

South West London and St George's Mental Health
NHS TrustWards 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) |
|-------------|---------------------------------|---------------------------------------|--------------------------------------|
| RQY01 | Springfield University Hospital | Crocus Ward | SW17 7DJ |

This report describes our judgement of the quality of care provided within this core service by South West London and St George's Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by South West London and St George's Mental Health NHS Trust and these are brought together to inform our overall judgement of South West London and St George's Mental Health NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Following our inspection in March 2016, we rated the service as good for safe, caring, responsive and well led.
- During this most recent inspection, we found that the service had addressed the issues that had caused us to rate effective as requires improvement following the March 2016 inspection.
- The inpatient wards for older people with mental health problems were now meeting Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Summary of findings

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

Are services safe?

- At the last inspection in March 2016 we rated safe as **good**.

However:

- At the last inspection we recommended that the trust should ensure that whilst disposable parts are replaced, equipment used for physical health observations is appropriately cleaned between use. We also recommended that the trust should review staffing levels on Jasmines ward to ensure there are sufficient staff at busy times such as in the morning when patients are getting up and should continue to reduce the use of agency staff on Crocus ward to improve the consistency of care. We also recommended that the trust should ensure staff on both wards complete the training on moving and handling and should ensure the staff improve the consistency of the written individual patient risk assessments. This will be followed up at a future inspection.

Good



Are services effective?

We re-rated effective as **good** because:

- The service had addressed the issues that had caused us to rate effective as requires improvement following the March 2016 inspection.
- In March 2016, we found that staff on Crocus ward did not have access to regular 1:1 supervision. When we visited in September 2016, we found that the trust had provided training for staff on the revised supervision policy. The new policy and process had been implemented on Crocus ward. There were processes in place to monitor the frequency of supervision. The trust had provided training to staff where needed on how to use the new electronic system for scheduling and recording supervision. Staff who were responsible for supervising others had no more than ten supervisees. Staff recognised the importance of ensuring everyone had regular supervision. The ward had achieved 95% compliance in respect of supervision in the four weeks prior to inspection.

Good



Are services caring?

At the last inspection in March 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating

Good



Summary of findings

Are services responsive to people's needs?

- At the last inspection in March 2016 we rated responsive as **good**.

However:

- At the last inspection we recommended that the trust should ensure that on Crocus ward internal doors are opened promptly for patients to enable them to access their bedrooms and single sex lounges where they wish to do so. We also recommended that the trust should review the occupational therapy input on Crocus ward to ensure the patients receive sufficient access to therapeutic activities. We also recommended that the trust should support the staff on Crocus ward to communicate effectively with patients and not just in relation to particular tasks and that patients on Crocus ward only wear their own clothes and that clothes are returned to the correct patient after being washed in the laundry. We also recommended that the trust should ensure that evening admissions to Crocus ward are avoided whenever possible and that the trust should ensure Crocus ward has a more homely environment. This will be followed up at a future inspection.

Good



Are services well-led?

- At the last inspection in March 2016 we rated well-led as **good**.

However:

- At the last inspection we recommended that the trust should continue to work to improve the staff morale on Crocus ward and should ensure staff understand and know how to use the whistle-blowing process. This will be followed up at a future inspection.

Good



Summary of findings

Information about the service

Crocus ward is located at Springfield Hospital. It is a 21 bed mixed sex ward for patients over the age of 65 with

mental health problems and dementia. The wards can admit patients below the age of 65 if they can meet their needs. For example, they care for patients with early onset dementia.

Our inspection team

Our inspection team was led by:

Team Leader: Jane Ray, Head of Hospital Inspection (mental health) Care Quality Commission

The team that inspected this ward comprised a CQC inspection manager and a CQC inspector.

Why we carried out this inspection

We undertook this inspection to find out whether South West London and St George's Mental Health NHS Trust had made improvements on in-patient wards for older people with mental health problems since our last comprehensive inspection of the trust in March 2016.

When we last inspected the trust in March 2016, we rated in-patient wards for older people with mental health problems as good overall.

We rated the core service as good for safe, caring, responsive and well-led and requires improvement for effective.

Following the March 2016 inspection, we told the trust it must make the following actions to improve wards for older people with mental health problems:

- The trust must ensure that staff on Crocus ward have access to regular 1:1 supervision.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014: regulation 18 staffing

How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held about in-patient wards for older people with mental health problems and requested information from the

trust. This information suggested that the ratings of good for safe, caring, responsive and well led, that we made following our March 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for effective. We also made a few recommendations at the last inspection which will be followed up at a future inspection.

During the inspection visit, the inspection team:

- visited Crocus ward at Springfield University Hospital.
- spoke with the ward manager and modern matron for Crocus ward

Summary of findings

- spoke with seven staff members
- reviewed four paper based supervision notes
- reviewed five electronic supervision records

South West London and St George's Mental Health
NHS Trust

Wards for older people with mental health problems

Detailed findings

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

Crocus Ward

Name of CQC registered location

Springfield University Hospital

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

- At the last inspection in March 2016 we rated safe as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating

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

- During the last inspection in March 2016, staff on Crocus ward stated that they had difficulty in finding time for individual managerial supervision. Supervision records showed that the majority of staff had not received regular individual supervision in the six months preceding the inspection.
- Since the last inspection the trust had revised their supervision policy. The policy now clearly outlined the minimum expectations of all non-medical trust employees in respect of the provision of supervision. The frequency of supervision was set at a minimum of six weekly. The trust had an expectation that all teams and wards would have supervision structures in place.
- In preparation for the introduction of the new supervision policy, the trust had organised a series of training events and a conference to provide information to staff regarding the revised supervision structure.
- The staff on Crocus ward were committed to ensuring that individual supervision was prioritised. Four members of staff who had supervisory responsibilities for staff had attended the trust training. All staff we spoke with were aware of trust expectations regarding individual supervision and a copy of the ward supervision structure was displayed in the ward office.
- The ward manager had audited supervision rates after the last comprehensive inspection in March 2016, to identify the barriers to staff attending supervision consistently and to identify actions that would remove these barriers.
- The ward had increased its staffing complement, which gave staff more time to have supervision. Supervision meetings were also identified as "protected time", which meant that they were given priority by staff on the ward.
- Staff undertaking individual supervision wrote handwritten notes during supervision sessions. Staff were given these notes at the end of the session. The contents of these notes were summarised and typed onto an electronic record or dashboard.
- During the inspection we reviewed four handwritten supervision notes and five supervision records on the trust dashboard. All notes, both handwritten and electronic records, had a standard format which looked at a range of areas including well-being and professional development. The records on the dashboard had clear action plans recorded and the dates of the next supervision session.
- We spoke to seven staff members regarding their experience of individual supervision. All staff stated that they were receiving supervision on a regular basis. All staff found supervision supportive and commented that the process made them feel valued.
- All staff that undertook supervision had no more than ten direct supervisees in line with trust policy.
- The trust had processes in place to monitor the frequency and content of supervision through the use of the electronic recording system (dashboard). The dashboard prompted supervisors when supervision was due. If a supervision session did not take place the reason for this was clearly recorded.
- The supervision compliance rate on the ward in the four weeks preceding the inspection averaged 95%.

Are services caring?

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

Our findings

- At the last inspection in March 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

- At the last inspection in March 2016 we rated responsive as good. Since inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

- At the last inspection in March 2016 we rated well-led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.