

Barchester Healthcare Homes Limited

Arbour Lodge Independent Hospital

Inspection report

Buxton Lane
Marple
Stockport
SK6 7QL
Tel: 01614278599
www.barchester.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

See summary below.

Summary of findings

Our judgements about each of the main services

Service

Wards for older people with mental health problems

Rating

Good



Summary of each main service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff completed risk assessments for each patient on admission, using the Sainsbury tool, and reviewed this regularly, including after any incident. We reviewed 6 risk assessments and found they were complete, up to date, reviewed monthly and updated after incidents. Falls risk assessments were in place where relevant and were reviewed monthly.
- Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were developed with patients and staff sought information from carers where appropriate. All care plans were personalised, holistic and recovery orientated.
- The ward team had access to the full range of specialists required to meet the needs of patients. Managers ensured staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of capacity and completed capacity assessments and best interests' meetings when appropriate.
- Staff were discreet, respectful, and responsive when caring for patients. We observed that staff were kind, gentle and compassionate in their interactions with patients. They involved carers in patients' care and worked to provide a supportive carers group for families.

Summary of findings

- Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff were aware of patients' histories and encouraged them to maintain relationships with family, friends, and neighbours.
- Leaders had the skills, knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a culture of staff development across all levels of the organisation.
- Managers and staff were clear about their roles and responsibilities and were committed and accountable to patients, colleagues and leaders. There were robust governance processes in place which were embedded into the service and managers had good oversight.

However:

- The clinic room was not tidy, and medicine pots were not always cleaned effectively after use.
- We found a bottle of unlabelled eyedrops in the clinic room.

Summary of findings

Contents

Summary of this inspection

Background to Arbour Lodge Independent Hospital	6
Information about Arbour Lodge Independent Hospital	7

Our findings from this inspection

Overview of ratings	9
Our findings by main service	10

Summary of this inspection

Background to Arbour Lodge Independent Hospital

Arbour Lodge Independent Hospital is run by Barchester Healthcare Homes Limited. It is a hospital that provides 24-hour support, seven days a week, for up to 20 patients with organic and/or functional mental health problems. The hospital had recently built an extension to expand the service from what was originally 13 beds to 20 beds. As well as the additional bedrooms, there was an extra lounge for patients. The focus is providing support to people whose behaviour may challenge. The service is for men aged 50 years old and above. At the time of this inspection, there were 19 patients living at the hospital. The hospital was registered in May 2011. The regulated activities at Arbour Lodge Independent Hospital are assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures, treatment of disease, disorder or injury, nursing care and personal care.

A registered manager was in post. The registered manager was also the controlled drugs accountable officer. There have been eight previous inspections carried out at this service with the most recent being on 10 and 11 July 2018 when it was rated as good. We identified that the following improvements were required.

The provider must ensure that moving and handling assessments, including risk assessments for specific equipment and care plans, are completed and kept up to date for all patients who require these.

The provider must ensure that falls risk assessments are completed correctly and that falls care plans kept up to date and completed for all patients who require these.

The provider must ensure that re-positioning is taking place where indicated and recorded by staff.

At this inspection we checked each requirement and found that the necessary improvements had been made.

What people who use the service say

We spoke with 3 patients during the inspection. All 3 patients told us that there were always staff around and staff were kind, caring and treated them with dignity and respect. All 3 patients said that leave was rarely cancelled, and staff involved them in activities which they enjoyed. Patients said they had been offered a copy of their care plan and their wishes and feelings had been listened to. One patient said staff helped them to make their own meals and were encouraging them to develop their own independence. All 3 patients said they could give feedback about the service at community meetings. Staff listened and tried to act upon what the patients said. One patient said that the communal areas could be noisy, but they had the option to go to another lounge. Another patient said that whilst the food was adequate, the vegetarian options could be improved upon.

We spoke with 5 carers during the inspection. All 5 carers said they felt the service was safe and clean, and that the décor was nice. One carer said the hot water in the bathroom had been problematic, but this had been resolved. All 5 carers said the nursing staff were visible in the communal areas. One carer said although generally possessions were safe, on 1 occasion their relative's clothes had got mixed up with someone else's.

All 5 carers said they had been invited to meetings about their relative and that generally communication was good. The carers all knew how to make a complaint and 1 carer said they had received a comprehensive response after making a complaint. One carer said they felt meal options were limited and carb heavy.

Summary of this inspection

How we carried out this inspection

Before the inspection visit, we reviewed information we held about the service.

During the inspection visit, the inspection team:

- toured the hospital and looked at the quality of the ward environment.
- spoke with the Hospital Director and Regional Director with responsibility for the service.
- spoke with 13 staff members, including nurses, support workers, occupational therapist and occupational therapy assistant, the doctor, housekeeper, and the mental health act administrator.
- spoke with 3 patients.
- spoke with 5 carers.
- undertook 2 short observations using the short observation framework for inspection tool.
- looked at 6 care records of patients.
- attended the multidisciplinary team meeting.
- carried out a specific check of the medication management and reviewed 8 prescription charts.
- scrutinised five personnel records.
- examined the prescriptions, observation records, allocations and staff duty rota.
- checked complaint files and records.
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

Staff collected some carers without transport, from home and brought them to the service to visit their loved one. They then returned them home after the visit. The service had developed a buddy system for patients' carers to support each other. This had developed into carers regularly having lunch and going to the gym together.

Areas for improvement

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure that the clinic room is tidy and medicine pots are cleaned effectively after use.
- The service should ensure all medication is clearly labelled.
- The service should consider reviewing the menus.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Wards for older people with mental health problems

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

Our rating of safe improved. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks identified. We reviewed the environmental and ligature risk assessment and found that all risks had been identified and that there was adequate mitigation in place for any areas of risk. We saw that in bedrooms there was ligature proof furniture, windows and doors.

Staff could observe patients in most parts of the wards. In areas where there were blind spots, parabolic mirrors were in place.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Some patients were on enhanced observations and all patients were risk assessed to maintain their safety.

Staff had easy access to alarms and patients had easy access to nurse call systems. There were call bells in every room and all staff were given an alarm whilst they were on shift. We saw that staff responded quickly when alarms were used.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Wards for older people with mental health problems

Ward areas were cleaned daily. Staff made sure cleaning records were up-to-date and generally the premises were clean.

Staff followed the infection control policy, including handwashing. We saw handwash signs and handwash facilities in communal areas. A cleaning audit took place monthly, and the health and safety champion conducted a walk around of all patient areas monthly to check that all areas of the patients' environment were safe, clean, and well maintained

Seclusion room

There was no seclusion room at this service.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. However, the clinic room was untidy, and we observed some medication pots were not properly clean. There was a bottle of unlabelled eye drops in situ which we escalated to a qualified nurse. The eye drops were immediately removed and disposed of.

Staff checked, maintained, and cleaned equipment. The clinic room was audited daily by the qualified nurse on duty.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. There was a core number of 2 qualified nurses and 11 support workers on shift each day, and this was increased according to the acuity of the ward, levels of observations, to accommodate leave and appointments and staff training. There was 1 qualified nurse and 7 support workers on nights, and this was increased according to the needs of the ward.

The service had low vacancy rates and Barchester Healthcare routinely held recruitment events to recruit new staff. There had been a recent recruitment event to increase staffing, to support an increased number of beds at the service.

The service had low rates of bank and agency nurses. Managers used bank staff in the first instance and agency nurses as a last resort.

The service had low rates of bank and agency nursing assistants.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Barchester had an approved list of agencies that they used. They only used staff who were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. They also ensured that all bank and agency staff were suitably trained, particularly in appropriate safety interventions.

Wards for older people with mental health problems

The service had reducing turnover rates. The reason for staff leaving was documented and reviewed to identify any specific themes.

Managers supported staff who needed time off for ill health. Staff that we spoke with said that they were supported whilst off sick and on their return to work.

Levels of sickness were reducing.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. They used a core number of staff for days and nights and then increased this in line with the needs of the patients.

The ward manager could adjust staffing levels according to the needs of the patients. There was a robust and effective system in place which worked well even at short notice.

Patients had regular one- to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. All patients had a physical health care plan and qualified staff carried out physical health observations and monthly weight management monitoring.

Staff shared key information to keep patients safe when handing over their care to others. Staff handovers took place twice a day and more often if additional staff started work part way through a shift.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Mandatory training compliance was at 95% at the time of inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. It included training which was specific to the client group such as tissue viability, dysphagia and choking and moving and handling.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Wards for older people with mental health problems

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using the Sainsbury risk assessment tool, and reviewed this regularly, including after any incident. We reviewed 6 risk assessments and found that they were complete, up to date, reviewed monthly and updated after incidents. Falls risk assessments were in place where relevant and were reviewed monthly.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. They used a multi-faceted approach using mobility assessments, falls risk assessments, and sensor mats to alert them to when a patient alighted from their chair along with enhanced observations.

Staff identified and responded to any changes in risks to, or posed by, patients. Risk assessments were routinely updated, and new risks were handed over to staff at the handover meetings.

Staff followed procedures to minimise risks where they could not easily observe patients. Higher risk patients were on enhanced observations to manage risks.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Managers discussed new and existing restrictive interventions at the clinical governance meetings. The rationale for the restriction was reviewed and any changes agreed were documented.

Staff used restraint only after attempts at verbal de-escalation had failed where there was imminent risk of harm to others. All de-escalation was documented, and staff received safety intervention training which was often used when they were administering personal care to patients. Staff were trained to use safe holds and to provide personal care safely with patients.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. A specific form was used to ensure that all observations and checks were carried out and documented.

Safeguarding

Wards for older people with mental health problems

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff received safeguarding training and compliance was at 96% at the time of the inspection.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. There was a culture at the service of ensuring patients were kept safe and staff escalated any concerns to managers.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. They gave examples of possible safeguarding concerns that they had come across in their work.

Staff followed clear procedures to keep children visiting the ward safe. There was an area used for children visiting which was away from the ward area and other patients.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff escalated any safeguarding concerns to the nurse in charge or the deputy manager.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

The service used a system of paper records. Patient notes were comprehensive, and all staff could access them easily in the nursing office.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in files in a locked cabinet in the nursing office.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed 8 prescription charts during the inspection. Qualified nurses completed their annual competence in medication management and all medication was prescribed by the GP.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The psychiatrist and the GP met with families and carers routinely to discuss their loved ones' care and treatment plan.

Staff completed medicines records accurately and kept them up to date.

Wards for older people with mental health problems

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national best practice to check patients had the correct medicines when they were admitted, or they moved between services. Each patient came to the service with 2 weeks of medication prescribed by their GP.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The service did not have a regular pharmacist visit. Pharmacy oversight was provided by the pharmacy supplying medications to the service, who completed an annual audit. The Network Pharmacist at the GP surgery also completed and reviewed pharmacy advice regarding altered forms for covert medications and advised if changes were required to safely facilitate this.

The GP attended for his own weekly GP ward round. Staff escalated emergencies in between his weekly ward round to the surgery or out of hours GP services when the surgery was closed. A Service Level Agreement was in place for this.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. They were able to give a range of examples of incidents they had reported.

Staff raised concerns and reported incidents and near misses in line with provider policy. Incidents were recorded on an incident form and signed off by the deputy manager.

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong. We saw evidence of this in complaint response letters.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. They reviewed incidents every two months at the clinical governance meeting and identified themes and trends. Feedback was shared by email, at supervision and discussed at staff meetings.

There was evidence that changes had been made as a result of feedback. An example of this was when a staff member very briefly left a patient alone on a one to one and the patient was then assaulted. Staff had received training in enhanced observations. However, as this incident had occurred, the service further ensured staff were competent and aware that patients could never be left alone whilst they needed to be observed.

Wards for older people with mental health problems

Staff met to discuss the feedback and look at improvements to patient care. Feedback was discussed at the clinical governance meeting and then with all staff at team meetings, handovers and supervision.

Managers debriefed and supported staff after any serious incident. Staff that had been involved in incidents said that they always had a debrief and follow up to ensure that staff were alright afterwards.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Physical health was reviewed by the GP and then routinely reviewed at ward rounds and annually.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were developed with patients and staff sought information from carers where appropriate.

Staff regularly reviewed and updated care plans when patients' needs changed.

We reviewed 6 care plans and saw that they were personalised, holistic and recovery orientated. Positive Behavioural Support plans (PBS) were also in place for each patient.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. As well as the psychiatrist, GP, nurses and support workers, patients could access occupational therapy, psychology, art therapy, speech and language support, and a dietician.

Staff delivered care in line with best practice and national guidance from the National Institute for Care Excellence (NICE)

Wards for older people with mental health problems

Staff identified patients' physical health needs and recorded them in their care plans. All patients had a physical health care plan and risk assessment, and these were updated with any changes.

Staff made sure patients had access to physical health care, including specialists as required. This included the GP, a visiting optician, podiatrist, dentist and audiologist (hearing specialist.) Referrals were made to specialist doctors as and when required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff used the Malnutrition Universal Screening Tool (MUST) and WATERLOW which is a tool used to determine the physical health risk status of patients, to screen patients. We saw that some patients had care plans for dietary needs which included assistance with eating and pureed and finger foods.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. This included access to a dietician, healthy meal options, a walking group and smoking cessation.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients. They had used ipads during the pandemic to support patients to have contact with their relatives.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. There were audits of the patient records, detention papers, environmental audits, care plan audits, infection prevention and control audits, ligature risk audits, clinic room audits of mattresses and pressure cushions.

Managers used the results from audits to make improvements.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. All staff had to complete additional specialist training on dementia care as well as the mandatory training.

Managers gave each new member of staff a full induction to the service before they started work. This included a corporate and a local induction, mandatory training and shadowing other staff.

Managers supported staff including medical and non-medical through regular, constructive appraisals of their work. Appraisal compliance was at 92% at the time of the inspection. Managers supported staff including medical and non-medical staff through regular, constructive clinical supervision of their work. Supervision compliance was at 89% at the time of the inspection.

Wards for older people with mental health problems

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There was a standing agenda for the team meeting and the minutes were circulated to all staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Additional bank or agency staff were brought in to cover for staff training days.

Managers made sure staff received any specialist training for their role. The service had bought in some bespoke training containing scenarios that related specifically to the patient group.

Managers recognised poor performance, could identify the reasons and dealt with these. They worked with staff to support them through regular supervision and support from HR.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships other relevant teams within the organisation and with relevant services outside the organisation.

Staff held weekly multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. All patients were discussed and any updates to risk, incidents and appointments were highlighted.

The ward team had effective working relationships with other teams in the organisation. They worked closely with their neighbouring service, Arbour Court, which was on the same site and is a care home.

The ward team had effective working relationships with external teams and organisations. They worked closely with the local NHS hospital older age wards and routinely took patients to local dementia cafés and services in the area.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Mental Health Act training compliance was at 98% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. They routinely spoke to the nurse in charge or the Mental Health Act administrator for support and guidance.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Wards for older people with mental health problems

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We reviewed patient records and saw that staff ensured patients were informed of their rights.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

The mental health act administrator stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff spoke confidently about capacity examples and training compliance was at 96% at the time of the inspection.

There was one Deprivation of Liberty Safeguards application made in the last 12 months and managers monitored staff, so they completed them correctly.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. They spoke to the qualified nurse, deputy manager or the mental health act administrator for advice and guidance.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff held best interests meetings for patients who lacked capacity.

Wards for older people with mental health problems

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. They consulted with patients' relatives and carers as people who knew the patient well.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve. The Mental Health Act administrator conducted routine audits of the mental capacity act and highlighted any changes that needed to be made to the staff team.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed that staff were kind, gentle and compassionate in their interactions with patients.

Staff gave patients help, emotional support and advice when they needed it. This included physical help with personal care, support around their mental health and advice and referrals to external services if required.

Staff supported patients to understand and manage their own care treatment or condition. They were given information about medication and side effects. Patients were encouraged to attend their ward rounds and meetings and staff took time to fully explain care and treatment plans with patients.

Staff directed patients to other services and supported them to access those services if they needed help. Staff referred patients to specialist medical services, the benefits agency and other third sector organisations.

Patients said staff treated them well and behaved kindly. We spoke with three patients during the inspection.

Staff understood and respected the individual needs of each patient. They knew the patients well and responded to patients in line with their individual needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Several staff that we spoke with said that they would not hesitate to escalate concerns and that they were confident leaders would deal with this effectively.

Staff followed policy to keep patient information confidential. Staff always sought consent to treatment. Patient records were locked away in the nursing office.

Wards for older people with mental health problems

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients were shown around the ward, introduced to staff and to their named nurse and informed about the ward routines and processes.

Staff involved patients and gave them access to their care planning and risk assessments. Patients were offered a copy of their care plan. Staff considered their individual preferences and needs and listened to their wishes and feelings. There was a patient centred culture from staff. Staff recognised and considered each patient's individual situation in order to give the best care.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Staff ordered easy read information leaflets and leaflets in different languages. They spent time with patients and ensured that they communicated effectively. This included understanding the needs of a patient who was partially sighted but recognised staff members by the sound of their voice.

Staff involved patients in decisions about the service, when appropriate. They were given updates at the monthly patient forum, and we saw from the minutes that they were encouraged to voice their opinion about the service. There was a section on what the patients had said and what the service had done in response.

Patients could give feedback on the service and their treatment and staff supported them to do this. There was a monthly patient forum at which patients could raise general issues. There was an annual patients survey.

Staff supported patients to make decisions on their care. With the patients' consent, staff explained care and treatment to carers as well as patients and written information was provided.

Staff made sure patients could access advocacy services. An advocate regularly visited the service and we saw an advocacy service poster on the notice board on the ward.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. All carers were invited to attend ward rounds and other meetings relating to their loved one. The psychiatrist spent time talking with relatives as well as patients and ensured they were involved in patient care. Staff collected some carers without transport from home and brought them to the service to visit their loved one. They then returned them home after the visit. The service had developed a buddy system for patients' carers to support each other. This had developed into carers regularly having lunch and going to the gym together. The occupational therapy staff held a regular coffee morning at the service for relatives to meet and spend time together. Visiting time was open including at meal times, giving carers the flexibility to visit at times that suited them.

Wards for older people with mental health problems

Staff helped families to give feedback on the service. There was an annual carers survey which relatives were encouraged to complete.

Staff gave carers information on how to find the carer's assessment. They would refer them to the care coordinator who would support them with this. There was information on the carers assessment on notice boards on the ward.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The longest length of stay was seven years, and the average length of stay was 18 months to two years.

The service had low numbers of out-of-area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Staff did not move or discharge patients at night or very early in the morning. Discharge was carefully planned in advance and personalised according to each patient. For example, a patient who did not function as well in the mornings would be discharged in the afternoon.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. The service worked closely with the local NHS hospital should patients require additional care.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed. At the time of the inspection, one patient was waiting to move into a nursing home.

Patients did not have to stay in hospital when they were well enough to leave.

Wards for older people with mental health problems

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Care coordinators and relatives were invited to ward rounds and other meetings and discharge planning was started early and continued throughout the patients stay. All patient meetings were diarised well in advance to ensure that the relevant parties could attend.

Staff supported patients when they were referred or transferred between services. This included going with patients to look at new services and taking them to their new service after discharge.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. All of the bedrooms were en suite and we saw that patients had pictures, photographs and personal belongings with them.

Patients had a secure place to store personal possessions. Some relatives said that belongings went missing and we escalated this to the service for investigation during the inspection.

Staff used a full range of rooms and equipment to support treatment and care. There were rooms for medication and treatment, occupational therapy activities, ward rounds, a quiet room and room for a visiting hairdresser, optician and podiatrist.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. All patients were individually risk assessed for mobile phones and patients were supported to make phone calls if they needed it.

The service had several pleasant outside spaces that patients could access easily. There was patio furniture so that patients could sit outside comfortably.

Patients could make their own hot drinks and snacks and were not dependent on staff. Some patients needed assistance from staff with accessing food and drink due to their mental or physical health.

The service offered a variety of good quality food. Some of the carers said that there needed to be more variety and that some of the meals were carbohydrate heavy. The weekly menu was displayed on the wall in the dining area.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education, work and supported patients to access hobbies and leisure pursuits that were of interest to them.

Wards for older people with mental health problems

Staff helped patients to stay in contact with families and carers. Carers were encouraged and supported to visit, with flexible visiting times. Patients were supported to make phone calls, face time and video calls to stay in touch with their families.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff were aware of patients' histories and encouraged them to maintain relationships with family, friends, and neighbours.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There were wide corridors, all bedrooms were on the ground floor and had en suite disabled bathrooms. There was a lift for patients who were unable to use the stairs.

Wards were dementia friendly and supported disabled patients. There was appropriate dementia friendly signage around the ward and some of the staff were dementia champions. Staff had been trained in how to redirect patients and used music and pictures to support patients' wellbeing.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. There were several noticeboards in the ward area which had information on patient rights and rights to appeal, complaints, local solicitors, the advocacy service and the mental health act.

The service had information leaflets available in languages spoken by the patients and local community. Staff accessed leaflets in other languages for patients that needed it.

Managers made sure staff and patients could get help from interpreters or signers when needed. Staff booked interpreters to attend patients' ward rounds and other meetings.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. This included gluten free, halal, kosher, vegan and vegetarian meals. One patient routinely had meals brought in by his family as they wanted to provide for his cultural needs.

Patients had access to spiritual, religious, and cultural support. Staff supported patients to access their desired place of worship and they invited spiritual leaders to attend the service. A patient was taken to the Caribbean carnival in line with his cultural heritage and he was able to reconnect with friends and neighbours from the past.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. They could do this formally or simply speak to staff or the registered manager to discuss any issues.

Wards for older people with mental health problems

The service clearly displayed information about how to raise a concern in patient areas. We saw posters and leaflets in ward areas and patients and carers told us that they knew how to complain.

Staff understood the policy on complaints and knew how to handle them. The complaints policy was available on the staff intranet.

Managers investigated complaints and identified themes. There had been very few complaints in the previous 12 months, but we saw that each complaint was investigated thoroughly, and a written response was sent to the complainant.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff were very clear that they were working with vulnerable patients and that they should be safeguarded from harm.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint had concluded. We saw written responses to patients including the duty of candour where the service had made a mistake and went on to apologise and put things right.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw recommendations and lessons learned arising from complaints investigations. These were discussed at staff meetings and supervision.

The service used compliments to learn, celebrate success and improve the quality of care. We saw thank you cards which were shared with staff and displayed about the service.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There was compassionate, inclusive and effective leadership at all levels and managers were visible and approachable at the service.

Leaders had the skills, knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a culture of staff development across all levels of the organisation.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Wards for older people with mental health problems

The vision and values were displayed throughout the service and staff used them in their everyday work. The values were respect, integrity, empowerment and responsibility. The staff worked to improve quality of life for patients and to provide an inclusive service for carers and families.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. The team was collaborative and cohesive and shared a vision and determination to deliver high quality sustainable care. Managers were flexible and supportive, and many staff had progressed through the service.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers and staff were clear about their roles and responsibilities and were committed and accountable to patients, colleagues and leaders. There were robust governance processes in place which were embedded into the service and managers had good oversight. We saw in the minutes of the clinical governance meetings, staff meetings and morning meetings that the governance processes worked effectively. The senior leadership team met weekly, were very visible within the service and communicated promptly with teams on planned changes.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The organisation had systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The organisation reviewed its processes and ensured staff at all levels had the skills and knowledge to use all systems effectively. Where challenges arose, leaders dealt with them quickly and effectively. The staff team was well supported by the wellbeing program, and we saw examples of challenges being dealt with promptly by managers. The annual staff survey reflected staff satisfaction in working for the service.

Information management

Staff engaged actively in local and national quality improvement activities.

Leaders had access to a quality dashboard and had clear oversight of all areas including training, recruitment, staffing and appraisal and supervision. The information used in reporting, performance management and delivering quality care was found to be accurate, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Wards for older people with mental health problems

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

There were high levels of constructive engagement with the staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. Services were developed with the participation of those who use them, staff and external partners including commissioners. Staff were encouraged to talk new plans through and given the time to discuss them with managers.

Learning, continuous improvement and innovation

The service had worked to improve experiences for carers as well as patients by introducing the carers coffee mornings, buddy system and providing transport for carers to visit. Managers worked to the AIMS staffing matrix and were on a journey of continuous improvement using their central action plan to manage improvements to the service. AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards.