

Northamptonshire Healthcare 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)
Berrywood Hospital	RP1V4	Brookview Unit and Riverside Unit	NN5 6UD
St Mary's Hospital	RP1A1	Forest Unit - Orchard Ward and Spinney Ward	NN15 7PW

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- The ward environments were clean and tidy, which patients confirmed was always the case.
- Patients confirmed that staff were available to them on the wards. Leave or activities were not cancelled due to staffing shortages.
- Patients said that they felt safe.
- Staff completed detailed risk assessments for patients on admission and reviewed them regularly.
- Staff monitored patients' physical health regularly from the point of admission.
- Staff were warm in their interactions, quick to respond in a kind and caring manner.
- Patients and carers were encouraged to be involved in their care and they knew how to complain if needed.
- There was a range of treatments and activity delivered by skilled and experienced staff.

- Staff reported good morale, felt they were supported by managers and were happy in their roles.
- We reviewed 39 prescription charts and saw generally good management of medication on Brookview, Spinney and Orchard wards. Medication was prescribed within recommended guidance and most documentation was present and in date.

However:

- On Riverside ward we found a number of missed medication doses and staff did not always report using the incident reporting system.
- Not all care plans were recovery focused or personalised and some paperwork had gaps.
- Mental capacity assessments were not documented in detail and lacked evidence of family or Independent Mental Capacity Act Advocate involvement.
- Some patients reported that they would like a television in their bedrooms.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staff had good observation points throughout the wards and communal areas. Any blind spots and ligature points had been identified and mitigated by regular checks and observations. Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients was upheld.
- Sickness across all the wards in this service was at 4.3% which is lower than the trust average.
- The clinic rooms on all wards were spacious and fully equipped. We saw evidence of regular checks of equipment and medications.
- Patients were positive about the ward environments and confirmed that they were always clean and tidy. Cleaning records were up to date.
- Staff wore personal alarms that they could use to summon assistance, individual alarms were provided to patients who required them and bed sensors could be activated.
- Managers used bank and agency staff to cover gaps in rotas to ensure safe staffing numbers on the wards. Patients confirmed that staff were visible and that they felt safe.
- Staff were available to carry out physical interventions. We saw that routine physical health observations, including weight and blood pressure monitoring, was taking place.
- There were no seclusions reported. Out of the 114 incidents of restraint, there were no prone (face down) restraints. Staff were trained in "safe holds" and used low level interventions when restraint was required.
- We reviewed 24 care records and found detailed risk assessments in place and updated regularly for most patients.
- There were no blanket restrictions in place. Informal patients reported that they could leave at will.
- All staff had received safeguarding training. Staff could describe the safeguarding process, and immediate safeguards they could put in place to protect patients. Staff were aware of specific risk factors for older adults and we saw current safeguarding plans in place at the time of inspection.
- Within the last 12 months there was one serious incident. The service had responded appropriately and we saw evidence of an investigation and sharing of lessons learnt.

Good



Summary of findings

- Staff we spoke to knew how to report incidents and confirmed there were debriefs following incidents as well as appropriate discussions with patients and family members.
- The service overall compliance rate with mandatory training was at 88% and lower than the trust compliance target of 90%.

However:

- On Riverside ward we found a number of missed medication doses and staff did not always report using the incident reporting system.

Are services effective?

We rated effective as good because:

- We reviewed 18 care records; all showed that staff completed comprehensive assessments for patients following admission.
- There were physical health examinations upon admission and ongoing monitoring of physical health. Staff completed care plans for specific physical health needs. Staff confirmed specialist input was available following referral. Patients confirmed that their physical health needs were met.
- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication across the service. Antipsychotic medication was prescribed within the British National Formulary limits and monitoring was in place.
- Occupational therapy was in place across the wards and staff confirmed there was an appropriate resource level allocated. Patients reported that they received the therapies and activities they needed and were making progress.
- All staff received an induction, including bank and agency staff. The trust supported health care assistants to complete the care certificate standards. Staff reported receiving the necessary training for their role and described the training as appropriate and useful.
- Staff described supportive working relationships across the multidisciplinary team. Staff spoke very positively of the input from the occupational therapy and physiotherapy teams. Staff told us of strong working relationships between nursing and medical staff.
- Staff generally understood the Mental Health Act (MHA) and their responsibilities under the act. Staff completed appropriate MHA paperwork upon admission and leave forms where required.

Good



Summary of findings

- Consent to treatment forms and current medication forms were kept together so staff could check patients' consent for medicines.
- Most staff had general understanding of the Mental Capacity Act and the five statutory principles.
- 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 overall appraisal rate for staff was 94%; all wards within the service achieved a compliance rate higher than the trust average.

However:

- Documentation for assessments under the Mental Capacity Act was not always robust.
- Not all care plans were recovery focused or personalised and some paperwork had gaps.
- Mental capacity assessments were not always documented in detail and lacked evidence of family or Independent Mental Capacity Act Advocate involvement.

Are services caring?

We rated caring as outstanding because:

- Staff always used compassionate and considerate language and the style of communication on all wards showed an exceptional caring quality. Staff consistently offered guidance and calming reassurance to all patients when they presented as agitated or confused.
- Staff ensured the care they offered always respected patients' dignity, fully met their needs and showed excellent empathy and understanding. Staff demonstrated excellent person centred care throughout their interactions with patients and carers.
- Staff demonstrated excellent and thorough understanding of all patients' individual care needs and spoke with compassion and motivation. Staff were passionate about their work with patients.
- We saw staff consistently respond to patient requests for additional support without delay.
- Patients reported that all staff were kind and caring and respectful to them at all times. Carers reported that they felt patients were always safe, well cared for and well looked after by staff and that excellent care was provided regardless of other demands on the ward.

Outstanding



Summary of findings

- Staff continually encouraged and supported all patients and carers to be involved in all aspects of their care where possible. Carers were invited into ward round and to more formal reviews of care and treatment. Carers confirmed they had contact with nurses and doctors to discuss their relative's treatment and progress. Carers were encouraged to assist with creating memory boxes and 'this is me' documents on the wards for patients with dementia.
- There was always access to advocacy services and posters were displayed on all wards providing information for patients and carers. Staff told us that advocacy referrals would be made for patients that have no family contact.
- The service has signed up to the Johns Campaign and welcomed family visits 24 hours a day. We saw family members support in a physiotherapy session and during a lunch time meal.

Are services responsive to people's needs?

We rated responsive as good because:

- We reviewed 18 care records. Most had appropriate discharge care plans in place.
- A full range of rooms and equipment to support treatment and care were available across the service, with a variety of activity rooms and quiet lounges on the wards.
- Patients had access to outdoor space when they wished on all the wards. Garden doors were locked during the night.
- Overall, patients were happy with the food provided. We observed one mealtime where a variety of food options were available. The wards provided drinks and snacks throughout the day. Patients also had their own snacks.
- The 2016 PLACE score for food at St Mary's hospital was 100% and Berrywood Hospital 97%.
- There was access for wheelchairs and handrails to help those with restricted mobility and at risk of falling across the service. We observed staff provide additional support to those who needed help to walk around the wards.
- An interpreter service was accessible and available upon request. We saw leaflets for this service displayed on all wards. Staff told us of recent involvement of the interpreter service to support a new admission.
- Staff reported that specific spiritual support was available to patients and we saw some evidence of this in care records. Patients confirmed that their spiritual needs were being met.

Good



Summary of findings

- The trust reported that no complaints were received across the service between October 2015 and September 2016. The wards received 78 compliments during the same period.

However:

- Not all care plans were recovery focused or personalised and some paperwork had gaps.
- Some patients reported that they would like a television in their bedrooms.

Are services well-led?

We rated well-led as good because:

- Managers were aware of trust visions and values.
- Staff told us that managers were visible and senior managers visited their wards. We were consistently told that managers were approachable and supportive.
- The managers reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers.
- Staff confirmed that they could submit items to the Trust risk register.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Staff consistently reported that managers were supportive and would listen and act on any concerns or suggestions they raised.
- Positive team working across the multi-disciplinary team was described by all staff and we observed collaborative working across professional groups in order to meet the patients' needs.
- Overall, staff reported good moral and were happy in their roles. We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging. This was confirmed by staff.
- The wards for older people with mental health problems held the Accreditation for Inpatient Mental Health Service schemes with the Royal College of Psychiatrists.

Good



Summary of findings

Information about the service

The wards for older people with mental health problems are part of the trust's services for older people with mental health problems.

The Brookview and Riverside wards are situated at the Berrywood Hospital in Northampton. Brookview ward provides eight beds for older people with conditions such as dementia. Riverside ward provides 16 beds for older people with conditions such as anxiety and depression.

The Forest Unit is situated at St Mary's Hospital in Kettering. Spinney ward provides 16 beds for older people with conditions such as anxiety and depression. Orchard ward provides eight beds for older people with conditions such as dementia.

All wards were mixed sex.

Northamptonshire Healthcare NHS Foundation Trust Older People Mental Health Inpatient service was last inspected in February 2015 where they were rated as outstanding and no regulatory breaches were identified.

Our inspection team

Our inspection team was led by:

Chair: Mark Hindle Chief Operating Officer, MerseyCare NHS Foundation Trust

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

Inspection Manager: Tracy Newton, Inspection Manager, mental health, CQC.

The team that inspected wards for older people with mental health problems consisted of two inspectors, a

variety of specialist advisors which included nurses, an occupational therapist, a social worker and a psychiatrist and an expert by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

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?

During the inspection visit, the inspection team:

- visited all four of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with five carers

Summary of findings

- spoke with the managers or acting managers for each of the wards
- spoke with 25 other staff members; including doctors, nurses, physiotherapist and occupational therapists
- attended and observed two handover meetings and one multi-disciplinary meeting
- reviewed 18 treatment records of patients
- carried out a specific check 39 medication records across the four wards
- observed nine episodes of care
- 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 13 patients and some of their relatives. They were satisfied with the quality of care they received.
- Patients told us that they felt safe and that they were treated with respect, dignity and care. Staff attitude was described as caring, motivated and staff were available.
- Activities were available across the day with a good variety to choose from and patients told us that sessions were never cancelled.
- Physical health needs were being met and monitored appropriately.
- Patients were happy with the choice, quality and quantity of food and drinks available.
- Most patients felt involved in their care and treatment and care planning process.
- Patients were positive about the ward environments and confirmed that they were always clean and tidy.
- Some patients reported that they would like a television in their bedrooms.
- Most patients confirmed that they knew how to complain but that they had no reason to do so.

Good practice

The Johns Campaign had been adopted across the service. This supports and encourages family and carers to visit the wards 24 hours a day. We observed visitors support their relatives during a meal time and during a physiotherapy session.

The design and layout of the wards provided accessible environments for patients with dementia at the Forest Unit. At Berrywood Hospital the wards were homely and welcoming.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that there are adequate psychological therapies available to patients.
- The trust should ensure that documentation of assessments under the Mental Capacity Act are detailed and robust and capture the involvement of carers and the Independent Mental Capacity Act Advocate.

Northamptonshire Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
The Forest Centre – Orchard Ward and Spinney Ward	St Mary’s Hospital
Riverside Ward	Berrywood Hospital
Brookview Ward	Berrywood Hospital

Mental Health Act responsibilities

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

- Overall, 100% of staff had received training on the Mental Health Act.
- The trust had a policy on the Mental Health Act, which staff were aware of and could refer to if needed.
- Staff on the wards informed patients of their rights; we saw copies of paperwork and documentation in case records. There was evidence of Section 132 rights read on detention and at appropriate intervals thereafter.
- Section 17 leave forms were signed and in date.
- Information on the rights of detained patients was displayed on all wards.
- Independent mental health advocacy services were available to support patients. Staff knew how to access and support patients to engage with the independent mental health advocate when needed. Staff reported weekly ward visits from the advocate and patients confirmed this.
- The trust carried out regular audits to ensure that the MHA was correctly applied.
- There was a Mental Health Act administrator, and staff knew how to contact them for advice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 92 % of staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training which was above the trusts average of 90%.
- Staff demonstrated understanding of the practical application of the Mental Capacity Act.
- The service had made 57 Deprivation of Liberty Safeguards applications within the last 12 months. These were highest on Orchard ward and Brookview ward which made 26 and 20 applications respectively. There was evidence of follow up where they had been a delay in assessment from the local authority.
- Where a patient was deemed to lack capacity there was evidence that the best interest decision-making process was applied.
- Mental capacity assessments were not always documented in detail and lacked evidence of family or Independent Mental Capacity Act Advocate involvement.
- The trust had a policy in place that staff were aware of and could refer to.

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

- The layout of the ward enabled staff to observe most parts of the ward. Nursing stations gave good general views of the wards. Blind spots had been identified and staff completed 15 minute checks of these areas to monitor patient safety. Communal areas were open plan and provided good observation points.
- Managers completed ligature audits to identify ligature points throughout the wards and gardens bi-annually. Ligature points had been identified in all ward areas and gardens across the service. A ligature is a place to which patients' intent on self-harm could tie something to harm themselves. Managers mitigated risk by robust risk assessments and nursing observations.
- All four wards were mixed gender and complied with the Department of Health guidelines on single sex accommodation. All bedrooms were en-suite, there were designated communal toilets, and female only lounges. Staff confirmed that the female only lounges were used for occasional adhoc visits and activities by both male and female patients. We observed that the designated ward toilets were used by both male and female patients at times.
- Wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs. We saw evidence of regular checks of equipment, fridges and drugs taking place. Clinics were spacious with examination couches.
- There were no seclusion rooms within this core service. Wards used a low stimulus room or separate rooms where patients could spend time in a quieter environment.
- All wards were clean, tidy, with appropriate furnishings. The wards were free from unpleasant odours and very well maintained. Carers and patients confirmed that the wards were clean and complimented the environment of the wards. We observed staff cleaning tables following activities.
- The 2016 PLACE score for condition, appearance, maintenance, and cleanliness at the St Mary's Hospital was 100% and 99% at Berrywood Hospital. Both scored higher than the national average.
- Staff adhered to infection control principles including hand washing. There were handwashing facilities across all wards and good hand hygiene by staff was observed.
- Equipment across wards was well maintained, clean and appropriate checks had taken place and were in date. We saw "we are clean" stickers on equipment that noted the dates last cleaned. Access to equipment to support the prevention of, and care of patients with pressure ulcers and a range of continence aids was available. Staff confirmed that specialist equipment can be obtained when required without delay.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment. We saw a dedicated team of domestic staff working throughout the service during the inspection.
- Environmental risk assessments were completed as required and there was evidence of review and updating these across the service.
- There were no call bells in bedrooms or communal areas however staff wore personal alarms that they could use to summon assistance. Personal call alarms were provided to individual patients who required them. We saw staff respond quickly when patients used their alarm to call for support. Bed sensors could be activated when required for additional monitoring of patients who were at risk of falls.

Safe staffing

- The overall leavers' rate for the service was 13% in the last 12 months, which was equivalent to ten staff.
- Sickness across the service was at 4% and slightly lower than the trust average of 4.4 %. Sickness levels on Riverside ward was at 7% and Brookview ward at 6.6%.
- The qualified nurse vacancy rate for the service was 26%, which was equivalent to ten posts. Orchard ward had the highest rate at 51%. Orchard Ward also had the highest vacancy rate for nursing assistants 27%.

Are services safe?

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

Brookview and Spinney wards were over-established for nursing assistants. There was a rolling recruitment programme for qualified nurses and managers had agreement to over recruit as part of the staff staffing model.

- There were set staffing levels on each ward. Managers reported that they were able to adjust staffing numbers as required to take account of case mix and additional observations. Managers considered skill mix of staff alongside the numbers of staff on duty. Patients confirmed adequate staff on shift to meets their needs.
- To cover gaps in the rotas permanent staff were offered additional hours, bank and agency staff were used to ensure safe staffing. Between October 2015 and September 2016, 185 shifts were not filled by bank or agency.
- Managers reported having a pool of bank staff that worked regularly and knew the patients well. Agency staff were more likely to be unfamiliar with the ward environment and patient group.
- At the time of inspection, there were appropriate staff on the wards and; staff were engaged in activities with patients. Patients confirmed that staff were available to them on the wards and that they felt safe.
- Qualified nurses were visible on the ward and able to spend time with patients on the wards. We saw evidence in care records of 1:1 sessions taking place. The qualified nurse ratio could be increased if there was a clinical need, such as on ward round days.
- Patients told us that leave or activities were not cancelled due to staffing issues. Staff confirmed this.
- Staff were available to carry out physical interventions. We saw that routine physical health observations including, weight and blood pressure monitoring was taking place. Patients confirmed that their physical health needs were met.
- There was adequate medical cover across the day and night and a doctor was able to attend each ward quickly in an emergency. We saw evidence in care records of doctors seeing patient upon admission and reviewing patients' physical health. Managers reported adequate medical cover for their wards.

- The service overall compliance rate with mandatory training was at 88% and lower than the trust compliance target of 90%. Compliance to manual handling level 2, resuscitation level 3 (immediate life support) was below 75%.

Assessing and managing risk to patients and staff

- There were no seclusions reported and the service had no seclusion rooms.
- There were 143 incidents of restraint on 45 different patients in the last 12 months. Orchard ward accounted for 114 incidents. There were no prone (face down) restraints. Staff were trained in "safe holds" and used low level interventions when restraint was required.
- We reviewed 18 care records. Risk assessments were in place on admission and updated regularly. There were detailed assessments covering all aspects of mental and physical health needs and reflecting changes in risk behaviours.
- Recognised risk assessment tools were used to assess risk including; nutritional screening, falls, and pressure areas screening.
- There were no blanket restrictions in place. Informal patients reported that they could leave at will.
- There were policies and procedures for the use of observation and searching patients. Due to blind spots, ward areas were checked at regular intervals to maintain patient safety. Staff reported that patients would not be searched unless risk assessment indicated a need. Patients were nursed on enhanced observations appropriately.
- Restraint was only used after de-escalation had failed. Staff were trained in the use of and low-level interventions. Staff referred to restraints as "safe holds" reflecting the gentle approach used within the environment for older people. Higher levels of restraint intervention were not used across the service.
- There were seven incidents of the use of rapid tranquilisation reported between October 2015 and September 2016. The use of rapid tranquilisation followed NICE guidance.
- Overall 100% of staff had received safeguarding training. Staff could describe the safeguarding process, and

Are services safe?

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

immediate safeguards they could put in place to protect patients'. Staff were aware of specific risk factors for older adults and of current safeguarding plans in place at the time of inspection.

- We reviewed 39 prescription charts and saw generally good management of medication on Brookview, Spinney and Orchard wards. Medication was prescribed within recommended guidance and most documentation was present and in date. On Riverside we saw appropriate arrangements were in place for recording the administration of medicines. These records were clear but not always completed. We found a number of missed medication doses. These records were then unable to show that patients were receiving their medicines when they needed them. Medicine errors were not always reported using the incident reporting system, there was no incident reporting of patients having missed administration doses. These included medicines which were considered to be critical to the patient. We could not be assured that all the medicines were still safe to use, as the opening dates were not completed on two bottles of liquids. The manager was aware and taking action to address the medication issues.
- There was appropriate procedures and management in place of pressure ulcers and falls; including screening, risk assessment and care planning. We saw evidence of these assessments being reviewed and updated.
- There were procedures in place to ensure children visiting the wards were safe. Child visits took place in areas off the wards.

Track record on safety

- Within the last 12 months there was one serious incident requiring investigation across the older people's wards. This incident occurred on Riverside ward and was a result of a slip, trip and fall.
- The service responded appropriately and in a timely manner when responding to this incident. We saw evidence of an investigation and sharing lessons learnt across the pathway. All staff we spoke with was aware of the serious incident.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents using the electronic reporting system.
- Incidents that should be reported were reported.
- We saw evidence of staff discussion with patients and family members appropriately following incidents or concerns.
- Staff confirmed that they received feedback following serious concerns and were able to describe incidents from other wards. All staff told us they were aware of recent examples and changes to practice following incidents of safeguarding and incidents of falls. Staff attended monthly staff support days where incidents were discussed and learning was shared.
- Staff confirmed that de-briefs and support was provided following incidents. Staff attended quarterly team days where reflective practice was facilitated.
- Managers told us that incidents were discussed at their weekly meetings and lessons learnt were shared across the service and changes in practice implemented where appropriate. All staff we spoke with could give examples of recent safeguarding and falls that had occurred within the service.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed 24 care records. Staff completed comprehensive assessments for all patients' following admission.
- Care records showed that physical health examinations upon admission were completed and there was ongoing monitoring of physical health. Care plans were in place for specific physical health needs and were reviewed and updated regularly. Some wards had separate physical health folders for on-going monitoring of patients health. Patients confirmed that their physical health needs were met.
- Care records contained up to date information. Most care plans were holistic but not all were recovery focused. Some care plans were personalised. Staff used an "all about me" document on Orchard and Brookview for patients who had cognitive difficulties to help inform staff of patients' likes and dislikes. This document was in use on Spinney ward for some patients, but there were gaps in the information.
- Information needed to deliver care was stored securely and available to staff. The service used an electronic records system and some paper based records. We saw that the staff used and stored information on the electronic system in different areas. Some staff found it difficult to locate information quickly.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication across the service. Antipsychotic medication was prescribed within the BNF limits and monitoring was in place.
- There were limited psychological therapies available to assess and provide treatment as there was no dedicated psychologist in post. There was active recruitment for a full time post across the service. Occupational therapy was in place across the wards and staff confirmed there was an appropriate resource level allocated. Occupational therapist used a range of recognised assessment tools including Pool Activity Level, Model of

Creative Ability, and Domestic and Personal Activities of Daily Living. Patients reported that they received the therapies and activities they need and were making progress.

- There was access to physical healthcare and patients were referred and attended specialist appointments. We saw evidence of Speech and Language Therapy and Dietitian input where required. Staff confirmed that specialist input was available following referral.
- Staff completed assessments of nutrition and hydration and care plans were in place for specific patients.
- Staff completed Health of the Nation Outcome Scales to assess and record severity and outcomes for patients.
- Staff reported participating in clinical based audits on most aspects of care and treatment including; care plans and care records, antipsychotic drug prescribing, process for covert administration of medicine, equipment, and nutritional assessments.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, physiotherapists, and a large occupational therapy team across the service. If required patients were referred to Speech and Language Therapists and Dietitians. Pharmacy was also available and worked closely with the wards.
- There was a range of experienced and qualified health professionals across the service.
- An induction program was in place for all permanent staff. Managers ensured that bank and agency staff received induction to the wards. The trust supported health care assistants to complete the care certificate standards.
- Between October 2015 and September 2016 88% of non-medical staff received supervision. This was slightly lower than the trusts target of 90%. Supervision compliance for medical staff was significantly lower at 63%. Staff we spoke with confirmed that they were receiving regular supervision. Staff also confirmed that they attended quarterly reflective practice days.
- Overall, the appraisal rates for non-medical staff across the wards for older people were 94%.

Are services effective?

Good 

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

- We saw evidence that regular staff meetings were taking place across the service. Staff confirmed that they attended team meetings and other informal discussions and handovers.
- Staff reported receiving the necessary training for their role and described the training as appropriate and useful.
- Managers addressed poor staff performance promptly. Managers told us of additional supervision, support and monitoring of staff where required. Since November 2015 there has been one staff suspension across the service.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team held weekly ward rounds where patients care and treatment were discussed. Staff described supportive working relationships across the multidisciplinary team. Staff spoke very positively of the input from the occupational therapy and physiotherapy. Strong working relationship between nursing and medical staff was described.
 - Handovers were taking place three times a day across the service. Staff described these handovers as detailed and informative.
 - Staff described good links with other agencies, for example, community teams to support patients during discharge. Managers attended bed management meetings and referrals meetings to discuss patients' movements through the service and patients who needed admission or discharge from the service.
 - Managers reported effective working relationships with teams outside of the organisation, for example, local authority social services. At the time of inspection there was a dedicated care manager linked to the older adult's service. Managers told us that they would attend ward rounds and reviews and take a lead on discharge.
- The trust did not provide figures for staff compliance to Mental Health Act Training however managers reported 100% for the wards. Staff received training every 3 years as part of their mandatory training. Staff generally understood the MHA and their responsibilities under the act.
 - Staff completed appropriate Mental Health Act paperwork upon admission. We saw evidence of this in case records.
 - The trust told us that consent to treatment forms were completed upon admission for every patient. Most patients had these in place.
 - Consent to treatment forms and current medication forms were kept together so staff could check patients' consent for medicines.
 - Patients were read their Section 132 rights on admission and routinely thereafter.
 - The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.
 - Detention paperwork was filled out correctly, was up to date and stored appropriately.
 - The trust carried out regular audits to ensure that the MHA was applied correctly.
 - Staff reported that patients had access to Independent Mental Health Advocacy (IMHA) services. We saw some evidence in case records of this taking place. There were posters on all wards providing information about this service. Managers reported regular advocacy visits to the ward.

Good practice in applying the Mental Capacity Act

- Overall, 92 % of staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training which was above the trusts average of 90%. Spinney ward compliance rate was at 82%. This training was classed as non-mandatory and was role specific.
- The service had made 57 Deprivation of Liberty Safeguards applications within the last 12 months. Orchard ward made 26 and Brookview made 20 applications.
- Most staff had general understanding of the Mental Capacity Act and the five statutory principles however this was not always evident in assessment paperwork.

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

- Mental Health Act paperwork was examined by appropriate qualified and experienced staff upon admission in accordance with the Code of Practice.
- Staff told us that they would contact the Mental Health administrator if they needed any specific guidance.
- Leave forms were in place where required. Those we examined were signed and in date.

Are services effective?

Good 

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

- The trust had a policy in place that staff were aware of and could refer to for guidance.
- Capacity assessments were in place where required however they were not detailed nor evidence the consideration of the statutory principles. There was limited documentation of family or Independent Mental Capacity Act advocate involvement in the most mental capacity assessments.
- Where a patient was deemed to lack capacity there was limited evidence that the best interest decision-making process was applied. We saw some evidence of involving family in best interest decision making. There was little documentation of the person's wishes, feelings, culture, or history.
- Staff told us that they would contact the Mental Health administrator if they needed any specific guidance.
- 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.



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

- All staff across the service were observed to be exceptionally and consistently caring and respectful to all patients. We saw staff always helped patients mobilise safely around the wards in a very supportive way, ensuring patients were caringly encouraged and guided. Staff were extremely warm in their interactions, spoke kindly to patients and consistently offered guidance and reassurance when patients became agitated or confused.
- Staff always used thoughtful, appropriate and considerate language and adapted their style of communication to the patients' level of understanding. Staff regularly reassured patients, offered them support whenever needed and their interactions showed in depth knowledge of the patients' needs. We observed staff communicate effectively with individuals with communication issues and always offer kind reassurance in a respectful manner. We saw patients respond positively to staff.
- We saw staff always responded quickly to patient requests for additional support such as personal care. Staff went the extra mile to ensure patients' needs were met. All staff were fully aware and showed an excellent understanding of all patients' individual care and treatment plans and their preferences for receiving care from staff. The staff approach to care was truly person centred. Staff consistently used their in depth knowledge of the patients to engage with them whilst recognising personal choice. We observed staff encouraging patients with dementia to eat as they walked around the ward outside of meal times. We observed staff supporting patients and relatives to eat together at lunch time.
- Staff attended to care needs carefully, kindly and respectfully, always ensuring the patients' dignity was maintained. Care shown by staff was of an excellent standard throughout the wards we visited.
- Patients told us that they felt staff were always caring and treated them with respect, dignity and care. They reported that staff always made time to talk and spend time when they were even if they were busy.

- Carers reported that they felt patients were safe, cared for and well looked after by staff. Staff attitude was described as caring and motivated. They reported that staff ensured that the patients' needs were always met.
- Staff could give examples of the type of person centred support that individual patients needed and how they met their needs. Staff were passionate about their work and it was clear they genuinely cared about the emotional wellbeing of their patients and wanted them to feel cared for.
- The 2016 PLACE score for privacy, dignity, and wellbeing St Mary's Hospital 94% Berrywood Hospital 90%.

The involvement of people in the care that they receive

- The service has signed up to the Johns Campaign and welcomed family visits 24 hours a day. Staff actively supported and encouraged families to visit across the day and night and be involved in all aspects of care and treatment. We saw family members supporting their relatives in a physiotherapy session and during a lunch time meal. Families were welcome to visit and we observed several visits taking place across the service. Visits took place in the main ward and in quieter areas of the wards including bedrooms. Staff were consistently respectful of visits, allowing relatives and carers privacy during the visits.
- Wards had welcome packs and patients were orientated to the ward. Carers and patients confirmed this. Overall, patients felt supported upon admission and said that processes and procedures were explained as was their rights.
- Patients and carers were encouraged and supported to be involved in all aspects of their care. Carers were invited into ward round and to more formal reviews of care and treatment. Carers confirmed contact with nurses and doctors to discuss their relative's treatment and progress. Carers were encouraged to assist with creating memory boxes and 'this is me' documents on the wards for people patients with dementia.
- Patient participation in care plans and risk assessments was varied. Some care plans did not have input from patients documented, but this was because those with



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dementia did not have capacity to give their views. However, copies of care plans were available in their bedrooms and relatives and carers could read and contribute to care plans when they visited.

- We saw evidence of carers attending ward round and other informal contact with the nursing and medical team. Carers confirmed that they were involved in their relative care.
- There was access to advocacy services and posters were displayed on all wards providing information for patients and carers. Staff told us that advocacy referrals were made for patients that had no family contact. We saw some evidence of this in care records.
- Staff consistently welcomed feedback both formal and informal from patients' and carers. Weekly community meetings were held on the wards where patients could raise issues and discuss ward activities.
- There were advance decisions in place for some patients. Ward staff were aware if advanced decisions were in place.

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

- Between October 2015 and September 2016 the average bed occupancy rate across the wards for older people was between 89% and 104%. This was due to beds of patients, who were on leave, being used. The average length of stay in this service was ranged from 47-59 days. Staff identified patients ready for discharge without delay.
- There were no out of area placements for this service. However, managers reported that on occasion there was a need to admit patients above their bed numbers. They then admitted to beds when patients were on extended leave who were waiting formal discharge from the service. Managers reported that a bed was always available to patients on return from leave. There were no readmissions within this core service.
- Patients were occasionally moved between wards to facilitate a move to a ward closer to the patient's home area. For example, if a patient lived in Kettering, when a bed became available at the St Mary's site, they would be allocated a bed here as it was nearer to their home. Occasionally patients had to move bedrooms within the ward to accommodate the mix of male and female patients in order to comply with the elimination of mixed gender accommodation guidelines.
- The clinical team identified patients ready for discharge without delay. However, managers reported frequent delayed discharge whilst new placements were identified externally and funding arrangements were confirmed.
- Between October 2015 and September 2016, there were 134 delayed discharges across the wards for older people. This was equivalent to 44% of all discharges. This was significantly higher on Orchard ward where all discharges were delayed. At the time of inspection all wards had patients identified as ready for discharge. Some patients confirmed that they were awaiting discharge.
- We reviewed 18 care records and saw all had discharge care plans in place.

- Staff described good links with other agencies, for example, community teams to support patients during discharge. Managers reported effective working relationships with teams outside of the organisation, for example, local authority social services.

The facilities promote recovery, comfort, dignity and confidentiality

- A full range of rooms and equipment to support treatment and care were available across the service, with a variety of activity rooms and quiet lounges in the wards.
- There were a variety of rooms across the wards where visits could take place including bedrooms. We observed visits taking place within the main ward areas and in private areas of the ward.
- There were no designated patient phones within any of the wards except Riverside Ward. Here, a phone was situated in a private room for patient's to use. On other wards however, patients could ask to use the ward phone to make private phone calls and patients could use their personal mobile phones.
- Patients had access to outdoor space when they wished on all the wards. Garden doors were locked during the night.
- Overall, patients were happy with the food provided, we observed one mealtime where a variety of food options were available.
- The 2016 PLACE score for food at St Mary's hospital was 100% and Berrywood Hospital 97%.
- The wards provided drinks and snacks throughout the day and night if needed. Patients also had their own snacks.
- Some bedrooms had been personalised. Some carers were supporting staff to personalise bedrooms on the wards for people with dementia. Some patients reported that they would like a television in their bedrooms.
- Bedrooms had lockable storage and patients were encouraged to keep their bedroom doors locked.
- Activities over the weekend were primarily nurse led sessions, however there was a reduced occupational

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therapy activity programme on the weekends. Patients reported an appropriate activity and therapy level across the week and confirmed that activities were not cancelled.

Meeting the needs of all people who use the service

- There was access for wheelchairs and handrails to help those with restricted mobility and at risk of falling across the service. We observed staff provided additional support to those who required it to walk around the wards. All wards were suitable for older age adults.
- The service provided information leaflets on a variety of subjects including complaints, advocacy, and patients' rights, which were available in different languages.
- An interpreter service was accessible and available upon request. We saw leaflets for this service displayed on all wards. Staff told us of recent involvement of the interpreter service to support a new admission.
- The service catered for specific dietary requirements and we saw patients offered food and drinks outside of the main meal times. We observed a patients being supported to eat at meal times. Patients confirmed that they were happy with the choice, quality and quantity of food.

- Staff reported that specific spiritual support was available to patients and we saw some evidence of this in care records. Patients confirmed that their spiritual needs were being met.

Listening to and learning from concerns and complaints

- The trust reported that no complaints were received across the service between October 2015 and September 2016. The wards received 78 compliments during the same period. Spinney Ward and Orchard Ward at the Forest Centre received the most compliments at 32 and 24 respectively.
- Staff and managers told us that they responded to any concerns raised immediately and often concerns were dealt with informally. Managers maintained contact with carers in order to address any concerns swiftly.
- The majority of patients and family knew how to report complaints or raise concerns. Patients reported that they did not have a need to complain. However, they were confident that if they did they would be listened to and the matter dealt with. Families confirmed that there was little need to complain.

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

- Managers were aware of the trusts' visions and values however the majority of ward based staff were unable to describe them. Posters were displayed across the service and staff told us that the visions and values were incorporated into annual appraisals and were part of how they worked on the wards. Many staff had not yet been through the new appraisal process.
- Staff knew who the most senior manager where in the organisation. Staff told us that managers were visible and senior managers visited their wards. We were consistently told that managers were approachable and supportive.

Good governance

- Overall, 88% of staff were compliant with mandatory training which was lower than the trust compliance target of 90%. Service compliance to Manual Handling Level 2, resuscitation level 3 (immediate life support) was below 75%.
- Overall, 88% of non-medical staff received supervision between October 2015 and September 2016. This was slightly lower than the trusts target of 90%. Supervision compliance for medical staff was significantly lower at 63%.
- The overall appraisal rate for staff was 94%; all wards within the service achieved a compliance rate higher than the trust average.
- Managers attempted to staff shifts to the agreed safe level of nurses; they offered staff overtime and used bank staff to achieve this. At times, wards used agency staff to maintain safe staffing levels. Managers considered skill mix in additional to staffing numbers. Staff rotas showed a slightly higher dependency on agency across nights.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks. Staff were engaged with patients and supporting them in daily activities. Patients and carers confirmed this.

- Staff participated in clinical based audits on most aspects of care and treatment including; care plans and care records, antipsychotic drug prescribing, process for covert administration of medicine, equipment, and nutritional assessments.
- Staff confirmed that they received feedback from incidents and complaints and that lessons learnt from other wards was shared with them at team meetings, via emails and within supervision and team days. All staff we spoke with could describe recent incidents and lessons shared across the trust.
- Safeguarding, Mental Health Act and Mental Capacity Act procedures were followed.
- The service used key performance indicators to gauge the performance of the team's compliance in key areas such as sickness, supervision, and training. Managers reported that they did not have access to the clinical dashboard for an instant service overview of this information so maintained separate databases for their wards.
- The managers reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers. Administration support was provided to the wards.
- Staff confirmed that they could submit items to the trust risk register and were able to give examples and describe the process involved.

Leadership, morale and staff engagement

- At the time of inspection, there were no reported cases of bullying and harassment.
- Sickness across all the wards in this service was at 4.3% and lower than the trust average.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. Staff consistently reported that managers were supportive and would listen and act on any concerns they raised.
- Overall, staff reported good morale and were happy in their roles. We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging. This was confirmed by staff.
- Staff reported opportunities for professional development and that training was appropriate to their needs. Some staff reported opportunity to progress within the service.

Are services well-led?

Good 

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- Positive team working across the multi-disciplinary team was described by all staff and we observed collaborative working across professional groups in order to meet the patient's needs.
- Staff reported that they could make suggestions and give feedback to their managers and that suggestions to improve patient care would be supported.
- The wards for older people with mental health problems held the Accreditation for Inpatient Mental Health Service (AIMS) schemes with the Royal College of Psychiatrists.
- The wards had also signed up to the Johns campaign, supporting and encouraging visits from family and carers 24 hours a day and full participation in care and treatment.

Commitment to quality improvement and innovation