

# Lincolnshire Partnership NHS Foundation Trust

## Wards for older people with mental health problems

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP7RV	Manthorpe Centre	Manthorpe Centre	NG31 8DG
RP7LA	Mental Health Unit	Rochford Unit	PE21 9QS
RP7CG	Witham Court	Brant Ward	LN6 8UZ
RP7CG	Witham Court	Langworth Ward	LN6 8UZ

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

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	4
The five questions we ask about the service and what we found	5
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	10

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### 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	21

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# Summary of findings

## Overall summary

- Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) were identified as part of the monthly environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels. Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients was upheld.
  - Cleaning rotas had been completed and the wards were visibly clean and tidy. Nurse call systems were in place in bedrooms, communal and office areas.
  - Staffing levels were appropriate to meet the needs of patients. There were low levels of both qualified and unqualified nursing vacancies. Ward managers were able to adjust staffing levels to take account of clinical need and said senior managers never refused a request for additional staffing if required. Escorted leave and activities were rarely cancelled due to staff shortages.
  - Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring. Patients were supported to access specialists when required for physical healthcare needs. Hydration and nutrition were monitored regularly and recorded in care records.
  - Staff and patients interacted well. Staff managed distressed patients in a calm and responsive way and supported them to talk about the issues affecting them. Staff knew the patients very well and were passionate about patients' needs. Patients told us that they had good relationships with staff and they were very helpful, understood their problems and were always available. They said they felt safe and that staff took the time to listen to them when they had a problem.
  - Hot drinks and snacks were available on request 24 hours a day. Patients were able to personalise their bedrooms.
  - Staff told us who the most senior managers in the trust were and that they had visited the wards. Ward managers told us they felt well supported by their line managers.
- However:
- Staff did not always review risk assessments following incidents.
  - There was limited access to psychological therapies. The service had one whole time consultant psychologist and one whole time assistant psychologist for both community and inpatient older adult services.
  - Trust data showed supervision rates across the service between January 2017 and March 2017 to be 66%. The trust could not be assured that performance issues and training needs were identified or acted upon.
  - Capacity assessments were not decision specific, forms included more than one question.
  - One patient was receiving covert medication, we did not find a capacity assessment form for this.
  - There was little evidence of patient participation in care plans and risk assessments. Four patients reported that they had not seen or been provided with a copy of their care plan.
  - Patients had a lockable drawer in their bedroom; however keys were not available for patients to lock the drawer.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Ligature points had been identified as part of the monthly environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients was upheld.
- The wards were well maintained, clean and clutter free. Furnishings were in good condition, bright and colourful.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring equipment was calibrated and checked weekly to ensure it was in good working order. Emergency resuscitation equipment was checked daily.
- Staff knew how to report incidents on the trust's electronic reporting system. Managers reviewed any reported incidents. Any actions were shared with staff to reduce risk of repeated incidents.
- Staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.

However:

- Staff did not always review risk assessments following incidents. We looked at 13 risk assessments from these five did not contain an updated risk assessment following an incident.

Good



### Are services effective?

We rated effective as requires improvement because:

- Staff said there was limited access to psychological therapies, patients waited several weeks to be seen. The service had one whole time consultant psychologist and one whole time assistant psychologist for both community and inpatient older adult services.
- Trust data showed supervision rates across the service between January 2017 and March 2017 to be 66%. The trust could not be assured that performance issues and training needs were identified or acted upon.
- Capacity assessments were not decision specific, forms included more than one question.

Requires improvement



# Summary of findings

- One patient was receiving covert medication, we did not find a capacity assessment form for this. This resulted in the administration of medication outside the MCA code of practice.

However:

- Specialist training such as cognitive behaviour in dementia and challenging behaviour was available to staff and supported by the trust. Staff said they felt supported to maintain their continuing professional development.
- Staff monitored patient's weight, pulse, temperature, bloods and ongoing neurological investigations to identify when a patient was becoming unwell and following falls.
- Staff developed collaborative relationships with other professionals including community teams and the local authority.
- Staff used an electronic system to keep patients' records securely. Some paper records were kept in the locked ward office.

## Are services caring?

We rated caring as good because:

- Staff and patients interacted well. Staff managed distressed patients in a calm and responsive way and supported them to talk about the issues affecting them. Staff knew the patients very well and were passionate about patients' needs.
- Patients told us that they had good relationships with staff and they were very helpful, understood their problems and were always available. They said they felt safe and that staff took the time to listen to them when they had a problem.
- Staff gave welcome packs to each patient and carer on admission to the wards which explained how the wards worked and what to expect. Closed circuit television was used in communal areas, posters were on display informing patients and visitors of its use.
- Independent advocacy services were available and this information was included in the welcome packs. An independent advocate was in attendance at the best interest meeting.
- Suggestion boxes were located in communal areas on the ward.
- Patients said staff took into account their personal, cultural and social needs especially when planning activities.
- There were advance decisions in place for some patients. We saw copies of paperwork relating to lasting power of attorney.

However:

Good



# Summary of findings

- There was little evidence of patient participation in care plans and risk assessments. Four patients reported that they had not seen or been provided with a copy of their care plan.

## Are services responsive to people's needs?

We rated responsive as good because:

- Wards contained a variety of rooms for patients to use including quiet, therapy and activity rooms.
- Payphones were provided where patients could make a private phone call. Following a risk assessment, patients could also use their own mobile phones.
- Hot drinks and snacks were available on request 24 hours a day.
- Staff described how they would manage complaints appropriately. Staff gave patients information on how to make a complaint. We saw information around the units on how to make a complaint. Patients said they felt they could make a complaint if they wanted.
- There was a range of information leaflets in arrange of languages available for patients these were displayed in day rooms and in reception areas.
- Staff had access to interpreters and translation services.

However:

- Patients had a lockable drawer in their bedroom; however keys were not available for patients to lock the drawer.
- There were 58 patients identified as being delayed discharges between January 2016 and December 2016; these were all owing to a lack of availability of an appropriate community placement.

Good



## Are services well-led?

We rated well-led as good because:

- Staff were aware of the trust's vision and values. We saw vision and values statement posters, specific to each service, displayed on wards.
- Staff told us who the most senior managers in the trust were and that they had visited the wards. Ward managers told us they felt well supported by their line managers.
- Incidents were managed and reported effectively. Managers supported staff following serious incidents. Patients said they received positive support following incidents on the wards.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.

Good



# Summary of findings

- Staff reported positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.

However:

- Managers and staff reported that supervision was not consistently taking place or recorded.

# Summary of findings

## Information about the service

Lincolnshire Partnership NHS Foundation Trust has four wards for older people with mental health problems.

The Manthorpe centre at Grantham hospital provides assessment and treatment for 18 male and female patients with dementia.

The Rochford unit is based in Pilgrim hospital in Boston and is a 17 bedded assessment and treatment unit for male and female patients with functional mental illness, such as depression, anxiety or psychosis .

Witham Court in Lincoln has two wards: Langworth ward provides 17 beds for older adults with dementia. Brant ward is a 20 bedded assessment and treatment ward for older adults experiencing functional illness, such as depression, anxiety or psychosis. Both wards treat male and female patients.

The trust was last inspected by the Care Quality Commission in November 2015 and noted the following concerns:

- The systems and processes for reporting and recording serious incidents were not robust. De-escalation rooms, described as comfort rooms were used however there were gaps in record keeping.

- The trust did not comply with Department of Health guidance in relation to mixed sex accommodation on Langworth ward.
- The trust did not adequately identify and manage risks. We found some ligature risks on Brant ward, which were not effectively managed or mitigated.
- Brant ward did not have enough nurse call bells for patients to summon help.
- Patients at the Manthorpe centre were unable to make or receive phone calls in private.
- Medication was not managed effectively on Mathorpe ward and Rochford Unit. We found errors for administering medicine patches. Staff had not always signed the treatment chart when medicines were issued to a patient at discharge. A wound swab was found in the drugs fridge. The drugs fridge was not used appropriately Staff did not know how to obtain medicines that were important if they did not stock them.
- Staff were unable to access safeguarding training.

We reviewed these concerns in detail and confirmed that they had been addressed by the Trust

## Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy Chair, Solent NHS Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection manager: Karen Holland, Inspection Manager, mental health hospitals, CQC

The team that inspected this core service included two CQC inspectors, two specialist advisors who had experience of working in services for older people with mental health problems and one expert by experience. Experts by experience are people who have direct experience of care services we regulate, or are caring for someone who has experience of using those services.

## Why we carried out this inspection

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

# 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.

During the inspection visit, the inspection team:

- visited all four of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with nine patients who were using the service
- spoke with eight carers
- interviewed the acting managers for each of the wards and the service manager
- spoke with 20 other staff members; including doctors, nurses and ancillary staff
- attended and observed two hand-over meetings, two multi-disciplinary meetings and one best interest meeting
- looked at 13 care records of patients
- carried out a specific check of the medication management, reviewing 41 medication charts 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

We spoke with nine patients and eight carers. All patients were positive about their experience of the service, said that staff were very dedicated and listened to them.

Carers said that the wards felt safe and that their relatives were well looked after. We heard positive feedback about

the “themed activity days” on Langworth ward where carers were able to participate in activities with their loved ones and were encouraged to give feedback about the ward.

## Good practice

We saw examples of animals being used to aid therapeutic interaction with patients. Patients were observed to enjoy holding rabbits that visited the wards, or lived on site. They were involved in caring for the animals, and were seen to communicate with staff through the animals where they found direct conversation difficult to manage.

Where patients had limited verbal communication, staff observed facial expressions and body language of the patients while interacting with the animals.

Volunteers visited the wards regularly with pets as therapy dogs. This gave comfort to patients, particularly those who had previously owned a dog and offered a source of conversation.

## Areas for improvement

### Action the provider MUST take to improve

- The Trust must ensure that capacity assessments are decision specific and forms must not include more than one question.
- The Trust must ensure that capacity assessments are completed when patients are given covert medications.
- The Trust must ensure that staff receive regular supervision and that this is recorded.

# Summary of findings

## Action the provider SHOULD take to improve

- The Trust should ensure that patients are involved in the care planning process where possible and that involvement is recorded.
- The Trust should ensure that risk assessments are updated following incidents.
- The Trust should consider patients having access to a lockable cupboard in their bedroom.
- The Trust should consider reviewing access to psychology in older adult inpatient wards.

# Lincolnshire Partnership NHS Foundation Trust

## Wards for older people with mental health problems

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Manthorpe Centre	Manthorpe Centre
Rochford Unit	Mental Health Unit
Brant Ward	Witham Court
Langworth Ward	Witham Court

#### 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.

- Eighty six per cent of staff had completed training in the Mental Health Act 1983 (MHA). Staff had a good understanding of the code of practice.
- Staff regularly reviewed patients' capacity to consent to treatment and recorded this in the care records.
- Staff read patients their rights on admission and regularly after, they gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff completed the appropriate detention paperwork and the MHA administrators completed a regular audit of this paperwork to ensure staff applied the act correctly.
- Staff would contact the Mental Health Act administrative team if they needed any specific information about the MHA.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave.
- We saw independent mental health advocate (IMHA) posters displayed on the wards and patients, relatives or carers were given information leaflets on how to use these services.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Eighty one per cent of staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff described principles of the Act and understood their responsibilities and said they would seek advice from the MHA administrator if required.
- Capacity assessments were not decision specific, forms included more than one question.
- One patient was receiving covert medication, we did not find a capacity assessment form for this. This resulted in the administration of medication outside the MCA code of practice.
- Patients told us they felt able to make their own decisions and staff supported them to do so.
- Deprivations of Liberty Safeguards applications were made where required and there was evidence of follow up where they had been a delay in assessment from the local authority.

The service had made 127 Deprivation of Liberty Safeguards applications within the last 12 months prior to this inspection. Langworth ward had the highest number of applications at 53.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- Staff could not observe all areas of the wards due to the layout. Managers mitigated this risk by ensuring all patients had an up to date risk assessment and installing mirrors to promote staff's observation. The service had an observation policy which staff used to ensure patients were safe, which included observation of patients in line with their risk presentation.
- Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) had been identified as part of the monthly environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients' was upheld.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring equipment had been calibrated and was checked weekly to ensure it was in good working order. Emergency resuscitation equipment was checked daily.
- The wards were well maintained, clean and clutter free. Furnishings were in good condition, bright and colourful.
- The patient led assessment of the care environment scores (PLACE) for cleanliness was 100% at the Rochford unit, 97% at Langworth and Brant ward and 95% at the Manthorpe centre. The scores for condition and appearance were 94% at the Rochford unit, 91% at Langworth and Brant ward and 90% at the Manthorpe centre.
- Cleaning rotas had been completed and the wards were visibly clean and tidy.
- Nurse call systems were in place in bedrooms, communal and office areas.

### Safe staffing

- Staffing levels were appropriate to meet the needs of patients.

- The established level of qualified nurses for the four wards was 44 whole time equivalents (wte). At the time of our inspection, there was one vacancy. The established level of nursing assistants for the four wards was 76. At the time of our inspection, there were three and a half wte vacancies.
- Managers used bank and agency staff to cover sickness or absence, data showed that from January 2016 to December 2016, bank or agency staff filled 1138 shifts. However, 89 shifts had not been filled. Managers said that the use of bank and agency staff had been reducing as substantive vacant posts had been appointed to.
- Ward managers were able to adjust staffing levels to take account of clinical need and said senior managers never refused a request for additional staffing if required.
- Escorted leave and activities were rarely cancelled due to staff shortages.
- The staffing rotas showed there was the appropriate number of qualified nursing staff on each shift. Staff said they had enough time to carry out their duties and to undertake one to one time with patients. There was sufficient staff to undertake physical interventions.
- Ward consultant psychiatrists and junior doctors provided medical cover during the day. At night the trust had on call doctors who could attend the wards in case of emergency.
- Data for mandatory training for staff on the wards showed overall 89% compliance. Managers recorded when staff had completed mandatory training. The service did not meet the CQC compliance target rate of 75% in regard to the following training. Resuscitation – level 2 72%, safeguarding children 67%, restrictive intervention 63% and information governance 63%. However, managers had booked staff to attend this training.

### Assessing and managing risk to patients and staff

- There were 255 episodes of restraint involving 74 patients between July and December 2016 of which 21 were prone restraints. Managers said that the majority of restraint used was low level restrictive standing and seated holds. Rapid tranquilisation had been used 71 times between July and December 2016, staff followed National Institute for Health and Care Excellence (NICE)

# Are services safe?

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

guidelines in the use of rapid tranquilisation. There had been no reported prone restraints or use of rapid tranquilisation since January 2017. The number of restraints had significantly reduced between January and March 2017 since the introduction of extra care suites and a new de-escalation pathway.

- We reviewed 13 care records. Each patient had an individualised risk assessment completed on admission. Five out of the 13 risk assessments were not updated following incidents. Staff discussed potential risks to patients in handover meetings.
- There were no blanket restrictions for this service.
- Informal patients could ask staff to leave the ward during the day to meet family or go out.
- Staff completed a competency checklist in the observation of patients.
- The compliance rate for staff training in safeguarding adults level 1 was 96% and 93% of staff were trained in safeguarding children level 1. Staff demonstrated how to recognise and raise a concern via the trust online system and referred to being able to contact the trust safeguarding lead for advice or information.
- There was good medicine management, staff stored medicines in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and recorded alerts for patient's allergies. Medicines were disposed of appropriately. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.
- Staff supported families when they wanted to visit patients and followed trust policy on children visiting.

## Track record on safety

- There were 32 serious incidents reported in the 12 months preceding this inspection, of these four involved the death of a patient. Slips, trips and falls accounted for 13 reported serious incidents and there were 13 allegations of abuse of adult's patients by staff. Managers carried out full investigations; identified lessons learnt and followed human resources policy to ensure sanctions were applied where appropriate.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the trust's electronic reporting system. Managers reviewed any reported incidents. Any actions were shared with staff to reduce risk of repeated incidents.
- Staff were aware of, and demonstrated the Duty of candour placed on them to inform people who use the services of any incident affecting them.
- Incidents were reported on the trust electronic recording system. Each incident was reviewed and investigated by the management team.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong.
- Staff discussed incidents and learning points in team meetings. We saw minutes of these meetings where staff had discussed changes that needed to be made to the ward to prevent incidents.
- Managers held a debrief meeting with staff and patients after incidents. Staff were able to access support from the trust occupational health team.

# 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 comprehensive assessments for patients on admission. We looked at 13 care plans, they were up to date, personalised, holistic, recovery orientated and included physical health checks.
- Staff monitored patient's weight, pulse, temperature, bloods and ongoing neurological investigations to identify when a patient was becoming unwell and following falls.
- Staff used an electronic system to keep patients' records securely. Some paper records were kept in the ward office which was locked.

### Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring.
- Staff said there was limited access to psychological therapies, patients waited several weeks to be seen. The service had one whole time consultant psychologist and one whole time assistant psychologist for both community and inpatient older adult services.
- Patients were supported to access specialists when required for physical healthcare needs.
- Hydration and nutrition were monitored regularly and recorded in care records.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using Becks suicidal intent scale, Montgomery-Asberg depression rating scale and Addenbrooke's cognitive rating.
- The service had participated in several audits; these included physical healthcare monitoring, infection control, nutritional needs and patient records.

### Skilled staff to deliver care

- There was a wide range of staff skilled in mental health. Patients had access to psychiatrists, occupational therapists, activity coordinators, psychologists and nursing staff including a registered general nurses to promote physical healthcare.
- A mandatory trust induction was in place. This was followed by a comprehensive ward specific induction.

- Trust data showed supervision rates across the service between January 2017 and March 2017 was 66%. The trust could not be assured that performance issues and training needs were identified or acted upon.
- Appraisal rate for non-medical staff was 100%.
- Specialist training such as cognitive behaviour in dementia and challenging behaviour was available to staff and supported by the trust. Staff said they felt supported to maintain their continuing professional development and had been encouraged to apply for promotion within the trust.
- Managers said they were supported by human resources to manage performance issues in a timely way when required.

### Multi-disciplinary and inter-agency team work

- Staff participated in weekly team meetings attended by healthcare staff and therapists. We reviewed meeting minutes that showed managers shared information such as, incidents and lessons learnt and ward updates.
- We observed two handover meetings where staff shared key information about the patient's behaviours.
- Staff developed collaborative relationships with other professionals including community teams and the local authority.

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

- Eighty six per cent of staff had completed training in the Mental Health Act 1983 (MHA). Staff had a good understanding of the code of practice.
- Staff regularly reviewed patients capacity to consent to treatment and recorded this in the care records.
- Staff informed patients of their rights on admission and regularly after, they gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff completed the appropriate detention paperwork and the MHA administrators completed a regular audit of this paperwork to ensure staff applied the act correctly.
- Staff would contact the Mental Health Act administrative team if they needed any specific information about the MHA.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave.

# 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.

- We saw independent mental health advocate (IMHA) posters displayed on the wards and patients, relatives or carers were given information leaflets on how to use these services

## Good practice in applying the Mental Capacity Act

- Eighty one per cent of staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff described principles of the Act and understood their responsibilities and said they would seek advice from the Mental Health Act administrator if required.
- Capacity assessments were not decision specific, forms included more than one decision.
- One patient was receiving covert medication. We did not find a capacity assessment form for this. This resulted in the administration of medication outside the MCA code of practice.
- Patients told us they felt able to make their own decisions and staff supported them to do so.
- Deprivations of Liberty Safeguards applications were made where required and there was evidence of follow up where they had been a delay in assessment from the local authority.
- The service had made 127 Deprivation of Liberty Safeguards applications within the last 12 months. Langworth ward had the highest number of applications at 53.

# 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 and patients interacted well. Staff managed distressed patients in a calm and responsive way and supported them to talk about the issues affecting them. Staff knew the patients very well and were passionate about patients' needs.
- Patients told us that they had good relationships with staff and they were very helpful, understood their problems and were always available. They said they felt safe and that staff took the time to listen to them when they had a problem.
- The patient led assessments of the care environment score (PLACE) for privacy, dignity and wellbeing for the Manthorpe centre was 78%, Rochford unit was 86% and Langworth and Brant wards was 80%, which is below the national average of 90%.

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

- Staff gave welcome packs to each patient and carer on admission to the wards which explained how the wards worked and what to expect.

- Independent advocacy services were available and this information was included in the welcome packs.
- Weekly community meetings took place on the Rochford unit, Manthorpe centre and Brant ward, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions had been taken following the meetings. Carers' events were held every six weeks on Langworth ward.
- Suggestion boxes were located in communal areas on the ward.
- Patients said staff took into account their personal, cultural and social needs, especially when planning activities.
- There were advance decisions in place for some patients. We saw copies of paperwork relating to lasting power of attorney. However, there was little evidence of patient participation in care plans and risk assessments. Four patients reported that they had not seen or been provided with a copy of their care plan

# 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

- The average bed occupancy over the 12 months preceding this inspection for this core service was 96%. There was no waiting list for admission at the time of our inspection. Staff moved patients between wards during their admission on clinical grounds and in the best interest of the patient.
- The average length of stay in this service was 68 days. The Rochford unit had the highest average length of stay at 88 days, whilst Brant ward had the lowest at 54 days.
- Patients had access to a bed on return from section 17 leave.
- There were no out of area placements recorded for this service in the 12 months preceding this inspection and 14 readmissions with 28 days.
- There were 165 delayed discharges between January 2016 and December 2016; these were all owing to a lack of availability of an appropriate community placement.
- The facilities promote recovery, comfort, dignity and confidentiality
- Wards contained a variety of rooms for patients to use including quiet, therapy and activity rooms.
- Payphones were provided where patients could make a phone call in private. Following a risk assessment, patients could also use their own mobile phones.
- There was access to outside space and this was appropriate for patients. Rochford unit did not have a dedicated garden area. Staff supported patients to access communal garden areas within the hospital as well as visiting the hospital café.
- Patients said the food was good and there was plenty of choice. The data supplied by the trust showed that the PLACE score for ward food for the Rochford unit was 94%, Manthorpe centre was 87% and Langworth and Brant wards was 89%. The national average for ward food is 92%.
- Hot drinks and snacks were available on request 24 hours a day.

- Patients were able to personalise their bedrooms. Patients had a lockable drawer in their bedroom; however keys were not available for patients to lock the drawer.
- Wards had a weekly activity timetable which included activities at weekends.

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

- The wards had suitable access and facilities for patients requiring disabled support. The Rochford unit was situated on the first floor and accessed via a staircase or lift. Evacuation equipment was available in an emergency.
- There was a range of information leaflets available for patients these were displayed in day rooms and in reception areas.
- Staff had access to interpreters and translation services.
- There was accessible information on treatments available.
- The hospital catered for all dietary and religious requirements.
- Patients had access to a multi faith room.

### Listening to and learning from concerns and complaints

- The wards had received 202 compliments and 15 complaints between 1 January and 31 December 2016. Two were fully upheld, ten partially upheld and three were referred to the ombudsman. Complaints received related to 'all aspects of clinical treatment'.
- Staff described how they would manage complaints appropriately.
- Staff gave patients information on how to make a complaint. We saw information around the units on how to make a complaint. Patients said they felt they could make a complaint if they wanted.
- Patients were able to raise a complaint or issue in the community meetings; these issues were recorded and highlighted to staff in team meetings. Feedback was given to the complainant at the community meeting, where appropriate or to the patient on a one to one basis.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff were aware of the trust's vision and values. We saw vision and values statement posters, specific to each service, displayed on wards. Staff described the core values of putting people first and respecting others.
- Staff told us who the most senior managers in the trust were and that they had visited the wards. Ward managers told us they felt well supported by their line managers.

### Good governance

- The service had local and area governance structures in place. Monthly governance meetings were held involving staff from the wards where learning was shared and recorded in the meeting minutes.
- The overall compliance rate for mandatory training was at 89%.
- Managers reported that supervision was not consistently taking place or recorded.
- Incidents were managed and reported effectively. Staff were supported following serious incidents. Patients said they received positive support following incidents on the wards.
- Key performance indicators were reviewed and monitored by managers for this service.

- Managers said had sufficient authority to complete their role, had access to a dedicated ward administrator. Managers were able to submit items to the trust risk register.

### Leadership, morale and staff engagement

- Sickness rates for wards was 7% which was above the trust average of five percent. There were no active bullying or harassment cases for this service.
- Managers and staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.
- Staff reported positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.
- Staff described how they would talk with patients when something went wrong in an open and transparent way.
- Staff said they felt they were given the opportunity to give feedback and contribute to the development of older adult inpatient services, the trust supported them in their personal development.

### Commitment to quality improvement and innovation

- The Manthorpe centre, Langworth and Brant wards were working towards accreditation for inpatient mental health services (AIMS)

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

Regulation 11 HSCA 2008 (Regulated Activities)  
Regulations 2010 Safeguarding people who use services from abuse  
Procedures required under the Mental Capacity Act were not always followed, assessments were not always decision specific and forms included more than one decision.

A capacity assessment had not been completed for a patient receiving covert medication.

This was a breach of Regulation 11 (3)

#### Regulated activity

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
The trust did not ensure that staff were receiving regular supervision

Not all staff were recording when supervision had taken place.

This was a breach of Regulation 18 (2) (a)

This section is primarily information for the provider

## Enforcement actions

### 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.