

Barnet, Enfield and Haringey Mental Health NHS 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)
RRP02	Chase Farm Hospital	The Oaks	EN2 8JL
RRP02	Chase Farm Hospital	Somerset Villas	EN2 8JL
RRP02	Chase Farm Hospital	Silver Birches	EN2 8JL
RRP09	Barnet General Hospital	Ken Porter Ward	EN5 3DJ

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey 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.

Summary of findings

Where applicable, we have reported on each core service provided by Barnet, Enfield and Haringey Mental Health NHS Trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey 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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	10
What people who use the provider's services say	10
Good practice	10
Areas for improvement	11

Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14
Action we have told the provider to take	25

Summary of findings

Overall summary

Overall, we rated wards for older people with mental health problems provided by Barnet Enfield and Haringey Mental Health Trust as **good** because:

- The service had made improvements in areas we identified in the last inspection. For example, mandatory training rates had improved and there was now an occupational therapist on Ken Porter Ward who could support patients to engage with activities.
- Patients and relatives gave very positive feedback about the wards. Staff supported patients to maintain contact and relationships outside of the ward and to involve their relatives in decisions about their care. Staff had an understanding of the personal preferences of patients, such as how they like to dress.
- There was a sufficient number of staff from a range of disciplines to meet the needs of patients.
- Staff assessed patients' physical and mental health needs and risks appropriately.
- Staff received regular training on mental health topics relevant to the patient group for example caring for patients with dementia.
- There was adequate medical input to the wards and medicines were stored and managed well. Prescribing was in line with best practice guidance.
- Staff made good use of the Mental Capacity Act and where appropriate ensured decisions were made in the best interests of the patients.
- The wards were working with other stakeholders to reduce delayed discharges, especially for patients needing more support than before their admission.
- Ward managers were supported by appropriate governance systems to enable the delivery of the service, identification of risk and monitoring of the quality and safety of services.
- Staff on the wards were positive about their roles and were involved in quality improvement initiatives for example on reducing the risk of falls.

However:

- Staff did not always develop care plans with sufficient detail to support patients who had diabetes.
- Staff on The Oaks did not complete hydration forms accurately to assure themselves that patients were drinking enough throughout the day.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The wards and equipment were kept clean, and staff adhered to infection control principles.
- There were enough staff to meet the needs of patients. Patients and relatives said staff were available and accessible. There was adequate medical cover day and night.
- Staff assessed and mitigated risks in the environment. They also assessed patients' risks and created risk management plans to manage them. This included risks of falls and pressure ulcers.
- Staff managed medicines appropriately, including covert medications.
- Staff reported incidents and there were effective systems in place for feedback and learning from incidents. Changes were made as a result of learning and which related directly to the needs of the patients.

However:

- Staff calibrated blood glucose machines monthly rather than weekly, as outlined in the trust policy, meaning readings may not be completely accurate.
- Staff on Ken Porter ward did not review risk assessments every month, as required, and a small number lacked detail.
- Patient electronic record systems that staff used to record information about patient care worked too slowly.

Good



Are services effective?

We rated effective as **requires improvement** because:

- Staff assessed and supported patients well with most physical health needs apart from the management of diabetes which was not being appropriately monitored and managed. This could lead to patients being at risk of physical health complications.
- Staff on The Oaks did not complete hydration recording forms in line with individual requirements.

However:

- Staff offered a range of interventions supported by national guidance and participated in regular clinical audits.

Requires improvement



Summary of findings

- At the last inspection in December 2016, Ken Porter ward did not have an occupational therapist. During this inspection, we saw they had a full time occupational therapist and activities coordinator.
- Staff had regular in-house training on topics related to patient need. For example dementia awareness, falls, food safety and meeting the personal care needs of patients who were resistant.

Are services caring?

We rated caring as **good** because:

- Patients and relatives gave positive feedback about the caring and friendly nature of staff. They said staff understood the individual needs of patients and supported them well.
- Staff involved patients and relatives in their care and recorded patient preferences in care records.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- Wards had facilities to promote the comfort and dignity of patients, including those with a physical disability.
- Staff supported patients to maintain contact and have visits from family and friends.
- Staff supported patients with their spiritual and religious needs.
- Most patients said the quality of the food was good.
- The trust was proactively managing delayed discharges that were due to challenges finding suitable placements for patients on discharge.
- At the last inspection in November 2016, staff on Ken Porter ward did not always consult patients and relatives about patients wearing aprons during meals. During this inspection, we saw this now in place.

However:

- The garden on Silver Birches was due to be re-levelled to reduce risks of falls. In the meantime, patients could not access it freely and had to be accompanied by staff.

Good



Are services well-led?

We rated well-led as **good** because:

- Ward managers had a good understanding of their wards and were supported by more senior staff. Staff said ward managers were visible and approachable.

Good



Summary of findings

- Governance systems allowed ward managers to access important information to monitor the running of the ward and to share with more senior managers. Ward staff received feedback from reporting incidents and the systems to learn from these were well embedded.
- Staff said they were proud to work on the wards and support the patients. Staff understood the trust's values and applied them in their work.
- Each ward was involved in quality improvement strategies.

Summary of findings

Information about the service

We inspected four wards for people aged over 65 these were:

- The Oaks: a 21 bed mixed sex acute assessment ward for people over 65 with mental health problems such as mild to moderate dementia, depression and psychotic illnesses. The Oaks is located on the Chase Farm hospital site.
- Somerset Villas: the majority of patients using the ward are diagnosed with a functional mental illness and have transferred here from other wards as part of their recovery and discharge plan. They have a range of mental health problems.
- Silver Birches: a 15 bed mixed sex continuing care ward for people over 65. Patients on this ward have a diagnosis of dementia.
- Ken Porter: a 27 bed mixed gender continuing care ward for people of any age on the Barnet General hospital site. The trust set up Ken Porter in 2012 when two continuing care services closed as part of the trust's transformation programme.

Our inspection team

The team comprised one lead CQC inspector, one CQC inspection manager, one CQC assistant inspector, three specialist advisors with experience of working in services

for older people, one Mental Health Act reviewer and an expert by experience. An expert by experience is someone with personal knowledge and experience of this type of service.

Why we carried out this inspection

We undertook this announced comprehensive inspection in September 2017 to find out whether Barnet, Enfield and Haringey Mental Health NHS Trust had made improvements to wards for older people with mental health problems since our last comprehensive inspection of the trust in December 2015.

At our last comprehensive inspection of the trust, in December 2015, we rated wards for older people as good overall and made the following suggestions to improve services:

- The trust should ensure that guidance on the elimination of mixed gender accommodation is followed on The Oaks to protect the safety and dignity of the patients.
- The trust should ensure that all the wards for older people reach the target for mandatory training.
- The trust should ensure that meetings to discuss best interest decisions are recorded so it is clear why decisions have been made for patients who have been assessed as lacking capacity to make the decision for themselves.
- The trust should review composition of the multidisciplinary team on Ken Porter to ensure patients receive appropriate support to maintain and develop their independent living skills.
- The trust should review with each patient on Ken Porter and their family or advocate how they wish to be supported whilst eating. The review should include consideration of how the patient wishes to protect their clothes when they eat.

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited four wards at two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service

- spoke with 13 relatives of patients using services
- carried out a short observational framework for inspection (SOFI) on one ward
- spoke with the managers for each of the wards
- spoke with 30 other staff members, including doctors, nurses, occupational therapists and social workers
- attended and observed three multi-disciplinary meetings
- collected feedback from three patients or relatives of patients using comment cards
- looked at 24 treatment records of patients
- carried out a specific check of the medication management on four wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients we spoke with said they were happy with the care they received. They told us that staff were friendly and very nice to them.

Relatives also gave positive feedback about ward staff. They said staff identified and understood the individual needs of the patients and engaged with them well. For example, staff chatted with them, made them laugh and took a genuine interest in them. Most relatives said staff helped patients with their personal care well and patients were well dressed and well presented. One relative said staff were very good at settling new patients to the ward and were always smiling and talking with patients.

Several relatives said staff were brilliant and were happy with the care patients received. One relative of a patient on Somerset Villas said they would recommend the ward to others.

Relatives said staff were friendly and approachable and shared relevant information with relatives.

Two relatives said there could be some more stimulus for patients, like music and some different activities on The Oaks. One relative on The Oaks felt their relative could have more support in personal care and presentation and staff could communicate information better.

Good practice

- Two wards had a cat and patients gave positive feedback about being able to interact and care for it.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure staff have sufficient training and knowledge to support patients with diabetes and that care plans are detailed and reflect requirements outlined in the trust policy.

Action the provider **SHOULD** take to improve

- The trust should ensure staff on Ken Porter Ward complete risk assessment documentation in full and review these regularly.

- The trust should ensure staff on The Oaks complete nutrition and hydration forms accurately.
- The trust should ensure staff calibrate blood glucose machines in line with trust policy.
- The trust should ensure staff keep accurate records of when one to one sessions take place with patients.
- The trust should ensure the electronic record system functions at a speed that doesn't impact negatively on staff responsibilities.

Barnet, Enfield and Haringey Mental Health NHS 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
The Oaks	Chase Farm Hospital
Somerset Villas	Chase Farm Hospital
Silver Birches	Chase Farm Hospital
Ken Porter Ward	Springwell Centre

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.

- Staff had received training in the Mental Health Act and staff had access to local Mental Health Act policies and procedures and to the Code of Practice.
- Mental Health Act paperwork was in order and staff explained rights to patients detained under the Mental Health Act as required. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.
- Patients had access to independent mental health advocates and contact details and information about their role was available on the wards.
- Staff requested an opinion from a second opinion appointed doctor when necessary.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act 2005. Staff applied this appropriately in their work. Staff assessed and recorded capacity to consent on a decision-specific basis and, where applicable, made and recorded decisions in the patient's best interest.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards (DoLS). Staff were aware of the policy and had access to it. Where appropriate, staff made DoLS applications and monitored the progress of applications to supervisory bodies.

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

Safety of the ward layout

- Staff assessed ward environments regularly for environmental and ligature risks. Wards were large and layouts meant staff could not observe all parts of ward from the nursing office. To mitigate any risks, staff carried out and recorded regular observations of patients. These observations were in line with individual risk assessments.
- The wards complied with guidance on same-sex accommodation. On Somerset Villas, which was located on a temporary ward before a planned move, the lock on the toilet door for two bedrooms was not working. The lock was non-standard and required extensive work to fix. As a result, this meant that patients occupying these bedrooms had to walk through a communal area to access a toilet, which potentially compromised their privacy and dignity. This would be rectified when the patients moved to the permanent ward which was due two months after the inspection.
- Staff and patients had easy access to alarm systems.

Maintenance, cleanliness and infection control

- All ward areas were clean, had good furnishings and were well-maintained. Cleanliness scores from the patient led assessment of the care environment in 2017 was over 99% for the two hospital sites where the wards were based. These assessments involve teams, including members of the public visiting wards to score the environment for supporting patient privacy and dignity, cleanliness, quality of food and general building maintenance.
- Staff adhered to infection control principles, including handwashing. There were signs about infection control on the wards and staff audited this regularly.
- Fire extinguishers were accessible to staff and placed throughout the wards. Each ward completed a fire safety risk assessment and had action plans in place for outstanding issues.

- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs. These were within date, and the trust replaced them regularly.
- Staff did not calibrate blood glucose machines weekly as indicated by the trust policy, but instead did this monthly. This meant the readings may not be completely accurate. Silver Birches did not have a calibration book available for the blood glucose machine.
- Staff cleaned equipment regularly. Clean stickers were visible and in date. Equipment for moving patients as well as weighing equipment had been serviced in line with equipment requirements.

Clinic room and equipment

- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs. These were within date, and the trust replaced them regularly.
- Staff did not calibrate blood glucose machines weekly as indicated by the trust policy, but instead did this monthly. This meant the readings may not be completely accurate. Silver Birches did not have a calibration book available for the blood glucose machine.
- Staff cleaned equipment regularly. Clean stickers were visible and in date. Equipment for moving patients as well as weighing equipment had been serviced in line with equipment requirements.

Safe staffing

Nursing staff

- The trust ensured wards had sufficient nursing staff to meet patients' needs. Across the wards, three qualified nurses worked on the wards at all times, supported by healthcare assistants. Staff rotas showed that the number of staff on shift matched the numbers required.
- Ward managers could adjust staffing levels daily to take account of case mix and patient need. When necessary, managers used agency and bank staff to maintain safe staffing levels. Regular staff were used in these positions so that they were familiar with the ward and patients.

Are services safe?

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

- Staff shortages rarely resulted in staff cancelling escorted leave or ward activities.

Medical staff

- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Each ward had consultant trained in the treatment of older people and junior doctors on site during the day and medical staff who were contactable by phone out of hours.
- A geriatrician visited once per week and consulted with the multidisciplinary team about patient treatment and medicines.

Mandatory training

- Staff were up to date with appropriate mandatory training. This was an improvement since the last inspection, in November 2016. As at 15 July 2017, the training compliance for the wards was 85%. No courses had a completion rate below 75%.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff assessed the risks of each patient on admission using a trust wide risk assessment form. Staff on three of four of the wards reviewed and updated risk assessment on a monthly basis and after incidents. On Ken Porter Ward, staff did not review risk assessments as regularly. Four of six records showed gaps of between four and seven months for reviews. In addition, one patient did not have a risk assessment completed until three months after admission. In two patient records, although risks had been identified and mitigation plans were in place, risk assessments were not detailed. For example, the risk assessment did not give details about why risks were high and the section on risk to self was not completed.

Management of patient risk

- Staff were aware of and assessed patients for specific risk issues, including falls or pressure ulcers. Where appropriate, patients had management plans in place for these risks. As part of a quality improvement project, staff introduced falls huddles, initially on Somerset Villas, then on other wards too. Staff had short meetings to discuss each patient's risk of falls and how this was

managed. All patients were reviewed and actions plans put in place, including occupational therapy and physiotherapy assessments. The huddles were introduced after staff identified a pattern of increasing falls through incident reports. Where needed, staff used specialist equipment like falls sensor mats.

- Staff did not apply any inappropriate blanket restrictions.
- Staff adhered to best practice in implementing a smoke-free policy and patients had detailed care plans in place to support them with stopping smoking.
- Informal patients could leave at will. There was a notice on the ward to inform them of this.
- In the 12 months before the inspection there were 18 episodes of restraint on 13 different patients. These were mostly on Ken Porter Ward (seven restraints) and The Oaks (nine restraints). The Oaks is an admissions ward and Ken Porter ward accepts referrals from patients who are acutely unwell. These were not restraints where patients were taken to the floor. There were no incidents of seclusion between 1 June 2016 and 31 May 2017, and staff did not use rapid tranquilisation in this time. Staff were aware of the risks involved in restraint of older people, such as damage to skin. Staff assessed the skin integrity of patients and reported and investigated when a patient had damage.

Safeguarding

- Staff were trained in safeguarding and each ward had a safeguarding lead, but we found the recording of safeguarding decisions and meetings varied across wards. Staff did not always record all information.
- Staff followed safe procedures for children visiting the ward. This was risk assessed and specific visiting rooms were used.

Staff access to essential information

- Staff used electronic and paper records to record information about patient care. Assessments and management plans were recorded electronically, and staff used specific paper forms to record nutrition and hydration information, weight and vital signs.
- Information needed to deliver patient care was available to relevant staff, including when patients moved between teams or wards.

Are services safe?

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

- The electronic system the trust used was slow, and staff we spoke with said it could interfere with their ability to enter information in a timely way. During the inspection we also experienced delays in accessing patient records due to the electronic system. The trust had a plan to change IT supplier shortly after the inspection.

Medicines management

- Staff followed good practice in medicines management. Staff stored, dispensed, administered and disposed of medicines in line with national guidance. Controlled drugs were also stored, administered and audited appropriately.
- Staff reviewed the effects of medication on patients' physical health regularly.
- Where patients were on covert medication, where medicine is given without the person's knowledge, staff kept detailed records of how and why this was in place. Staff consulted with pharmacists to ensure medicines were still given in a safe way. Patients on covert medication had care plans in place about this.

Track record on safety

- In the 12 months before the inspection, there had been one serious incident on The Oaks. This involved the unexpected death of a patient. The trust reported this to the CQC and investigated it appropriately.

Reporting incidents and learning from when things go wrong

- All staff knew which incidents to report and how to report them using the online system. Staff reported all incidents that they should report.

- Ward managers and nurses understood their responsibilities under the duty of candour. They were open and transparent, and they gave patients and families a full explanation if and when things went wrong. Healthcare assistants were not all able to describe the responsibilities of staff under the duty of candour.
- Staff received feedback about incidents. This was done in team meetings or directly with a staff member involved in an incident. To ensure feedback and learning was embedded, the ward manager on Ken Porter ward emailed staff with learning from each incident and requested staff to confirm they had received and understood it.
- Ward managers and more senior staff met to discuss incidents and learning at monthly clinical governance meetings.
- There were several examples of changes taking place on wards following the reporting and learning from incidents. One example on Somerset Villas was that, following a theme of increasing falls, the ward had introduced a weekly falls huddle for the MDT. Another is where the consultant psychiatrist identified the need to improve physical health monitoring. Work led to huge improvements in monitoring physical health, in the completion and use of the National Early Warning Scores, We saw this was embedded into staff practice.
- Staff said they were debriefed and received support after a serious incident.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Staff completed a comprehensive assessment of the patient at, or soon after, admission.
- Staff assessed patients' physical health needs on admission and supported this appropriately in most cases. In 23 of 24 records, we saw staff developed care plans to support patients' needs identified during assessment. One patient did not have a care plan in place for their diabetes, which they should have done.
- Across all wards, staff completed standardised physical health forms to detect and escalate early warning signs of physical ill health. Staff weighed patients regularly in line with their care plans, and used this information to monitor nutritional needs.
- Where appropriate, staff involved the patient or their relatives in developing or reviewing care plans. Records showed each patient had a range of individualised plans that supported their different needs. For example, patients had care plans to support their religious practice, stopping smoking or doing activities based on their interests. Patients at risk of falls and pressure sores had detailed care plans in place to manage this.
- For patients with diabetes, we saw that care plans to monitor and respond to blood sugar levels were not detailed. They did not provide staff with clear information about when blood sugar readings indicated the need to contact a doctor. This was not in line with the trust's policy on diabetes management. At The Oaks and Silver Birches, we saw staff did not record daily blood glucose readings as instructed in patient care plans. For three patients, between June and September 2017, there were up to 22 daily recordings missing. This meant patients could be at risk of the physical side effects of diabetes. In addition, the trust policy did not reference measuring ketone levels (an indicator of whether further care is needed) when blood glucose reached a certain level.
- Staff updated care plans regularly, and they recorded any change in patient or relative feedback.
- In a small number of patient records across all wards, staff did not always complete forms and case notes fully or accurately. On Silver Birches, one patient had an

incomplete falls assessment form uploaded. On The Oaks, one patient's care plan referred to them by the wrong name and gender. On Ken Porter Ward, the date of an incident for one patient was recorded differently in two separate areas.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This For patients
- Part of each patient's care was to have regular one to one contact with staff. Although we saw evidence of this during our inspection and patients reported this took place, staff did not record when these took place.
- Where necessary, staff referred patients to specialist healthcare services. For example, opticians, podiatrists and tissue viability nurses. These services were accessible internally through the trust or externally. Records showed staff arranged and attended appointments with patients.
- Staff assessed the nutrition and hydration needs of patients on admission and regularly thereafter. For those patients who needed support, staff recorded their daily nutrition and hydration intake. Staff on The Oaks did not complete accurate records of hydration. The total intake of liquids for patients each day was not completed in three of four patient records. This meant staff could not be assured of the liquid intake of all patients who required a minimum amount.
- Staff assessed patients' ability to swallow food and whether they needed support at mealtimes. Where necessary, we saw staff ordered specific foods or supplements for patients who were unable to swallow and supported patients to eat their meals. This was designed to meet the nutritional needs of patients.
- Staff did not use recognised rating scales to assess and record severity and outcomes (for example, Health of the Nation Outcome Scales), consistently with all patients. There was evidence of staff using outcome measures in two of the 24 records we looked at.
- Staff participated in clinical audit and quality improvement initiatives. Between June 2016 and

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

September 2016 staff participated in over 17 audits. These included one off audits about staffing, fire safety and emergency responses and monthly audits on case notes and physical health. Each ward was involved in a quality improvement initiative. These included allocating each member of staff a lead role and reducing episodes of falls.

Skilled staff to deliver care

- The team included or had access to a range of specialists required to meet the needs of patients on the ward. This included doctors and nurses, occupational therapists, psychologists, social workers, pharmacists, speech and language therapists, music therapists and dieticians.
- At the last inspection in December 2016, Ken Porter ward did not have an occupational therapist. During this inspection, we saw there was now a full time occupational therapist and an activities coordinator on the ward. Staff gave positive feedback about the impact of these staff in supporting patients with activities of daily living. Ken Porter ward did not have a psychologist as part of the multidisciplinary team at the time of inspection.
- Staff received monthly supervision. Supervisors used templates to cover case management, learning from practice, personal support and professional development, and appraisal of work performance.
- Staff had access to regular team meetings. Staff used a standard agenda and discussed incidents, safeguarding, audits and patient feedback on a monthly basis. For staff who could not attend, the minutes were stored in an accessible space. Meeting minutes showed staff also used this time to discuss changes in national guidance and areas for additional internal training, such as pain monitoring.
- The percentage of staff that had had an appraisal in the last 12 months was over 90% across the wards.
- In line with national guidance, there were systems in place for staff to receive in house training in dementia and delirium and other specialist areas relevant to the patient group. Ward managers arranged this depending on staff needs and kept records of attendance.

Examples of training included a National Early Warning Score refresher, communication skills to support staff to speak openly, falls, life support, food safety and meeting the personal care needs of patients who were resistant.

Multi-disciplinary and inter-agency team work

- Staff held regular multidisciplinary meetings where they reviewed patient care. These took place every week or two weeks on each ward. We observed three of these meetings. Staff talked about a wide range of patient needs, and staff from all the professional backgrounds present contributed. Discussion was holistic and well informed.
- Nursing and healthcare assistant staff met at the end of each shift to share important information about patients. This was recorded in handover notes. Staff on Silver Birches had not been keeping permanent records of their handovers since August 2017. This was fed back to the ward manager at the time.
- The ward teams worked with other teams within the organisation to gather information about patients and support ongoing care. For example, staff worked closely with tissue viability nurses.
- Staff also had working relationships with teams outside the organisation. For example, the local authority, social services and GPs.

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

- Staff completed training in the Mental Health Act provided by the Mental Health Act administration team.
- The provider had relevant policies and procedures in place for staff to refer to. Staff had access to local Mental Health Act policies and procedures and to the Code of Practice.
- For patient detained under the Mental Health Act, staff explained rights to patients, repeated it as required and recorded that they had done it.
- Patients and visitors had access to information about independent mental health advocacy through posters and leaflets on the ward. Records showed staff shared this with patients and recorded their involvement with the patient.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so that they were available to all staff that needed access to them.
- The service displayed a notice to tell informal patients that they could leave the ward freely.
- The provider had a policy on the Mental Capacity Act (MCA), including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it.
- Staff understood their responsibility to give patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it.
- There were leaflets available for patients and relatives about a patient's rights under the MCA, but staff did not record when this was actively shared with patients or relatives.

Good practice in applying the Mental Capacity Act

- Staff had completed training on the Mental Capacity Act. The provision was bespoke and appropriate to the staff teams.
- For patients who had impaired mental capacity, staff assessed and recorded capacity to consent on a decision-specific basis. Where patients lacked capacity to make a decision, staff made and recorded decisions in the patient's best interest. The recording of these best interest decisions had improved since our last inspection in November 2016. In one of the seven records we looked at where staff had made a decision in the best interests of the patient, there was no record of a discussion with the patient's guardian.
- Where appropriate, staff made deprivation of liberty safeguards applications and monitored the progress of applications to supervisory bodies. The wards made 75 Deprivation of Liberty Safeguard (DoLS) applications to the Local Authority between June 2016 and May 2017. Forty three of these applications had been approved.
- In two of 24 records, it was unclear whether a patient had someone who held lasting powers of attorney. Relatives we spoke with said they did, but this was not made clear in notes. The lasting power of attorney gives authorisation for a person to make decisions on a patient's behalf.

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

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help and emotional support when they needed it. Staff had an understanding of patient preferences, for example in music and clothes, and supported them with these.
- Patients and relatives gave very positive feedback about staff. They said staff treated them well and were supportive. Staff took into account the individual needs of patients, including their personal, cultural, social and religious needs. Relatives said that agency staff showed less compassion towards patients than permanent staff.
- Staff said they were confident they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients if they saw this.
- Staff ensured patient information remained confidential.

The involvement of people in the care that they receive

Involvement of patients

- Records showed staff recorded patient views and comments in care plans in 22 of the 24 patient notes we looked at. If a patient wasn't able to engage, staff gathered feedback from relatives and carers. On Silver Birches, staff also created a 'this is me' document with

patients. Patients had these in their bedrooms. They were a one page document which outlined important information about the patient and their likes and dislikes. For example, what they liked to be called, what their profession was and what interests they had.

- For one patient on Silver Birches who had been moved to a shared room, staff had not completed a risk assessment or consulted with the patient or relatives about this.
- Staff ensured that patients could access advocates. There was information about how to access and advocate on the ward and the advocate visited the wards regularly. Records showed advocates attended meetings about care where a patient or relative had asked them to be involved. Two relatives we spoke with had not received information about advocates.

Involvement of families and carers

- In most cases, staff informed and involved families in care. Of the 13 relatives we spoke with, 11 said staff kept them informed, consulted them on decisions where appropriate and gave them information about care. One person said it was helpful that staff shared information both verbally and in writing.
- Carers and relatives could visit patients daily and could support personal care and meal times.
- The trust collected feedback from carers and relatives, but none of the carers and relatives we spoke with had been involved in providing feedback to the trust about care.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

Bed management

- Overall, bed occupancy for wards for older people with mental health problems ranged from an average of 61% to 131%. Where it reached over 100%, this was where some patients were on long term leave but the consultant psychiatrist remained responsible for their care.
- There were no out of area placements between 1 April 2016 and 31 March 2017.
- Across the wards, the trust reported 15 readmissions within 28 days between 1 April 2016 and 31 March 2017. Twelve (80%) were readmissions to the same ward as discharge. Nine of these occasions were to The Oaks.
- Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient.
- Before admission, staff collected information about the patient, their current needs and previous care planning and intervention. Where necessary, the ward manager did not accept referrals where staff could not meet the needs of the patient.

Discharge and transfers of care

- Between 1 April 2016 and 31 March 2017, there were 37 delayed discharges across the wards. This was 16% of all discharges in this time period. This was due to challenges finding suitable placements for patients. To address this issue, staff started a weekly delayed discharge meeting, so they could proactively manage this.
- Staff supported patients during referrals and transfers between services. For example, if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards were spacious and had facilities to promote the comfort, dignity and confidentiality of patients. Each ward had communal areas, activity rooms, a dining

room and a garden. Dining rooms were large enough to allow patients to eat in comfort whilst staff supported and observed their meals and allowed space for social interaction.

- Not all information on wards was displayed using simple signs and symbols, which would make it more accessible to all patients. Clocks were small and positioned high on walls. Staff were aware that environmental improvements were possible and the trust had plans to update the environment on Silver Birches to make it more dementia friendly.
- Two wards had a cat that patients could interact with. Patients said they enjoyed having the cat on the ward.
- The garden on Silver Birches was not accessible at all times, as the ground was uneven and presented a risk of falling to some patients. This meant it could only be accessed with staff accompanying patients, and patients may not access fresh air as much as they wanted to. The trust had plans in place to level out the garden so the door could be kept unlocked and patients could access this freely.
- Most patients had their own bedrooms and en-suite bathrooms. Silver Birches had a two person dormitory which was used by two patients at the time of inspection. This meant these patients may not have complete privacy or a private space.
- Patients could personalise bedrooms if they wished.
- Patients could store their possessions in safes in the nursing office or in their bedrooms. There were no safes available in bedrooms. On Silver Birches, two patients had items of clothing go missing on the ward. On Somerset Villas, one patient had belongings go missing.
- There were quiet areas on the wards and rooms where patients could meet visitors. The ward manager on Ken Porter Ward had applied for and received an internal trust grant to redecorate this area.
- Patients could access a telephone, but this was in the shared communal space. Where patients wanted to have a phone call in private, staff provided the cordless ward phone.
- Most patients said the food was of a good quality. One relative of a patient on Silver Birches said staff could be more considerate about how long food is microwaved

Are services responsive to people's needs?

Good 

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

for, as it can become harder for patients to chew. We observed lunch and saw some patients had to wait longer as each meal was pre-heated before serving. Relatives of patients said the food was ok, but it would be better if it was cooked on site. One patient said the food was bland.

- Some patients wore protective aprons to ensure their clothes did not get food on them. On Ken Porter ward we saw patients had a choice about wearing an apron and what type of apron they wore. This was an improvement from the last inspection in November 2016, where patients and relatives were not consulted on this. One relative of a patient said staff contacted them to discuss the decision to provide the patient an apron during meals.
- Patients had water available at all times and staff could provide them with hot drinks and snacks at any time. We saw staff asked patients regularly if they would like a drink or a snack.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with their families and carers. Visitors could come every day and support patients with daily activities and take them off the ward of this was part of their care plan.

Meeting the needs of all people who use the service

- The service made adjustments for disabled patients. Wards were accessible and there were accessible bathrooms available. For patients who needed support with moving, wards had the appropriate equipment to do this. For example, hoists. Information from the trust indicated that 86% of staff had completed training in the moving and handling of high risk patients as of 15 July 2017.
- Wards had information leaflets on common conditions and treatments, local services, patients' rights, how to complain and these were available in communal areas.

Each leaflet had information on the back on how to access free translation of the information into 22 different languages over the phone. It also included information on how to access this in large print and braille.

- Staff accessed interpreters and/or signers when needed. On Silver Birches, staff had information about words in different languages in their office, so they could communicate using basic words with patients who spoke English as a second language.
- Patients had a choice of food to meet the dietary requirements of religious and ethnic groups.
- Staff ensured that patients had access to appropriate spiritual support. Staff recorded patients' religion and preferences on assessment, and they created care plans to support patients with this. There was limited information on the wards about religious festivals and care plans did not demonstrate that staff supported patients to celebrate these.
- Occupational therapy staff worked on the wards and supported patients to engage with activities. These included art work, cooking and music. Wards had activity timetables for daily groups, but relatives said there could be more to do during the day.

Listening to and learning from concerns and complaints

- The wards received three formal complaints in the 12 months before the inspection. Ten of 13 relatives said they knew how to complain. The trust closed off all three complaints within 48 days of receiving them.
- Staff discussed complaints, investigations and any associated learning in team meetings.
- The wards received 20 formal compliments between 1 April 2016 and 31 March 2017. Each ward had compliments and thank you cards displayed in the communal area for staff and patients to see.

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

Leadership

- Team leaders had the skills, knowledge and experience to perform their roles. Ward managers who were new to the role received appropriate support from their line managers.
- Ward managers had a good understanding of the services they managed. They could explain clearly how the teams were working to provide care.
- Ward and divisional leaders were visible in the service and patients, relatives and staff said they were approachable.
- Leadership development opportunities were available, including opportunities for staff below team manager level.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. On Ken Porter ward, the ward manager aligned discussions in team meetings with the trust values.
- Staff had the opportunity to contribute to discussions about the quality improvement strategy for their service.

Culture

- Staff said they felt respected, supported and valued by the trust.
- Staff said ward managers were approachable and supportive. The ward manager on The Oaks had been in place for two months and staff were very positive about the changes they had made already.
- Staff were positive and proud about working in their team and supporting older people with mental health problems.
- Staff said they felt able to raise concerns without fear of retribution.
- No staff reported experiencing harassment or bullying.
- Staff knew how to use the whistle-blowing process to raise concerns. Ward managers and most staff were

aware of the role of the freedom to speak up guardian. Four staff were unaware of this role. A speak up guardian can support a staff member to decide how to highlight areas of concern they have.

- Teams worked well together and where there were difficulties managers dealt with them appropriately.
- Staff appraisals included conversations about career development, and most wards used supervision templates to cover appropriate developmental and clinical topics on a monthly basis.
- Staff reported that the provider promoted equality and diversity and provided opportunities for career progression. Staff knew the trust had a group for supporting BME staff, and knew how to access this group. An LGBT network was due to be launched in October 2017.
- The staff sickness and absence across the wards was 4%. This was the same as the average for the whole trust.
- The provider recognised staff success within the service and promoted local innovation. For example, through staff awards and grants.

Governance

- The trust had systems and procedures in place to support ward managers to run wards effectively. This allowed managers to ensure that wards were safe and clean, that there were enough staff, that staff were supervised and appraised, and that incidents were reported, investigated and learnt from. There was a clear framework of what must be discussed at a ward, team or directorate level in meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed at all levels.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

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.

- Ward managers maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. Ward managers said they felt supported by senior staff when managing risks.

Information management

- Ward managers had access to information to support their role. This included information on the performance of the service, staffing and patient care. Information was in an accessible format, and it identified areas for improvement.
- The electronic records system staff needed to do their work was slow. This meant staff could not perform their tasks as effectively as possible.
- Information governance systems included confidentiality of patient records.
- Staff made notifications to external bodies as needed.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the

services they used. For example, through the intranet, bulletins, newsletters and so on. Ken Porter ward had a newsletter it provided to patients and relatives every three months.

- Patients and carers had opportunities to give feedback on the service they received through surveys and conversations with staff during care reviews.

Learning, continuous improvement and innovation

- The trust gave staff at all levels support to consider opportunities for improvements and innovation, and this led to changes. Each ward had been involved in local quality improvement projects and trust wide quality improvement initiatives.
- Staff had been involved in the first year of quality improvement work with an external organisation. Some staff had attended workshops to learn about used quality improvement methods and how to apply them.
- Wards participated in accreditation schemes relevant to the service and learned from them. In April 2017, the wards were accredited with the Royal College of Psychiatrists accreditation scheme for inpatient mental health wards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust was not ensuring that care and treatment were provided in a safe way for service users. Staff supporting patients with diabetes had not received training in this area. Care plans were not detailed, did not indicate how and when to escalate concerns to a doctor and were not complied with in all cases. This was a breach of regulation 12(1)(2)(b)(c)