchases and a pub where patients could have a non-alcoholic beverage.
- The choice of food took account of special dietary requirements and religious or cultural needs. There was access to a range of drinks, snacks and finger food. Different coloured crockery was used for different foods on Thames ward and Sally Sherman ward, to support patient's visual awareness of food.
- A complaints procedure and process was in place. Where patients had made complaints these been taken seriously, had been investigated and responded to appropriately in an open and honest manner.

## Are services well-led?

We rated well led as **outstanding** because:

- The service had a positive, open and inclusive culture which centred on improving the quality of care patients received through empowerment and involvement.
- Staff embodied the vision and values of the trust.
- Staff were empowered, valued and spoke with pride about the trust and felt supported to deliver high quality care and support to people and their representatives.
- We found staff to have high morale. They felt well supported and engaged with a highly visible and strong leadership team. Staff within the Luton and Bedfordshire service confirmed they had been provided with high levels of support during the service transition and gave examples of improvements that had taken place within a short period of time such as the extensive refurbishment of ward environments.
- Staff were enthusiastic about their work and spoke positively about the management. Many staff felt proud to work for the

**Outstanding**



# Summary of findings

organisation and felt managers supported them in their training and development needs. Staff said the leadership development programme promoted opportunities for their career progression.

- Despite the fact that the wards included in this report came from different directorates, they all had systems in place to monitor performance and make improvements through governance structures. This meant that the trust knew which wards needed to improve.
- There was a strong commitment to quality improvement and innovation across the service, for example the violence reduction programme on Sally Sherman ward and effective discharge planning on Cedar Lodge. The service also used the peer network through the Royal College of Psychiatrists to drive improvement.
- Staff on Sally Sherman ward won the Nursing Times Award 2015 for the care of older people. The service had been shortlisted for several awards including the National Patient's safety award for missed doses in medication.

However:

- Townsend ward did not have a ward level risk register in place.

# Summary of findings

## Information about the service

East London Foundation Trust provides inpatient services for people aged 65 and above with mental health conditions. The services treat people who are admitted informally as well as patients who are detained under the Mental Health Act.

We inspected nine wards for people aged over 65. Six of these were within the East London as follows:

- Thames House: a 18 bed mixed sex continuing care ward for people over 65. Patients on this ward have a diagnosis of an organic illness. Thames House is located at Mile End Hospital.
- Columbia ward: a 21 bed mixed sex assessment ward for people over 65 with a diagnosis of an organic illness. Columbia ward is located at Mile End Hospital
- Ivory ward: a 13 bed mixed sex assessment ward for people over 65 with a diagnosis of a functional illness. Ivory ward is located at Newham Centre for Mental Health.
- Leadenhall ward: a 19 bedded mixed sex assessment and treatment ward for people over 65 with a diagnosis of a functional illness. Leadenhall ward is located at Mile End Hospital.

- Sally Sherman ward: a 21 bed mixed sex continuing care ward for people over 50 with chronic and enduring mental health needs. The ward also provides palliative nursing care. Sally Sherman ward is located at East Ham Care Centre
- Cedar Lodge: a 13 bed mixed sex continuing care ward for people over 65 with chronic and enduring mental health problems in City & Hackney.

Within the Luton and Bedfordshire services we inspected three wards as follows:

- Poplars ward: a 16 bedded mixed sex assessment ward for people over 65 with a diagnosis of a functional illness. Poplars ward is located at Mayer Way in Houghton Regis.
- Townsend ward: a 16 bedded mixed sex assessment ward for people over 65 with a diagnosis of an organic mental illness. Townsend ward is located at Mayer Way in Houghton Regis.
- Fountains Court: a 26 bedded mixed sex acute assessment ward for people over 65 with mental illness. Fountains Court is located at Bedford Health Village.

## Our inspection team

The team which inspected wards for older people with mental health problems over two weeks consisted of two inspectors, a Mental Health Act reviewer, one psychiatrist,

one clinical psychologist, one social worker, one mental health practitioner, one mental health nurse and two experts by experience all with work or personal experience of mental health services for older people.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

# Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at four focus groups.

During the inspection visit, the inspection team:

- visited all nine of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- visited the activities centre at East Ham Care Centre
- spoke with 15 patients who were using the service
- Spoke with 24 carers
- spoke with the managers or acting managers for each of the wards
- spoke with 78 other staff members; including doctors, nurses, health care assistants, occupational therapists, occupational therapists, occupational therapy assistants and pharmacists
- attended and observed five multi-disciplinary meetings, one family meeting, two therapy groups, two lunch services and one community meeting
- looked at 50 treatment records of patients
- looked at 45 medicine charts
- carried out a specific check of the medicine management on Leadenhall ward, Columbia ward and Fountains Court
- 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

We spoke with patients and carers during our inspection. A number of patients with complex mental and physical health needs were unable to tell us their experiences. Therefore, we used different methods, including observation to help us understand their experiences.

The feedback from patients who were able to tell us, family members and carers we received was mainly

positive. They told us staff were caring, kind, listened to their views and respected them. Patients and their carers were involved in making decisions about their care treatment.

Carers told us they attended ward rounds and clear explanations about ongoing treatment, progress and future plans were discussed. We received a few comments from carers that some of the wards were occasionally short of staff. A number of carers told us that many staff went the extra mile to support them.

## Good practice

- There was excellent use and implementation of 'this is me' life history documentation to provide person-centred care.
- The service used a comprehensive handover tool to ensure that all important information such as risk and updates related to individual patients was communicated effectively to staff coming onto the shift.
- A carers support group provided carers with support and training so that they had a better understanding of dementia care.
- The refurbishment of Thames ward had been designed using guidance from the University of Stirling, Dementia Services Development Centre and the Kings Fund healing environment assessment to provide a high quality environment for patients living with the experience of dementia.
- The service had developed and implemented the multifactorial falls prevention risk assessment tool. The use of this tool had reduced the number of falls incidents across the service.

# Summary of findings

## Areas for improvement

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

- The trust should ensure that recorded risk assessments contain detailed information, so that care and support is delivered safely.
- The trust should ensure that ligature audits detail a timeframe for work completion.
- The trust should ensure that records are maintained so that staff can find information with ease where needed.
- The trust should review the composition of the multi-disciplinary team on Cedar Lodge to ensure patients receive appropriate occupational therapy support to meet their needs.
- The trust should ensure that at Fountains Court staff engage with patients to promote their wellbeing.
- The trust should ensure that service user meetings take place on Leadenhall ward to provide a forum for patients to express their views.
- The trust should ensure that ward level risk registers are in place.

## East London 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
Thames Ward	Community Health Services and Mental Health Care for Older Persons Directorate
Columbia Ward	Community Health Services and Mental Health Care for Older Persons Directorate
Leadenhall Ward	Community Health Services and Mental Health Care for Older Persons Directorate
Cedar Lodge	Community Health Services and Mental Health Care for Older Persons Directorate
Sally Sherman Ward	Community Health Services and Mental Health Care for Older Persons Directorate
Poplars Ward	Mayer Way
Townsend Ward	Mayer Way
Fountains Court	Bedford Health Village

### 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.
- Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff

# Detailed findings

complied with the MHA code of practice. Whilst MHA training was not mandatory within the trust, staff had a good understanding of the Mental Health Act and how it affected their daily work.

- We carried out a Mental Health Act Review visit on Thames ward as part of our inspection to the older people's service. At the time of the visit no patients on this ward were detained under the Mental Health Act.
- We looked at detention records on the other wards where patients were detained. Paperwork in relation to patient's detention was accurate and updated appropriately.

- The trust has a Mental Health Act administrator who was available for guidance, training and support to the staff on the wards.
- Regular audits took place to ensure that the MHA was being applied correctly.
- Patients had their rights explained to them on admission and thereafter at regular intervals.
- Patients had access to an independent mental health advocate (IMHA) to support them whilst they were detained. An IMHA is an independent advocate who is specially trained to work within the framework of the MHA to support people to understand their rights under the Act and participate in decisions about their care and treatment.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a very good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw detailed records relating to the assessment and understanding of capacity across the service where decision specific assessments had been made and the best interests of the individual considered. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately. Examples included best interest decisions to use covert medicines, do not attempt cardio pulmonary resuscitation orders and future care settings. Records confirmed that family members had been involved in best interest discussions.
- Staff spoke positively of the training and support they had received from the clinical director of the service in East London to ensure that the principles of the MCA were embedded in everyday practice.

- Each ward had access to an independent mental capacity advocate, who was used when someone did not have family or carers to support them during their stay on the ward.
- Staff told us they could contact the MCA and DoLS leads within the trust when they required additional support and guidance.
- There were 132 Deprivation of liberty safeguards (DoLS) applications made in the last six months. The highest number of applications was made from Columbia ward at 50, Townsend Court at 28 and Fountains Court at 25. The lowest numbers of applications were on Poplars ward at 2 and no applications on Thames ward. Authorisation records viewed were up to date and specified the nature of the restriction in place. We saw excellent examples of DoLS tracking tools being used on Fountains Court ward and Sally Sherman wards to ensure that any conditions and length of authorisation was complied with.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The layout of each ward varied. Ligature points and blind spots had been identified on all the wards. Each ward had a ligature audit, which identified the areas and severity of risk. Ligature cutters were available on each ward and staff knew where to locate them in the event of an emergency.
- However, ligature audits did not detail a timeframe for work to be completed by. For example, on Fountains Court, timescales had not been identified for the implementation of convex mirrors and on Cedar Lodge 15 ligature points were noted as requiring replacement with ligature free equipment. There was no timeframe set on the audit for any of these.
- Ward managers and staff were able to describe the particular ligature risks on each ward and there were risk management plans in place to lessen the risk. Plans included the use of observations based on individual risk assessments. Anti-ligature bathrooms, shower rooms and bedrooms were available on each ward and these were used for patients who were assessed as being at greater risk of self-harm. There was an ongoing refurbishment plans to address ligature risks throughout the service.
- Staff carried out regular visual checks on all patients, and completed observation charts. Some patients were on more frequent checks such as fifteen minute or one to one observations which was based on their level of risk.
- On Poplars ward the fence in the garden was broken and there was a risk that patients could abscond. This was being addressed during our inspection.
- Each ward admitted both male and female patients. Bedrooms and bathrooms were designated into male and female only areas depending on the patients. Seclusion facilities were not provided on any of the wards we visited. The wards were all complying with Department of Health same-sex accommodation guidance.

- There was a fully equipped clinic room on each ward. Clinic rooms were well organised, equipment was clean and well maintained. Emergency medicines were available and checked regularly to ensure they were within date and fit to use.
- All areas we inspected were visibly clean. Furnishings and equipment were well maintained and appropriate for the patient group. Staff described the infection control procedures they followed to keep patients safe. Disposable gloves, aprons and liquid gel were available on each ward. Hand hygiene and infection control audits were completed and up to date which meant that patients were protected from infections.
- Nurse call alarm systems were in place in individual bedrooms, bathrooms, toilets and communal areas. Staff used personal alarms to call for assistance from staff if there was an emergency.

### Safe staffing

- Ward managers planned and reviewed the staffing skill mix to ensure patients received safe care and treatment. Each ward had a minimum of qualified and unqualified staff on duty. Staffing was determined by the number of patients on the ward, their assessed needs and the resources required to meet this. On Sally Sherman ward we saw excellent use of a comprehensive handover tool which identified the current risk status of each patient, essential information to keep people safe such as mood, medicines, physical health and the level of staff required to support them.
- Each ward displayed a safe staffing notice which detailed the number of qualified and unqualified staff for each shift. Safer staffing information was completed daily so that senior management could monitor and have an overview of the staffing requirements on each ward. Staff and family members we spoke with said there were mostly sufficient numbers of staff to deliver care and support to meet patient's needs.
- The staffing establishment for the nine wards was 104 whole time equivalent (WTE) qualified staff and 122.5 WTE unqualified staff. As at 30 April 2016 the highest number of qualified staff vacancies were on Townsend ward with 5.3 vacant posts, Sally Sherman ward with 3

# Are services safe?

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posts and Thames ward with 3 posts. At 30 April 2016 Columbia ward had the highest number of unqualified staff vacancies with 5.8 vacant posts and Sally Sherman with 3 posts

- The average total turnover rate for the 12 months leading up to our inspection across the service was 4.3%.
- The staff sickness varied across the different wards. This was the highest on Sally Sherman ward at 14.7%, Ivory ward at 12.8% and Leadenhall ward at 12.1%. This was mainly due to long term sickness. The lowest was Columbia ward where staff sickness was only 1.6%.
- The service had an active values based recruitment campaign and trust worked with local universities to recruit nursing staff. Newly qualified staff confirmed the trust had a comprehensive preceptorship programme to support their development.
- All wards operated long day shift patterns with the ability to be flexible with staff cover where needed.
- Any staff shortages were responded to appropriately. All the wards used bank and agency staff. The total number of shifts covered by bank and agency staff across the service from 1 April to 30 April 2016 was 443 shifts. The highest was on Cedar Lodge where 122 shifts were filled with temporary staff and also Fountains Court where 97 shifts were covered.
- To ensure continuity of care, staff that were familiar with the ward were booked to work. Managers had flexibility to adjust staffing levels to meet changes in clinical need such as levels of observation and escort duties. For example, on Townsend ward staffing had been increased to 2:1 for a patient that was at high risk of falling.
- We observed both that both unqualified and qualified staff were available in the communal areas. Staff were observed to assist patients, engage in activities of daily living and spending one to one time. For example on Thames ward we observed staff sitting with patients and carrying out a hand massage. On Poplars ward we saw staff discussing daily news stories. Patients were attended to promptly when they required assistance or support.
- Across the service staff confirmed that patients had escorted leave and that this was rarely cancelled. Each

ward had an activities programme in place. Staff reported that they worked closely with the occupational therapy team to facilitate activities and escorted leave. On Cedar Lodge staff reported that they did not take patients out and that there was a reliance on family members to do this.

- Across the service all staff we spoke with confirmed there was enough staff on shift to carry out any physical interventions safely. The majority of staff were trained in the management of violence and aggression for older adults.
- There was sufficient medical cover was provided over a 24 hour period and in an emergency. On Cedar Lodge there was a consultant psychiatrist visiting the ward once a week and no junior doctors. This was mitigated by having a GP attend the ward once a week and the on call doctor from the Homerton Hospital nearby during the day.
- Regular ward rounds took place and the frequency varied on each ward. Patients and their families were seen regularly.
- Training information demonstrated the majority of staff had received and were up to date with their mandatory training. The average mandatory training rate for staff within the service was 89%. However, training for intermediate life support was below 75% and annual PMVA training was below 85% across the service. Staff who had not completed their mandatory training were scheduled to attend. All training was electronically tracked and flagged as an issue if not completed and addressed individually through supervision.

## Assessing and managing risk to patients and staff

- Risks to patients were assessed, monitored and managed on a day-to-day basis. Individual risks were discussed in multi-disciplinary meetings, individual reviews, handovers and best interest meetings.
- Risk assessments were carried out for each patient upon admission to the wards. The assessments included the patients mental and physical health needs such as pressure ulcer risk assessment, malnutrition universal screening tool, body mapping, pain and falls. Risk management plans were developed in line with national guidance. For example, where patients were at risk of developing pressure ulcers, pressure relieving

## Are services safe?

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

equipment was identified and provided to reduce the risk. Specialist tissue viability nurses were available to the wards for advice and support. However, on Ivory ward and Cedar Lodge some risk assessments contained very little information. On Cedar Lodge we found that there were no previous risk assessments for two patients.

- Patients were able and their representatives were involved in managing risks and risk assessments in the main were person centred, proportionate and regularly reviewed to minimise potential harm to patients using the service. Family members and carers we spoke with confirmed they were involved in risk management discussions.
- On Fountains Court ward we found a patient who had swallowing difficulties being fed whilst lying flat in bed. We checked the speech and language therapist (SALT) risk assessment which stated that the patient was to be sat upright when being supported with food and drink. This placed them at risk of choking and aspiration. We raised this at the time of the inspection and the trust took immediate steps to make the patients safe, including reviewing their assessments and care plans and briefing staff. For another patient, staff had not taken appropriate action to send the patient to hospital following a fall. When they went to hospital a couple of days later it was found that they had sustained a fracture. Again the trust took immediate action and completed an incident notification and referred the incident to the local safeguarding team for investigation.
- Staff were trained in the safe moving and handling of patients, and there was equipment available on all wards we visited for staff to use in the transfer of patients.
- Staff confirmed that understanding patient' needs and developing positive relationships with individuals and their families was important in providing safe care and support.
- Ward staff recognised that the biggest risk to the patient group was the risk of falls. Across the service staff used a multi-factorial falls prevention assessment (MFA) tool to manage the risk of falls. This tool had been devised by qualified, unqualified and clinical staff in response to the risk that patients presented. Completed assessments were comprehensive, holistic and included information on footwear, medicines and blood pressure as possible contributory factors to falls risk. Where patients were at risk of falling out of bed, staff used bedrails; low rise beds and falls mattresses to mitigate the risk.
- Regular falls and safety huddles took place where staff could discuss any concerns they had about managing individual falls risks and post falls analysis to identify any factors to prevent future incidents to ensure the safety and well-being of patients.
- In the six months up to 30 April 2016, there had been 49 incidences of restraint across the service, with Fountains Court being the highest at eighteen involving seventeen patients, Columbia ward with fifteen involving six patients and Leadenhall with eight involving five patients. Two incidents involved a prone restraint to administer rapid tranquilisation. We checked records for restraint and found that observations as well as medical and nursing checks were recorded appropriately to ensure the safety of patients in the service.
- During the same time period, there had been 1 incident of seclusion on Fountains Court. None of the wards had seclusion facilities. Seclusion was carried out in individual bedrooms. This was appropriately managed with the correct observations and clinical input recorded.
- Staff had received training on physical interventions and this had been tailored for staff caring for older people. They understood that prone restraint should only be used in very exceptional circumstances.
- Sally Sherman, Cedar Lodge and Columbia wards had implemented a violence reduction collaborative to reduce the number of incidents of physical violence, through the safer wards project. Staff had implemented changes such as intentional rounding where patient's wellbeing was checked regularly, use of a dynamic risk assessment tool, daily access to meaningful activities and supporting staff to understand factors leading to violent incidents. The project had led to a reduction in harm caused by physical violence.
- All of the wards were locked. Information was displayed informing informal patients that they were free to leave the ward.

# Are services safe?

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

- There was a robust observation and where needed a search policy in place. Staff were able to describe how they used the policies in everyday practice. For example, specific items such as plastic bags and illicit substances were restricted due to safety reasons.
- Staff had received training around safeguarding adults and children. They had a good understanding around identifying safeguarding concerns and ensuring they were reported and recorded. Staff felt confident that if they did raise concerns they would be listened to and action taken. All staff told us they had access to the safeguarding and whistleblowing procedures on the intranet. However, on Leadenhall ward we came across two incidents where safeguarding referrals had not been made. Safeguarding referrals were made during our inspection. The trust provided information following our visit to the ward, that a retrospective audit of safeguarding was to be carried out, further safeguarding training for all staff and additional safeguarding support to the ward team.
- There were safeguarding leads identified across the service. Staff were able to give examples of safeguarding referrals they had made and where protection plans were in place, action that had been taken. For example, on Sally Sherman ward we saw a good example where staff had used safeguarding procedures to protect a patient from financial abuse which demonstrated staff awareness of managing safeguarding concerns or issues when they arose.
- There were systems in place to ensure that patients consistently received their medicines safely and as prescribed. We saw appropriate arrangements were in place for obtaining medicines. The ward pharmacist visited the wards regularly and we saw evidence that the prescription charts had been screened and appropriate clinical interventions had been made. The trust had systems in place to monitor the quality of medicines management. Regular audits took place and any medicine incidents were reported.

## Track record on safety

- There were seven serious incidents reported in the last 12 months. Three incidents had been reported on Townsend ward, two on Fountains Court, one on Columbia ward and one on Thames ward. These comprised of incidents where there was a complication or unexpected deterioration in a patient's condition, self-harm and safeguarding concerns. Investigation and review processes were in place.

## Reporting incidents and learning from when things go wrong

- Staff on the wards had a good understanding of how and when to report incidents and near misses through the trust online reporting system. Staff confirmed there was openness and transparency about safety and risk within the service.
- When something went wrong there was a thorough review or investigation which involved members of the MDT, patients and their family members as appropriate.
- Learning from outcomes of incidents was shared with staff in a number of ways. This included feedback at staff meetings, clinical improvement groups, falls huddles, team away days and supervision. Staff gave an example where patient transfer procedures had been reviewed following an incident where a patient had been discharged to another service without an adequate medical handover.
- Arrangements were in place for de-brief sessions to take place for both staff and patients following a serious incident. This was to ensure that staff and patients were provided with appropriate support. A member of staff who had suffered physical injuries following a patient incident on Sally Sherman ward confirmed, they had been provided with excellent support from the trust, which included a phased return to work and counselling as needed.
- Staff were aware of duty of candour and the need to be open and transparent when an incident occurred. For example on Fountains Court ward we saw a letter of apology that had been sent to a family member following an incident.

# 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

- There was a holistic approach to assessing, planning and delivering care and treatment to patients. Care records viewed confirmed that patients had a comprehensive assessment of their needs upon admission. Patient's physical, medical, mental health, nursing, risks and social needs were assessed fully.
- Physical health assessments were carried out upon admission and there was evidence of ongoing monitoring of physical health problems. This included regular blood pressure monitoring, weights being monitored, blood tests, bone density tests, pain, diabetes and electrocardiography monitoring.
- Ward staff were supported by two physical health lead nurses. They provided staff with advice and guidance on supporting patients' health needs. For example, on Poplars ward we heard the services of a private physiotherapist were engaged to support a patient with mobility difficulties to be discharged to their own home and not a residential care home.
- Across the service 'SKIN (Surface, Keep Moving, Incontinence, Nutrition) bundle' assessment tool was in use to promote pressure ulcer prevention.
- Staff used the National Early Warning Signs (NEWS) tool across the service. Staff recorded physical observations using the NEWS ratings to identify if the patients health was deteriorating and make a decision about further action they should take.
- Care plans were holistic, personalised and where possible recovery focused. Patient views where appropriate were sought, where this was not possible the views of relatives or carers were sought.
- Most wards across the service were supported by a local GP service, who worked closely with the staff team to provide support in meeting patients physical health needs. Where there was deterioration in the physical health of a patient staff worked collaboratively with the local hospital.
- Information was stored on an electronic patient records systems and in paper files. In Luton and Bedfordshire

the trust had recently introduced the electronic patient record system. Staff reported that they were in the early stages of using the system and further training was due to be rolled out.

- We found across the paper records were not always uploaded onto the electronic recording system in a timely manner. Some records were stored on shared drives, the embedded formats in the electronic patient record system were not always used and care plans and other documents designed specifically for the patient group were uploaded instead. This meant that there was a risk that information needed to deliver effective care was not easily accessible and confusing for new staff.

### Best practice in treatment and care

- Staff planned and delivered care and treatment in line with current evidence-based guidance, standards, best practice and legislation. For example, falls risk assessments, person – centred dementia care, medicines management were in line with the national institute for health and care excellence and Royal College of Nursing guidelines.
- On Thames ward and Sally Sherman wards the '6Cs' values framework developed for nurses and carers was in place for staff to promote the delivery of high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. We saw excellent examples of 'this is me' documentation which had been completed to provide staff with information to support their care for a patients with dementia as an individual.
- Staff assessed patients for their nutritional and hydration needs. Where concerns were identified referrals were made to the dietician for input and prescribed treatment, for example, dietary supplements. Individual weight monitoring was carried out. Food and fluid intake for those patients who were vulnerable to poor nutrition was monitored.
- Staff worked collaboratively with other professionals in the trust to ensure best outcomes for patients. Across the service staff made referrals to relevant healthcare professionals, such as district nurses, diabetes specialist nurse, dentist, optician, podiatry and speech and language therapist and worked with them to make sure any changes in people's care and health needs were addressed in a timely manner.

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- Across the service there were a number of different outcome measures being used to measure the progress of patients.
- There was a regular clinical audit programme across the service which included infection control, record keeping, controlled drugs and completion of CPA and risk assessment. Audit results were discussed at team meetings and action plans were in place where shortfalls had been identified.

## Skilled staff to deliver care

- Patients had access to a range of professionals through multidisciplinary working, including medical, pharmacy, occupational therapy, activities staff, social workers, care and nursing staff. Domestic and administrative staff supported the wards.
- Psychological intervention was provided through the use of art therapists working on the wards. On Cedar Lodge there was no occupational therapist and therefore nursing staff were being used to provide therapeutic activities to patients on the ward.
- Staff were appropriately qualified for their post and senior staff were experienced within the roles.
- All staff had specialist training for their roles. For example, falls prevention and dementia care. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring and improving high quality care and support provided.
- A number of staff members told us how they had been supported by the trust to access additional training which was specific to the service. For example, a band three health care assistant on Sally Sherman ward was being supported to undertake their registered nurse training. Nursing staff confirmed they were supported to undertake continued professional development (CPD) to meet Nursing and Midwifery Council (NMC) revalidation and registration requirements.
- The trust had a comprehensive induction programme for new staff. Each ward had a specific induction programme for bank and agency staff. Bank staff could access training provided by the trust.

- Staff confirmed that they received regular supervision sessions and an annual appraisal to discuss their learning and development, work performance and any issues they had about their role at the service.
- Appraisals were completed for the period 1 May 2015 to 30 April 2016 for 100% of non-medical staff. However, only 78.5% of appraisals had been completed on Ivory ward. This was due to long term staff sickness. With those staff removed from the list 100% of staff on Ivory ward had an appraisal in the last 12 months. Regular team meetings took place and included reflective practice for staff to discuss key issues with their workload and areas of improvement and development.

## Multi-disciplinary and inter-agency team work

- Multi-disciplinary meetings (MDT) occurred on a regular basis on every ward, where patient's progress and care was reviewed. All members of the MDT and staff worked together to understand and meet the range and complexity of people's needs.
- Effective handovers took place on each shift. A comprehensive handover tool was used to ensure that all important information such as risk and updates related to individual patients was communicated effectively to staff coming onto the shift.
- Staff worked closely with patients' care coordinators in their local areas to facilitate effective discharge planning and follow-up care.

## Adherence to the MHA and the MHA Code of Practice

- Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA code of practice. Whilst MHA training was not mandatory within the trust, staff had a good understanding of the Mental Health Act and how it affected their daily work.
- We carried out a Mental Health Act Review visit on Thames ward as part of our inspection to the older people's service. At the time of the visit no patients on this ward were detained under the Mental Health Act.
- We looked at detention records on the other wards where patients were detained. Paperwork in relation to patient's detention was accurate and updated appropriately.

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- The trust has a Mental Health Act administrator who was available for guidance, training and support to the staff on the wards.
- Regular audits took place to ensure that the MHA was being applied correctly.
- Patients had their rights explained to them on admission and thereafter at regular intervals.
- Patients had access to an independent mental health advocate (IMHA) to support them whilst they were detained. An IMHA is an independent advocate who is specially trained to work within the framework of the MHA to support people to understand their rights under the Act and participate in decisions about their care and treatment.

## Good practice in applying the MCA

- Staff had a very good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw detailed records relating to the assessment and understanding of capacity across the service where decision specific assessments had been made and the best interests of the individual considered. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately. Examples included best interest decisions to use covert medicines, do not attempt

cardio pulmonary resuscitation orders (DNACPR) and future care settings. Records confirmed that family members had been involved in best interest discussions.

- Staff spoke positively of the training and support they had received from the clinical director of the service in East London to ensure that the principles of the MCA were embedded in everyday practice.
- Each ward had access to an independent mental capacity advocate (IMCA), who was used when someone did not have family or carers to support them during their stay on the ward.
- Staff told us they could contact the MCA and DoLS leads within the trust when they required additional support and guidance.
- There were 132 Deprivation of liberty safeguards (DoLS) applications made in the last six months. The highest number of applications was made from Columbia ward at 50, Townsend Court at 28 and Fountains Court at 25. The lowest numbers of applications were on Poplars ward at 2 and no applications on Thames ward. Authorisation records viewed were up to date and specified the nature of the restriction in place. We saw excellent examples of DoLS tracking tools being used on Fountains Court ward and Sally Sherman wards to ensure that any conditions and length of authorisation was complied with.



# 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

- Throughout our inspection we saw the majority of patients being treated with caring, compassion, kindness, dignity and respect by staff. Staff interactions with patients and families we observed were professional, sensitive and appropriate at all times. Staff spoke to people in a respectful tone and with warmth, giving them enough time to understand and respond. They asked questions that showed they were taking an interest in what patients were doing.
- However, on North unit at Fountains Court we observed minimal interaction between staff and patients. Staff were observed to be talking amongst themselves and not fully engaging with patients.
- We observed staff using skilled interventions when caring for patients when they were agitated or distressed. For example, we saw staff using de-escalation techniques, such as verbal reassurance, distraction techniques to effectively support patient's anxiety and distress.
- Patients' privacy and dignity were respected. Staff were observed knocking on bedroom doors before entering. All personal care was carried out in bedrooms or bathrooms. Staff had a good understanding of people's diverse needs and how these were too valued and respected. We saw that patients wore clothing appropriate for the time of year and in accordance with their religious needs, for example Muslim women using the service wore traditional clothing which included a long dress and headscarf.
- The feedback from patients who were able to tell us, family members and carers we received was very positive. They told us that staff listened to their views and respected them.
- Staff knew the patients well, and had a good knowledge of their individual preferences, histories and behaviours.
- The staff had received training in person-centred care. We saw good examples of personalised care, for example a bedroom we viewed had instructions displayed on how a person liked to be dressed, the colour of their clothing and the music they liked to listen too.

- Palliative nursing care was provided to patients at the end of their life on Sally Sherman and Thames wards. Staff were supported by the palliative nursing team.
- We saw examples of excellent relationships staff had with patients and their families. For example, on Thames ward the carers of patients spoke highly about how staff were dedicated to providing people with a high standard of care to improve their quality of life, comfort and wellbeing. On other wards we saw staff being caring towards relatives and carers during visits to the ward.
- Staff spoke about patients with respect and kindness and demonstrated their knowledge and understanding of how living with a mental health condition could impact on people and their families and other important people. There was a strong caring culture amongst all staff members regardless of their role.

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

- On admission each patient and carer received a welcome pack which provided information on the ward schedule, useful contacts and details on how to complain. Patients were orientated to the ward on arrival and staff explained that this was often repeated for those patients that were cognitively impaired.
- Patients received personalised care that was responsive to their needs. Where able patients were involved in their care planning and risk management. Staff we spoke with on the wards providing dementia care said that involving some patients in their care could be challenging due to the patients cognitive levels. Where this was the case staff worked closely with relatives and carers to develop the plan of care.
- Carers told us they attended ward rounds and clear explanations about ongoing treatment, progress and future plans were discussed. Care plans recorded patient and carer views.
- Across the service we saw proactive family involvement. For example, on Fountains Court ward family meetings were held within a few days of a new patient admission. This allowed the MDT to meet the family, gain their views and to share information.
- On Thames ward the carer support group had been involved in the refurbishment of the ward. Carers who were part of the group told us they were provided with



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support and training so that they had a better understanding of dementia care. On Ivory ward a service user led audit had taken place on the quality of the environment and food. This supported the process of identifying areas for improvement.

- Family members were offered carers assessments where required.
- Patients and carers were able to feedback on the quality of the service. Some wards held service user meetings
- Advocates visited the wards regularly. Information was available on the ward about access to advocacy services. Advocates attended ward rounds when necessary.

with patients and used electronic surveys which were completed using a tablet. Information was gathered and wards displayed 'you said we did' information. However, following a ward move we found that service user meetings had stopped on Leadenhall ward.

# Are services responsive to people's needs?

Outstanding



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

## Our findings

### Access and discharge

- The average bed occupancy over the last six months for older people's inpatient wards was 70.5%. This was below the 85% national average for bed occupancy. However, Fountains Court ward had an average bed occupancy of 94%, Sally Sherman ward 88% and Columbia ward 86%. All other wards had an average bed occupancy which was under 70%.
- Discharge planning was an active part of care and treatment. Staff worked closely with and had good links with community teams within the trust and local social services.
- Staff on Ivory ward had implemented a quality improvement programme to facilitate effective discharge planning. The MDT had developed a comprehensive discharge pathway. A social worker was part of the MDT and ensured that there was collaborative working with agencies within the local community, such as housing, social care facilities and supported living providers. This had effectively reduced the length of patient stay on the ward by 30%.
- Patients were rarely moved between wards and when they were it was to acute hospital wards which provided medical care. Staff had good links with the general hospitals within their catchment areas.
- There were no out of area placements attributed to this service in the last six months. This meant that patients could access a bed in their locality when they needed it.
- Beds were available to people living in the local catchment area. Referrals to the service were received from local GP's, community mental health teams, accident and emergency departments and care coordinators.
- Patients had a bed to return to when they had been out on leave.
- There were a total of forty nine delayed discharges across the service over the last six months. Fountains Court ward had the highest number of delayed discharges at sixteen and Columbia ward at fifteen.

Delays were due to a lack of suitable nursing homes to meet the patient's needs and delays in care packages being arranged for those patients returning to their own home.

### The facilities promote recovery, comfort, dignity and confidentiality

- All of the wards contained facilities to support treatment and care for the patients. The ward environment and facilities varied depending on the specific wards as the age and design of the buildings which made up the older people's services across East London and Luton and Bedfordshire. There was an on-going programme of refurbishment which had enhanced the quality of the environment on several of the wards. However, on Fountains Court staff spoke of lengthy delays in the completion of the refurbishment work.
- Each ward had a range of communal and gender specific rooms. This enabled patients to mix with each other, partake in different activities, or spend time in quiet areas.
- We saw excellent use of pop up reminiscence rooms on Fountains Court and Townsend wards. Reminiscence themes included a shop where patient could make small purchases and a pub where patients could have a non-alcoholic beverage.
- Most wards had a fully equipped sensory room for the patients where they could go for relaxation and therapy. On Sally Sherman ward there were two multi- purpose sensory rooms, one which was interactive and the other aimed to calm patients. However, on Fountains Court patients did not have access to a sensory room or additional space for activities. We saw that plans were in place for this be developed.
- Ward environments were dementia friendly and promoted meaningful interaction between patients and staff. For example, choosing appropriate colour schemes, matt flooring, signage and the use of wall art. Cedar Lodge used a traffic light system to reduce noise on the ward and subsequently reduce aggressive behaviour.
- There were facilities on all wards for patients to make a private telephone call if needed.
- Patients had access to outside space. The service was took particular care to respond to the needs of people

# Are services responsive to people's needs?

Outstanding 

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

who were not able to express themselves verbally, but responded to sights, sounds and smells. For example, on Poplars ward, Thames ward and Sally Sherman ward garden areas contained raised flower and plant beds where patients could participate in the activity. Plans were in place on Townsend ward to theme the garden to be dementia friendly.

- Patients were able to personalise their bedrooms. This was actively encouraged on all wards. For example, on Sally Sherman ward bedrooms had been personalised, with the involvement of family members to a high standard. These reflected patient's interests, hobbies and past times.
- Staff supported patients with accessing drinks and snacks. On Thames ward we saw that finger foods, such as fruit and snacks were available for patients.
- There were secure spaces in the bedrooms for patients to store personal belongings.
- Patients had a full activities programme which they could attend during the day. However we observed very few meaningful activities taking place on North unit at Fountains Court during our visit. The manager explained that the activities co-ordinator was on leave.
- Occupational therapy staff carried out one to one activities with patients who were unable to participate in group activities. Staff offered activities at the weekend. On Fountains Court following a review of violence and aggression on the ward the activities coordinator carried out evening and activities at the weekend. On Sally Sherman ward patients could access an activities centre within the East Ham Care Centre.

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

- Accessible rooms were available across the service for patients with mobility issues. Wet shower rooms and assisted baths were available. Staff had access to specialist equipment, such as height adjustable beds, purpose built wheelchairs and a variety of hoists to support patients with impaired mobility.
- Staff undertook equality and diversity training to respond to patient's diverse cultural, religious and linguistic needs. Staff met the needs of patients and relatives who did not speak English as a first language. Interpreters were easily available when required to

translate at meetings and provide accessible information. Several staff in the East London services spoke local languages and were able to communicate with patients effectively.

- There was a range of information available relating to activities, treatment, safeguarding, patients' rights and complaints information. Information on mental health conditions, support groups, smoking cessation and the MHA was also available.
- Patients who were able to tell us said that the food was good quality. Patient's specific dietary needs were accommodated such as pureed and soft diets. Food to meet patient's religious and cultural needs was also provided, for example Kosher, Caribbean and Halal meals. Where patients required support with their meals and drinks; staff practice ensured their dignity was respected while they ate.
- Different coloured crockery was used for different foods on Thames ward and Sally Sherman ward, to support patient's visual awareness of food.
- Local faith representatives were organised to visit patients on the wards to support them with their religious and spiritual needs. Within the East London services there was a spiritual care team which reflected the main faiths within the local community. Staff on Sally Sherman ward gave an example where a distressed patient requested to see the Imam. The Imam visited until the patient was calmer. For patients who were following the Muslim faith prayer mats were available.

## Listening to and learning from concerns and complaints

- Complaints were dealt with openly and transparently. Complaints and concerns were taken seriously, responded to in a timely way and listened to. There was a complaints procedure on display on each ward. This was also available in an accessible format.
- Advocacy support was available to support patients to make a complaint. Complaints could be raised with the staff on the ward, at community meetings and during one to one meetings. On Poplars and Townsend wards we saw that the matron ran a weekly surgery where carers could be seen individually.

# Are services responsive to people's needs?

Outstanding



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

- A total of eight complaints had been made across the service in the past 12 months, of which two were fully upheld and five were partially upheld and 1 was currently under investigation.
- All complaints were logged, tracked and reviewed at clinical governance meetings to ensure that learning took place.
- Staff gave examples of where improvements had been made following complaints they had received, such as

ensuring that take home medicines were ready and available when patients were being discharged and ensuring that contact with families was maintained following a patient fall or injury. We viewed complaint response letters, these showed us that complaints were listened to, acted upon and improvements to the service made. Duty of candour processes were followed and an apology was offered where appropriate.

# Are services well-led?

Outstanding



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 knew and agreed with the values of the trust. The service had a positive, open and inclusive culture which centred on improving the quality of care patients received through empowerment and involvement. Throughout our inspection we saw that staff embedded the values of the trust in all aspects of their work and spoke about the patients being at the heart of the service.
- Staff were empowered, valued and spoke with pride about the trust and felt supported to deliver high quality care and support to people and their representatives.
- Staff knew who the senior managers were within the organisation and reported the management team were very visible, approachable, and accessible and they could raise any concerns they had with them.

### Good governance

- Staff were clear about their roles, responsibilities and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Staff received appropriate training, supervision and their work performance was appraised.
- Throughout the service staff participated in clinical audits. Where any shortfalls were identified through the audit process action plans were in place. On line incident reporting processes were robust and enabled staff and managers to monitor and manage risk within the service. Incidents were analysed and ward managers shared themes with the staff team.
- There were strong systems of governance in place across the service to manage quality, safety and effectiveness of the service. Information was available from the feedback from patients and carers.
- Each ward manager had information on the performance of their service. This included data on the compliance of staff with mandatory training, the completion of staff supervision and appraisal meetings, staff sickness rates and the completion of audits on aspects of the service, such as, MHA, care planning, medicines, health and safety and cleanliness.

- The service also used a dashboard to monitor the performance of individual wards against key performance indicators. This identified any trends so that potential issues could be addressed in a timely manner.
- All the ward managers felt they had sufficient authority to lead and manage their own wards. Administrative support was available. Members of staff were allocated lead roles in specific areas.
- Each ward was able to escalate items to be added to the trust risk register through senior management meetings. Individual wards had a ward level risk register, however this was not yet in place on Townsend ward.

### Leadership, morale and staff engagement

- All staff we spoke with consistently described morale on the wards as very good. They said they felt supported to do their job, enjoyed working well within the MDT and received good support from the ward manager and senior management team.
- Staff within the Luton and Bedfordshire service confirmed they had been provided with high levels of support during the service transition and gave examples of improvements that had taken place within a short period of time such as the extensive refurbishment of ward environments.
- Staff spoke highly of the opportunities they were provided with to develop their skills and knowledge. The service had an on-going leadership development programme for band 6 and band 7 nurses. In addition to this band 5 nurses could access an aspiring clinical lead development programme.
- There was a high level of constructive engagement with staff and high levels of staff satisfaction. Regular staff away days took place where staff could reflect on current practice, undertake training and discuss how the service could be further developed.
- Staff across all wards consistently told us that they felt able to raise concerns without fear of victimisation. They said they were clear regarding whistleblowing procedures and felt confident raising issues with managers. No individual concerns were raised regarding bullying or harassment.

### Commitment to quality improvement and innovation

# Are services well-led?

Outstanding



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.

- There was a strong commitment to quality improvement and innovation from all staff at all levels. There was a comprehensive quality improvement (QI) programme which was embedded within the culture of the East London older people's inpatient service. Plans were in place to roll this out within the Luton and Bedfordshire services in September 2016.
- Staff took ownership for the QI programme and spoke proudly of the improvements made, for example the violence reduction programme on Sally Sherman ward and effective discharge planning on Cedar Lodge.
- Staff and patients were encouraged and supported to participate in quality improvement initiatives.
- The refurbishment of Thames ward had been designed using guidance from the University of Stirling, Dementia Services Development Centre and the Kings Fund healing environment assessment to provide a high quality environment for patients living with the experience of dementia.
- The provider demonstrated a commitment to quality improvement and innovation. The service were members of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) accreditation scheme called accreditation for inpatient mental health services for wards for older people. Columbia and Ivory wards had been awarded an "excellent" rating.
- An article on reducing violence on older people's mental health wards had been published in the British Medical Journal.
- Staff on Sally Sherman ward were nominated for and won the Nursing Times Award 2015 for the care of older people.
- The service had been shortlisted for several awards including the National Patient's safety award for missed doses in medication and Royal College of Psychiatrists team of the year for old age adults care.
- The service had developed and implemented the multifactorial falls prevention risk assessment tool. The use of this tool had reduced the number of falls incidents across the service.