

Berkshire Healthcare NHS Foundation Trust

# Wards for older people with mental health problems

## Quality Report

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

Date of inspection visit: 13-14 December 2016  
Date of publication: 27/03/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWX51	Prospect Park Hospital	Rowan Ward	RG30 4EJ
RWX51	Prospect Park Hospital	Orchid Ward	RG30 4EJ

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

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

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Good practice	10
Areas for improvement	10

---

### Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

---

# Summary of findings

## Overall summary

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

- Following our inspection in December 2015, we rated the service as good for caring, responsive and well led. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.
- During this most recent inspection, we found that the trust had addressed the issues that had caused us to rate safe and effective as requires improvement following the December 2015 inspection.
- The wards for older people with mental health problems were now meeting Regulations 12 and 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?

We re-rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the December 2015 inspection.
- The wards complied with Department of Health guidelines for mixed sex accommodation. Although both wards admitted both men and women, staff were able to designate bedrooms and bathrooms into male and female only areas.
- Risk assessments were comprehensive and regularly updated. Since our last inspection staff had improved practice on triangulation of risk; the correlation and cross-referencing of information between risk assessments, care plans and progress notes. We saw that improvements to staff handovers and observation folders meant that agency staff were given key risk information about patients when they arrived on the ward.
- Patients that were vulnerable to falls had a falls risk assessment and falls prevention plan in place. The wards were part of a pilot for a 'Fallsafe' project that included use of the Fallsafe care bundle. One ward had started a falls prevention group.
- During our last inspection staff did not carry out observations of patients consistently to ensure that risks to patients and others were minimised. When we visited in December 2016 we found that the wards had implemented good policies and procedures for the use of observation.
- There were no incidents of pressure ulcers recorded on the incident reporting system for the previous six months. The wards had good processes in place for assessment and treatment of patients at risk of developing pressure ulcers.

However:

- There was a high use of agency staff on both wards. However, ward managers were able to use agency staff already familiar with the ward and booked them in advance where the baseline staffing quota had not been met.
- The ambient temperature in the clinic room was outside recommended range and, contrary to trust policy, had not been recorded since 2012.
- On one ward, none of the 12 medicine charts we viewed had patient photographs attached, contrary to trust policy. This presented a potential risk of medicine errors caused by patients being wrongly identified.

Good



# Summary of findings

- Mandatory training levels were between 63% and 100% compliance for mandatory training completed. The percentage of staff that had completed the yearly basic life support training for Orchid ward was 65% and for Rowan ward the figure was 77%.

## Are services effective?

We rated effective as good because:

- The service had addressed the issues that had caused us to rate effective as requires improvement following the December 2015 inspection.
- Following the admission of a patient medical staff completed a full assessment that included a physical and mental health examination. Staff also undertook on-going physical health screens. Patients' food and fluid needs were assessed and met with additional input from a speech and language therapist and an occupational therapist.
- Since our previous inspection, the wards had improved the quality and detail of staff handovers. We observed a comprehensive staff handover and the use of detailed and individualised handover sheets.
- Since our previous inspection, care plans had improved and were developed in response to the risks identified. We saw care plans that were comprehensive and individualised and included key risk factors.
- At our last inspection staff were not receiving regular supervision. When we visited in December 2016 the frequency and monitoring of appropriate staff supervision had improved with both wards over 85% compliant with supervision requirements.
- The wards were part of the 'Safewards' initiative that identified areas where conflict could happen and provided ten interventions, tools and behaviours that aimed to reduce these.
- Both wards demonstrated good engagement with and involvement of patients, carers and family members. One of the wards was piloting a new 'family welcome meeting' that relatives and carers spoke highly of.
- All patients were offered the opportunity to see the ward psychologist and had separate psychology care plans. The psychologist had started a group for patients with dementia recommended by the National Institute for Health and Care Excellence. Both wards had access to an occupational therapist and occupational therapist assistant seven days a week and provided a range of activities and therapeutic groups that continued over the weekend.

Good



# Summary of findings

However:

- There was no information sign near the entrance door on Rowan ward to explain that the door was locked and what informal patients should do if they wished to leave the ward.

## **Are services caring?**

At the last inspection in December 2015 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**



## **Are services responsive to people's needs?**

At the last inspection in December 2015 we rated responsive 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**



## **Are services well-led?**

At the last inspection in December 2015 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.

**Good**



# Summary of findings

## Information about the service

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

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

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

There were 18 patients on Orchid ward and 15 patients on Rowan ward at the time of our inspection.

When the CQC inspected the trust in December 2015, we found that the trust had breached regulations. We issued the trust with two requirement notices for wards for older people with mental health problems. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

## Our inspection team

Our inspection team was led by:

**Team Leader:** Serena Allen, Inspection Manager, Care Quality Commission.

The team that inspected these services comprised of: two Care Quality Commission inspectors, one specialist advisor nurse and one specialist advisor occupational therapist.

## Why we carried out this inspection

We undertook this inspection to find out whether Berkshire Healthcare NHS Foundation Trust had made improvements to their wards for older people with mental health problems since our last comprehensive inspection of the trust in December 2015.

When we last inspected the trust in December 2015, we rated wards for older people with mental health problems as **requires improvement** overall.

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

Following the December 2015 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 all staff working on the wards are aware of the requirements of individual

patient needs and observations to ensure that these were being carried out appropriately and risks to patients were minimised. This includes physical and mental health issues.

- The trust must ensure all staff working on the wards are made aware of the risks of the patients in their care.
- The trust must ensure that individual care plans are developed for all risks identified in patients.
- The trust must ensure staff receive supervision to ensure they are provided with appropriate support to meet patient needs.

Following the December 2015 inspection, we told the trust it should make the following actions to improve wards for older people with mental health problems:

- Staff should report all incidents that occur on the ward.

# Summary of findings

- The provider should ensure that patient confidentiality is maintained where patient names were displayed in the office on Orchid ward, which could also have been seen from the ward area.
- Staff should promote the privacy and dignity of patients through the provision of curtains around the door of the bathrooms on both wards.
- Care plans should reflect risks highlighted in the risk assessments.
- Patients should be given more opportunity to be involved in their care plans where able.
- Staff should display notices to inform patients not detained under the Mental Health Act 1983 of their rights inside the entrance to all wards.
- Staff should arrange a best interest discussion to take place for any informal patients attempting to leave the ward.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- 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 wards for older people with mental health problems and requested information from the trust. This information suggested that the ratings of good for caring, responsive and well led, that we made following our December 2015 inspection, were still valid. Therefore, during this announced inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe and effective.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited two wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- looked at 12 medicine records and carried out a check of medicines management
- looked at 11 care and treatment records
- spoke with four patients who were using the service and observed two patient groups
- spoke with three carers of patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 10 other staff members; including doctors, nurses and healthcare assistants
- attended and observed one hand-over meeting
- observed interactions between patients and staff
- looked at a range of policies, procedures and other documents relating to the running of the service
- collected feedback from nine patients using comment cards

## What people who use the provider's services say

Patients told us that staff had time for them, were friendly and that they enjoyed the group activities and 1:1 time with their nurse. However they said that weekends were

quieter with less to do. They felt safe on the wards and were confident that their possessions were looked after by staff. They told us that the food was good quality,

# Summary of findings

plentiful with lots of choice and they could get a drink whenever they wanted one. They said that the ward was cleaned every day, there was plenty of space on the wards and they were able to spend time alone in their room. They said that staff addressed their physical health needs. They had copies of their care plans but did not always feel involved in their care.

Carers thought the quality of care their relatives received was excellent. They told us that staff were caring, compassionate and respectful and that staff were always

visible on the wards. They felt very involved in their relatives' care and were invited to attend multi-disciplinary meetings. Staff had given them guidance on how to make complaints or pay compliments.

Some carers told us that, during busy periods, they had been asked by staff to assist in the care of their relative, such as giving them their medicine or taking them to the toilet. When they raised issues like these with senior staff on the ward, these were addressed promptly and did not happen twice.

## Good practice

- Both wards demonstrated good engagement with patient carers and family members. Rowan ward was piloting a new 'family welcome meeting' that was held during first week of a patient's admission. The meeting was multi-disciplinary and facilitated by the ward psychologist to discuss the assessment process and engage with carers in the care plan process.
- Both wards had pathways in place to refer patients to the nurse-led community ward Oakwood, as part of the 'Listening Into Action project'. The aim of this project was to share medical resources and training between the wards with an aim of reducing the number of patients needing treatment for physical ailments off site. The wards followed the pathway for referring patients to Oakwood for feeding assistance, dehydration, behavioural and catheterisation needs. These pathways were clearly displayed across the wards.
- Rowan ward hosted a falls prevention group as part of a quality improvement project and both wards were part of a pilot for a 'Fallsafe' project to explore how they could improve on their care for people vulnerable to falls.

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should display notices to inform patients not detained under the Mental Health Act 1983 of their rights inside the entrance to all wards.
- The trust should ensure that ambient temperatures in the clinic rooms are recorded as per trust policy to ensure that patient medicine is effective.
- The trust should review how the policy 'Using photographs in medication administration' is implemented on Orchid ward.

# Berkshire Healthcare NHS Foundation Trust

## Wards for older people with mental health problems

### Detailed findings

#### Locations inspected

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

#### Mental Health Act responsibilities

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

- All of the paperwork we saw relating to the Mental Health Act 1983 was completed appropriately. Copies of consent to treatment forms were in place with patients' medicine charts. Patients were read their rights under the Mental Health Act 1983 MHA on admission, then every 72 hours for one week then weekly thereafter.
- We saw that Section 17 leave under the Mental Health Act 1983 had been recorded in care records and on the staff handover sheet.

- The wards had access to a Mental Health Act 1983 administrator who uploaded section papers and completed audits.
- Entrance doors were locked on the wards, Orchid ward had an information sign for informal patients that wished to leave the ward. Rowan ward did not have this sign in place.
- Staff received Mental Health Act training every three years. We saw that 75% of staff had received this training on Rowan ward and 74% of staff on Orchid ward.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act 2005 on induction and then every three years. Ninety-five per cent of staff had received this training on Rowan ward and 100% of staff on Orchid ward.
- Staff told us they were aware of the key principles of the Mental Capacity Act 2005. There was evidence of decision specific capacity assessments within patient care records.
- Staff had made urgent Deprivation of Liberty Safeguard (DoLS) applications and we saw evidence of DoLS paperwork in patient care records along with a care plan and details where family had been consulted. Informal patients who lacked capacity to make specific decisions had best interest decisions meetings that included consultation or involvement with family members. Best interests decisions were made and appropriately documented. Carers we spoke to told us they were aware of their relatives DoLS status.
- We saw that, in line with the Mental Capacity Act 2005, best interest meetings had taken place with regard to covert medicine with carers and family involvement and that best interest forms had been completed.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- Both Rowan and Orchid wards were bright, clean and well-maintained. Rowan ward was designed to allow patients to walk around the ward without finding resistance by way of an internal door. Rowan ward used colours and signage to assist patients with dementia to negotiate the ward. There was also regional art work displayed to aid recognition of local areas, photos and patient names on patient bedroom doors with a 'please knock' sign to respect patient privacy. Since our last inspection the trust had ensured that privacy curtains were in place in patient bathrooms.
- The garden room on Rowan ward was used as a quiet space by patients and staff as well as family members. Rowan had two small therapeutically designed gardens, a six seater cinema room and activity rooms. Orchid ward frequently admitted patients with a diagnosis of dementia when Rowan ward was not able to. However, Orchid ward was not designed to accommodate patients with dementia and was less dementia friendly with minimal use of colour contrasts, signage and patient photographs.
- Both wards admitted male and female patients. All bedrooms had en suite toilet facilities and Orchid ward also provided en suite showers. The trust was able to designate bedrooms and bathrooms into male and female only areas. Both wards had separate female lounges. We saw members of staff visible in the television lounges on both wards.
- All of the bedrooms had an alarm button system and staff carried personal alarms at all times. Viewing panels had been installed on bedroom doors to increase visibility. Viewing panels were left open at night and patients were advised of this on admission. The rationale for this was to minimise disruption to patients of staff waking them up at night when opening the panel. Patients could close their viewing panel but staff had override keys if needed.
- The trust's ligature risk update demonstrated that work to assess and reduce ligature risks was ongoing on

Rowan and Orchid wards. Ligature risks on both wards had been recorded on the ligature risk assessment and staff had an awareness of the potential risks posed. The wards could take mitigating action such as increased patient observations if the risks were high. Ligature cutters were kept in the main staff office on the wards.

- Clinic rooms were clean and well maintained. Both wards had a defibrillator and all emergency equipment was maintained and serviced appropriately. Weekly check charts were in place for emergency equipment and the adult crash bag was in date. However, on Orchid ward we saw that the weekly check list for the defibrillator had omissions which meant that it had only been checked once during the previous month. On Orchid ward the sharps bins had been closed but were not dated or signed.
- There was CCTV on Orchid ward linked to the office showing the entrances and garden areas so that staff could observe these areas. Both wards had access to a garden area for patients. Doors to the garden on both wards were locked if the weather outside posed a risk to patients, such as wet or icy surfaces.

### Safe staffing

- Rowan and Orchid wards had experienced recruitment difficulties, in particular the recruitment of Band 5 staff and both wards had vacancies for these positions. However the trust was actively engaged in addressing this. Senior management had held a session to speak to student nurses about work options on the wards. There was a staffing project in place to bridge the gap between support workers and senior support workers with the creation of new posts. These included Band 4 and Band 6 positions and two new clinical nurse specialists posts across the wards. The Band 6 posts were designed to support the clinical component of the ward manager's role and the Band 4 staff would support with clinical practice and patient's physical health needs. Rowan ward was also piloting the role of a Band 3 staff member as housekeeper.
- Both wards had 20 beds but Orchid had 18 patients (including one patient on leave) and Rowan had 15 patients staying on the ward at the time of inspection.

# Are services safe?

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

Rowan ward had a staff turnover of 11 %, Orchid ward 4%. Both wards reported a 5% per cent sickness rate. The wards used a 6-5-4 staffing quota per day; six staff on an early shift, five staff on a late shift and four staff on night duty. Ward managers told us that there was a minimum of two qualified staff on each shift and that they were able to bring in extra staff when needed, particularly if a number of patients were on high levels of observations.

- There was a high use of agency staff on both wards due to difficulties recruiting, the requirement to send permanent staff to work in other departments and the changing levels of patient observation. Approximately 18-25% of baseline posts were filled by agency staff but the wards attempted to use agency staff already familiar with the ward and booked them in advance where the baseline staffing quota had not been met. Not all agency staff had access to the trust's patient electronic care record system so had limited access to detailed information such as care plans and risk assessments. However improvements in the detail of handovers and observation information meant that agency staff were given key risk information about patients when they arrived on the ward. The wards also used 'patient at a glance' boards in the main staff office for quick access to key risk and health information. These boards had doors that could be closed to protect patient confidentiality.
- Mandatory training figures were provided via the trust's Performance Assurance Framework for clinical and non-clinical staff. As at September 2016, mandatory training attendance across both wards ranged from the highest at 100% compliance for Health and Safety to the lowest at 63% for Prevention and Management of Violence and Aggression (PMVA). Ward managers told us that not all staff were physically able to undertake the five day PMVA training so they completed the two day breakaway training instead. There was no evidence that this had negatively impacted staff ability to safely carry out patient restraints when required. All staff that were physically able to undertake the full PMVA training had done so and had yearly refreshers. Agency staff received this training via their agency. The percentage of staff that had completed the yearly basic life support training for Orchid ward was 65% and for Rowan ward the figure

was 77%. Staff attended a 'SMART' training week every year where they received all of their mandatory training. All new staff, including agency, were fully inducted to the ward.

- The wards had access to two consultant psychiatrists and two junior doctors during 9-5 hours in the week. Out of hours medical support was provided by an on call consultant and one junior doctor. There were also junior mental health doctors available to offer support. Staff used 999 service for urgent incidents such as cardiac arrest. A GP visited the wards once a week to carry out physical health screens for patients.

## Assessing and managing risk to patients and staff

- Medicines were not always stored safely; on Orchid ward there were stock supplies of creams and laxatives with no patient name that were stored on the bottom shelf of the medicine trolley. If a cream was applied to several patients this could have presented as an infection control risk due to the potential of cross contamination. Staff signed individual medicine charts to state that patients had received the stock supply but stock control was not checked against this. On Orchid ward the ambient temperature in the clinic room had not been recorded since 2012 and when we checked this was outside of the recommended range at 29.3°C. The trust policy and procedures 'Care and Control of Medicines' stated that ambient temperature should be recorded daily and that 'medicines suitable for storage at room temperature must be stored at or below 25°C'. Ambient temperatures that exceeded the recommendation could potentially expose patients to medicines that may have lost potency. However, staff monitored and recorded fridge temperatures in the clinic rooms in line with trust policy. These were checked daily and the fridges on both wards were within the recommended range of 2°C to 8°C. This ensured patients medicines were stored at the recommended temperatures to maintain their effectiveness.
- Two qualified nurses dispensed medicines from the clinic rooms. There was a controlled drug policy in place, controlled drugs were stored safely and the controlled drug book was checked daily and stock checked monthly. Medicines were disposed of safely.
- Rowan ward used patient photographs on their medicine charts but none of the 12 medicine charts we

## Are services safe?

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

looked at on Orchid ward had patient photographs attached. This was contrary to the trust policy 'Using photographs in medication administration' that stated that all adults admitted to the inpatient units should be photographed. This was to reduce the risk of medicine errors caused by patients being wrongly identified and to assist in the early identification and return of missing vulnerable patients. The policy stated that informed consent was required, or, if a person lacked the capacity to give informed consent to their photograph being taken, then the procedure for making best interest decisions laid down in the code of practice to the Mental Capacity Act 2005 should be followed. We did not see evidence in the patient care records we looked at on Orchid ward that the policy was being implemented.

- Four of the 12 medicine charts we checked on Orchid ward did not include the patient name on the inside cover of the medicine chart. This omission, along with the lack of a photograph presented the risk of staff making medicine errors. Three of the 12 medicine charts we checked on Orchid ward did not demonstrate that 'as and when required' medicines had been reviewed within 14 days, as recommended by The National Institute for Health and Care Excellence. The medicine charts clearly recorded whether the patient had any allergies.
- Overall the wards followed the correct practice for the administration of covert medicines; medicine or medical treatment administered in disguised form. We saw that, in line with the Mental Capacity Act 2005, best interest meetings had taken place with carers and included family involvement. Best interest forms had been completed, signed and kept along with the patients' medicine charts and then uploaded into the patient care record system. However we saw that on one occasion, a covert administration of medicine form did not have the start date the covert medicine was due to commence.
- Risk assessments were completed on admission for all patients and included contribution from other staff disciplines such as the wards' occupational therapist. We looked at eleven patient care records and all of the risk assessments were present and had been updated weekly or more frequently as required. Risk assessments were comprehensive and included risk factors such as historical, situational, triggers for relapse, clinical and protective factors. Designated staff on the wards during the weekend were responsible for updating risk assessments and care plans if the patient's primary nurse was not available.
- The correlation and cross-referencing between risk assessments, care plans and progress notes had improved since our last inspection and part of the role of the new clinical nurse specialists would be to continue monitoring triangulation between care records. We saw the monthly triangulation reports and at November 2016 Orchid ward achieved 83% compliance and Rowan ward 90% compliance against the triangulation audit tool put in place since our last inspection. However there were still improvements to be made as one set of care records we looked at showed that a patient's risk assessment did not indicate the same level of risk as an entry in the progress notes. However changes to risks were explained.
- Patients that were vulnerable to falls had a falls risk assessment and falls prevention plan in place. The trust falls policy was in place and the wards were part of a pilot for a 'Fallsafe' project in conjunction with Oxford college and the trust's Oakwood ward, a community nurse led ward, to explore how they could improve on their care for people vulnerable to falls. Part of the Fallsafe project was the implementation of FallSafe care bundles, a specific measurable set of multifactorial assessments and interventions. These included urine analysis, footwear, toileting plans and exercise. A physiotherapist provided input four days a week across both wards and had started assessing people at risk of falls and recommended additional support aids, clothing and exercises. Rowan ward used bed alarm systems on most of their beds and Orchid ward had kept ward corridor doors open as a preventative measure.
- The occupational therapist and physiotherapist had started an eight week rolling programme of falls prevention groups on Rowan ward. This was a referral based group aimed at reducing the incidents of falls in the hospital. Since the commencement of these initiatives the trust reported that incidents of falls had significantly reduced across the wards.
- Since our last inspection the wards had implemented good policies and procedures around patient observations that included staff training on the safe supported observation of patients and how to engage

## Are services safe?

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

patients during observation. Rowan and Orchid wards followed the trust's observation policy that stated that all patients would be placed on level three observations for 72 hours following admission. This meant that they were checked four times each hour. Staff were aware of the trust's observation policy and were required to complete an observation competency assessment that covered different levels of observations and how to document information correctly. The wards had implemented an observation folder that included risk specific care plans for the patient under observation as well as recording sheets. This was particularly relevant for agency staff who might not have in-depth knowledge of the patient's needs. Ward managers randomly monitored the observation sheets to address compliance. We observed that observations were carried out correctly with the patient kept within the staff member's line of sight. The reason for the level of observation was recorded in patient care records and care plans were in place.

- Neither of the wards had a seclusion room and we did not see any incidents of seclusion recorded. Rowan ward had a de-escalation room which they used for patients who were becoming distressed or agitated, however patients were not locked in rooms. When appropriate staff on both wards nursed patients away from other people for short periods of time. We were satisfied these practices did not amount to seclusion.
- Restraint was only used after de-escalation had failed and the wards used the correct techniques. Staff were able to identify triggers that might have escalated to challenging behaviour and were able to de-escalate by talking to patients or taking them to a quiet room. The physiotherapist and occupational therapist had designed a list of 'talk down tips' to assist staff with de-escalation and these were displayed on a board in the main ward corridor. Incidents of restraints were correctly recorded on their incident reporting system and the type of restraint was described, such as a 'friendly come along.' Staff were aware of the trust's restraint policy and were confident about what and how to record incidents of restraint. Following incidents of restraint, a prevention and management of violence and aggression instructor provided a debrief to staff and explored prevention techniques and what worked well in the intervention.
- Overall the wards' use of rapid tranquilisation followed National Institute for Health and Care Excellence guidelines and staff understood that rapid tranquilisation was to be used as a last resort and oral medicine would be administered where possible. Patients that received rapid tranquilisation were monitored appropriately, general observations and physical observations were put in place and reviewed daily. The ward doctor was informed and then reviewed the patient. Information relating to the use of rapid tranquilisation was recorded in the trust's incident reporting system DATIX, the patients' progress notes and on the staff handover sheet. However, we saw a patient care record that did not match the corresponding DATIX entry. The patient care record indicated that following agitated behaviour, staff had entered the patient's room and administered Promethazine into a muscle, whereas the DATIX entry for this incident stated that no rapid tranquiliser had been administered.
- Staff were aware of the trust's safeguarding policy and procedures and as at September 2016, over 79% of staff on the wards had received yearly training in both safeguarding vulnerable adults and children. Staff were aware of how to report any safeguarding concerns on DATIX which were then directed to the trust's internal safeguarding team who would escalate when appropriate to the local authority safeguarding board. The trust's internal safeguarding lead visited the ward frequently for additional support. Both Rowan and Orchid ward had access to an on-site police officer three days a week for advice around safeguarding issues. Orchid ward reported one safeguarding incident on DATIX during the previous six months.
- The DATIX entries we looked at over the previous six months showed that neither wards had recorded any incidents of pressure ulcers during that time. The wards had good processes in place for assessment and treatment of patients at risk of developing pressure ulcers that included good encouragement of mobility. The wards were using a new SSKIN bundle tool (SSKIN: Surface, Skin inspection, Keep your patients moving, Incontinence, Nutrition), a five step model for pressure ulcer prevention. There was a pressure ulcer lead on Rowan ward and the ward used airbeds and profiling beds for pressure ulcer prevention. Staff had access to tissue viability nurses including out of hours. There were 'patient needs at a glance' boards on the wall in each

# Are services safe?

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

patient's bedroom that clearly highlighted individual needs such as critical medicines and pressure ulcer care. The trust were in the process of exploring assistive technology such as alarmed mats on Rowan ward.

- A pharmacist visited the wards twice a week to check prescriptions, carry out audits and complete medicine reconciliation following patient admission. The pharmacist was contactable for consultation on medicines and attended best interest meetings around covert medicines. The pharmacist also met individually with patients and carers prior to administering covert medicines.
- The wards did not permit children to visit but there was an external family room that could be used for family visits.

## Track record on safety

- The trust reported one serious incident on Rowan ward in the last 12 months; a patient had fallen twice in the same day and had sustained a fracture on both occasions. There were no reported serious incidents on Orchid ward during the same 12 month period. The trust defined a serious incident as any event or occurrence that has led to moderate or severe harm or death, or harm for an extended period of time.
- During the previous six months Rowan ward reported 96 incidents that included 27 slips/trips/falls. Orchid ward,

during the same period reported 72 incidents that included 23 slip/trips/falls. Falls were correctly recorded on the trust's incident reporting system. There were no patients recorded as absent without leave on Orchid ward during this time whereas Rowan ward reported one patient absent without leave. Staff told us that occasionally patients did not return from authorised leave and the wards were part of initiative in conjunction with two other mental health trusts to reduce the failure to return from leave. The wards had a system in place for signing patients in and out of the ward that included detailed information about the patient, a risk assessment and a discussion with the patient about their arrangements during leave.

## Reporting incidents and learning from when things go wrong

- We reviewed reported incidents for both wards on the trust's incident reporting system DATIX for the six months preceding inspection and saw that incidents had been reported appropriately with a clear description of the situation and actions taken. Staff were confident about how and what to report. All staff across the wards were invited to a weekly post-incident review meeting to discuss incidents and what might have been done differently. Staff also had the opportunity to discuss incidents in supervision and the multi-disciplinary team meeting.

# 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

- Following patient admission, full assessments were completed by medical staff that included a physical and mental health examination. Patients weight, blood pressure, temperature and respiration were checked and blood tests were taken for screening of diabetes and heart disease risks. The wards used the National Early Warning Score (NEWS). NEWS is a simple scoring system that can be calculated at the patient's bedside and alerts health care practitioners to any concerns early which triggers an escalation of the care and review of the patient. A GP visited the wards once a week to continue physical health screens and referred patients to the local acute hospital if indicated for additional interventions. Patients had electrocardiogram and physical health observations prior to starting medicine. The patient and their carers were invited to the multi-disciplinary meeting to discuss the proposed medicine. Staff facilitated patient access to podiatry, speech and language therapy and other specialist services.
- Patients' food and fluid needs were assessed and met with additional input from a speech and language therapist and an occupational therapist to support staff to meet patients' needs. The wards used The Malnutrition Universal Screening Tool, 'MUST', a five-step screening tool to identify adults, who were malnourished, or at risk of malnutrition or obesity. For the first 72 hours after admission patients were placed on a food and fluid chart and if staff had concerns they referred patients to the dietician who visited the wards weekly and contributed to patient care plans. If assistance was required when eating or drinking patients were placed under observation to enable a staff member to sit with them. Staff assisted and encouraged independence where possible. The speech and language therapist and occupational therapist also assisted patients to eat more independently where possible with the use of adaptive cutlery and crockery.
- The wards promoted good patient choice of food and drink and patients were encouraged and assisted to stand at the food counter to see the choices. Some of the menus were produced visually to increase patient choice. Patients told us there was a good choice of food and that it was of a good quality.

- During our previous inspection we found that not all care plans had been developed in response to the risks identified. During this inspection we looked at 11 patient care records and saw that care plans had been developed in response to risks identified. The care plans we saw included key risk factors, were comprehensive, individualised and referred to patients' physical and psychological health, food and fluid needs. The care plans corresponded to patients' risk assessments and progress notes. The majority of care plans were in date but in three patient care records we looked at, the care plans had not been updated for six weeks. Staff had access to an online 'care plan library' with access to tools that supported staff to write individualised care plans. Care plans were peer reviewed and training had been delivered to staff but the trust identified peer reviewing and training as areas that required further improvement.
- Of the 11 patient care records we looked at, two contained the wrong patient first name on several occasions throughout the records. One patient record mentioned the need for a physiotherapy assessment but we could see no evidence that this was discussed further in the multi-disciplinary meeting or implemented.
- The trust had a resuscitation policy in place that included specific guidelines relating to 'do not resuscitate' orders. Where this was in place the family were involved and patients' 'do not resuscitate' status was visible on the 'patient status at a glance' board in the main staff office.

### Best practice in treatment and care

- Orchid ward was the first older adult functional ward in the UK to initiate the 'Safewards' initiative that identified areas where conflict may happen and provided ten interventions, tools and behaviours that aimed to reduce these.
- Both wards demonstrated good engagement with patient carers and family members. Rowan ward was piloting a new 'family welcome meeting' that was held during first week of a patient's admission. The meeting was multi-disciplinary and facilitated by the ward psychologist to discuss the assessment process and engage with carers in the care plan process. Staff told us that family involvement at this stage also assisted them

# 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.

to create more individualised care plans with patients. Carers told us they found this meeting very helpful and that they were generally informed and kept up to date regarding their relative's progress throughout their stay. They told us that staff were very aware of their relatives individual likes or dislikes and that any concerns they had were immediately addressed. On admission carers and relatives were requested to complete a 'patient portfolio' for their relative which included individual information on patient's likes/dislikes, how they liked to dress and present themselves, what their social interests were and what the significant dates were in their lives.

- Both wards had pathways in place to refer patients to the nurse-led community ward Oakwood, as part of the 'Listening Into Action project'. The aim of this project was to share medical resources and training between the wards with an aim of reducing the number of patients needing treatment for physical ailments off site. The wards followed the pathway for referring patients to Oakwood for feeding assistance, dehydration, behavioural and catheterisation needs. These pathways were clearly displayed across the wards.
- Rowan ward hosted a falls prevention group as part of a quality improvement project and both wards were being piloted for a 'Fallsafe' project to explore how they could improve on their care for people vulnerable to falls.
- All patients were offered the opportunity to see the ward psychologist who divided their time across both wards during the week. Patients had separate psychology care plans. The psychologist had started an open cognitive stimulation therapy group on Rowan ward, a therapeutic group that is recommended by the National Institute for Health and Care Excellence (NICE) for patients with dementia. We observed this group and saw that it was facilitated in line with recommendations by NICE but was also flexible to patients' needs. During the group staff appeared aware of any indications of distress and patients were able to leave the group if they wished.
- Both wards had access to an occupational therapist and occupational therapist assistant seven days a week and activities continued over the weekend. The wards offered a range of activities and therapeutic groups that were facilitated by the occupational therapist and held off the ward. This meant that activities were never

cancelled due to staff shortages on the ward. Activities included tai-chi, music, pat dog and reminiscence groups. Patient participation was monitored by an activity book that documented the level of each patient's engagement in the activity, skills used and interest shown. The groups were reviewed on a yearly basis with input by the occupational therapist. Some groups also had input from external facilitators, such as the 'reading aloud' group. During our visit we observed a gentle exercise group on Orchid Ward that was co-facilitated by a gym instructor, a physiotherapist, and occupational therapist and nurses. Staff gave clear instructions to patients but we noticed that they did not use patient names which could have helped encourage patients and personalise the experience. Patients participated well in the group and were offered drinks afterwards.

- Patients had good access to physical healthcare including access to specialists when needed.
- Staff engaged in clinical audits such as weekly audits of the emergency bag and diabetic box. All qualified nurses were allocated an audit that they were required to undertake and for which they received detailed feedback from senior managers with guidance on what needed to be improved.

## Skilled staff to deliver care

- Rowan and Orchid wards had input from a range of different staff disciplines including an occupational therapist, a physiotherapist, a speech and language therapist, a pharmacist and a clinical psychologist. Staff told us that a range of disciplines attended the multi-disciplinary team meetings, however support workers were not required to attend.
- The speech and language therapist delivered training and support to all permanent staff on dysphagia (difficulties in swallowing), best practice in communicating with patients and worked with catering staff to improve communication with patients.
- New staff on Rowan ward attended a two day dementia awareness training course but staff on Orchid ward did not receive dementia awareness training despite the ward admitting patients with dementia when there was no room on Rowan ward. Staff had access to e-learning

# 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.

and they told us that they were encouraged to attend training that met their needs and the needs of patients, including external courses such as 'reading with patients'.

- During our previous inspection we found that staff did not receive on-going supervision in their role to ensure that competence was maintained. During this inspection we saw that frequency and monitoring of appropriate staff supervision had improved. Staff told us they received clinical supervision once every four to eight weeks and were able to access ad hoc supervision as and when needed which was documented as supervision. Staff told us they had other opportunities to receive guidance and supervision in the form of the weekly staff 'space group' facilitated by a clinical lead. There was also the opportunity to access the monthly team psychology formulation group and weekly post-incident review meetings. As at May 2016 Rowan ward was 94% and Orchid ward was 85% compliant with supervision expectations. Since our last inspection changes had been made to the way supervision numbers were monitored and how ward managers were alerted when staff supervision was due. This process was overseen by the trust's governance team. The team psychologists received supervision every two weeks, while clinical supervision for junior medical staff was weekly. Consultant staff were supported by the monthly in-patient consultant forum led by the clinical and locality director.

## Multi-disciplinary and inter-agency team work

- Rowan and Orchid wards held weekly multi-disciplinary team meetings and invited carers and patients to attend or incorporated their feedback. On Rowan ward external teams such as community staff were able to link to the meeting via Skype.
- During our previous inspection we found that not all staff working on the wards were made aware of the risks of the patients in their care. During this inspection the wards demonstrated an improvement to the quality and detail of staff handovers. We observed a comprehensive staff handover that was attended by nurses, support workers, agency staff and a physiotherapist. The handover sheets were detailed and contained patients names, what they liked and how they liked to be addressed. The handover discussion conveyed clear and concise information that included the level of each

patient risk, the level of observation patients were on and why it was in place, any physical health risks, mental health act status and medicine concordance. The handover also included feedback from carers and detailed information such as the level of bed alarm to set for each patient and how much money patients had on them.

- Ward managers had twice weekly teleconferences with localities and the wards maintained contact with community mental health care co-ordinators. Members of the community home treatment team attended ward reviews and meetings to facilitate early discharge and maintained links with patients.

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

- All of the paperwork we saw relating to the Mental Health Act 1983 was completed appropriately. Copies of consent to treatment forms were in place with patients' medicine charts.
- Patients were read their rights under the Mental Health Act 1983 MHA on admission, then every 72 hours for one week then weekly thereafter. We saw from patient care records that on admission patients and carers were given a leaflet on the Mental Health Act 1983 and the patient's rights. Patients were asked whether they wanted contact with advocacy services and information about local advocacy services was displayed across the wards. The 'patient status at a glance' board in the main staff office included current information on patients' status under the Mental Health Act 1983 and the dates rights should be read. The board had doors that could be closed for confidentiality.
- We saw that Section 17 leave under the Mental Health Act 1983 had been recorded in care records and on the staff handover sheet.
- The wards had access to a Mental Health Act 1983 administrator who uploaded section papers and completed audits.
- Entrance doors were locked on the wards, Orchid ward had a sign near the door giving information to informal patients about what to do if they wished to leave the ward. We did not see a sign near the door on Rowan ward.

# 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.

- An independent mental health advocate visited the wards weekly or more frequently if required and attended multi-disciplinary team meetings. Staff knew how to refer patients to advocacy and information about the advocacy service used by the trust was visible and accessible on the wards. An advocate told us that staff used the service appropriately.
- Staff received Mental Health Act training every three years. We saw that 75% of staff had received this training on Rowan ward with 74% on Orchid ward.

## Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act 2005 on induction and then every three years. We saw that 95% of staff had received this training on Rowan ward and 100% of staff on Orchid ward.
- Staff told us they were aware of the key principles of the Mental Capacity Act 2005. Medical staff told us that they received updates on the Mental Capacity Act 2005 every six months. All staff told us they were aware of the key principles of the Mental Capacity Act 2005. We saw evidence of decision specific capacity assessments within patient care records.
- We saw that urgent Deprivation of Liberty Safeguard (DoLS) applications had been made and we saw evidence of DoLS paperwork in patient care records along with a care plan and whether family had been consulted. Staff told us there was often a delay before DoLS applications were processed by the local authority. Informal patients who lacked capacity had best interest decisions meetings that included consultation or involvement with family members. Best interests decisions were made and appropriately documented. Carers we spoke to told us they were aware of their relatives DoLS status.
- We saw that, in line with the Mental Capacity Act 2005, best interest meetings had taken place for patients being considered for covert medicine with carers and family involvement and that best interest forms had been completed.

# 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 December 2015 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 December 2015 we rated responsive 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 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 December 2015 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.