

Coventry and Warwickshire Partnership NHS Trust Manor Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
What we found about each of the main services at this location	5
What people who use the location say	6
Good practice	6

Detailed findings from this inspection

Our inspection team	7
Background to Manor Hospital	7
Why we carried out this inspection	7
How we carried out this inspection	8
Findings by main service	9

Summary of findings

Overall summary

Manor Hospital is a secure assessment and treatment service for older people from the North Warwickshire and Rugby area. Pembleton Ward is registered to have 12 beds.

We saw that people were cared for in a compassionate and caring way by staff that had a good understanding of people's needs.

Staff understood their responsibilities for reporting any concerns regarding abuse. We found there were good reporting procedures to ensure any learning from incidents was communicated with staff.

We found a range of professionals were involved with ward rounds and people were involved in how their treatment was planned.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found Manor Hospital had systems in place to ensure people were safe when using the service.

Good reporting procedures enabled learning from incidents.

Are services effective?

People had been involved in decisions about their care and treatment and their likes and preferences had been recorded.

Ward rounds involved a range of professionals and people using the service. If people were unavailable, the consultant ensured they visited them to ensure they had reviewed their care.

Records of these ward rounds detailed what had been discussed with people.

Are services caring?

People's care files contained full details about their admission, and included assessments to ensure that risks to people's health and safety were minimised – for example, how to manage a person's behaviour.

People using services files showed that physical health was monitored well. People told us they were happy with the care they received and their cultural needs were met. We saw that staff and people using the service interacted positively together.

Are services responsive to people's needs?

We were told that one of the wards at Manor Hospital had closed. Staff told us how they had made changes to ensure people were still supported in the community, for example through assistive technology.

We saw the ward was at full capacity and those beds which were temporarily available remained open for people to return from leave and had not been reallocated.

Staffing levels met the needs of people, including those who required specific levels of observation.

Are services well-led?

Staff told us they had been supported through the closure of one of the wards and the disbanding of the staff team. Staff told us they enjoyed working on Pembleton Ward and told us that it was a nice ward and a good team with caring compassionate staff.

Senior staff were able to tell us about the Trust's visions and values. They said information had been shared with all staff.

Staff were aware of incidents on the ward and how to report them.

Staff told us there were regular staff meetings and training was available to maintain their clinical skills.

Summary of findings

What we found about each of the main services at this location

Services for older people

Services were generally safe and staff told us they learnt from safety incidents.

People were involved in their care and treatment decisions. We saw that people were cared for in a compassionate and caring way by staff that had a good understanding of people's needs.

We saw the service worked with acute hospitals if there were concerns about a person's physical health. Staff told us they enjoyed working on Pembleton Ward and were kept up to date with information about the Trust, for example, the Trust's values.

Summary of findings

What people who use the location say

During our inspection we did not review any surveys relating to the services for older people. We found there were no comment cards returned by visitors or people using services to be analysed within this report.

Good practice

We found examples of good practice for people using services involvement through ward rounds and forum

meetings. We noted that the manager had responded to feedback from people. We saw some good examples of multi-disciplinary working with other services within the Trust.

Manor Hospital

Detailed findings

Services we looked at:
Services for older people

Our inspection team

Our inspection team was led by:

Chair: Professor Patrick Geoghegan OBE

Team Leader: Jackie Howe

The team included CQC inspectors, Mental Health Act commissioners, and specialists which included doctors and a nurse.

Background to Manor Hospital

The Trust has a total of 21 active locations serving mental health and learning disability needs, including three hospitals sites: Brooklands, St Michael's Hospital and Caludon Centre. 11 of these locations provide mental health services including The Manor Hospital in Nuneaton.

The Trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Coventry.

Coventry and Warwickshire Partnership NHS Trust has been inspected 21 times since registration. Out of these, there have been 12 inspections covering five locations which are registered for mental health conditions. The

Manor Hospital was inspected on the 29th June 2011 when 3 compliance actions were issued. The site was re-inspected on 26th March 2012 when these compliance actions were met.

The Manor Hospital site in Nuneaton is no longer a single hospital site. A range of Trust services are based in this location. These include:

- Avenue House
- Occupational health service
- Oakwood Day Treatment service
- Pembleton ward, older adults inpatient service
- GP surgery and medical centre, services not run by the Trust
- Mirah House, provides office accommodation for some staff and clinical space for outpatient appointments
- Jepson House, which contains a staff base and meeting rooms
- Medical Centre, which provides office accommodation and clinical space for outpatient appointments

Why we carried out this inspection

We inspected Coventry and Warwickshire Partnership NHS Trust during our wave 1 pilot inspection. The provider was selected as one of a range of providers to be inspected under CQC's revised inspection approach to mental health and community services.

Detailed findings

How we carried out this inspection

To get to the heart of people who use services' and their experiences of care, 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?

The inspection team inspected the following core services at this location:

- Services for older people

Before visiting, we reviewed a range of information we hold about the Manor Hospital and asked other organisations to share what they knew about the location. We carried out an announced visit on 23 and 24 January 2014.

We talked with people who use services and staff. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the location. We did not carry out an unannounced visit at this location.

Services for older people

Information about the service

Manor Hospital is registered for:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Pembleton Ward at Manor Hospital is registered for 12 beds.

The Manor Hospital was inspected on the 29th June 2011 when 3 compliance actions were issued. The site was re-inspected on 26th March 2012 when these compliance actions were met.

Summary of findings

Services were generally safe and staff told us they learnt from safety incidents.

People were involved in their care and treatment decisions. We saw that people were cared for in a compassionate and caring way by staff that had a good understanding of people's needs.

We saw the service worked with acute hospitals if there were concerns about a person's physical health. Staff told us they enjoyed working on Pembleton Ward and were kept up to date with information about the Trust, for example, the Trust's values.

Services for older people

Are services for older people safe?

Managing risk

Risk assessments for people were detailed and informative and they detailed any warning signs of people's challenging behaviour and provided clear guidance for staff on what to do. We noted the risk assessments were reviewed on a regular basis.

A safeguarding referral had been made as a result of an incident on Pembleton Ward and a safeguarding alert had been completed as per the Trust's procedure, with the supporting incident form attached. We spoke with staff who told us they shared learning from incidents at the regular team meetings to minimise the risk of similar incidents happening again.

We looked at five care plan records for people on Pembleton Ward and saw that capacity assessments had been completed. We saw good examples of how staff should respond to people if they asked to return home. This is where someone's capacity to make decisions is measured by the service to see if the person can understand information regarding decisions where the outcomes will affect them.

We observed the staffing levels and found they were safe. We saw an incident where a person presented challenging behaviour and there were adequate staff to assist the person. Staff had a good understanding on how to support the person when distressed and this was documented within their care plan.

Training for staff

Staff told us they had received safeguarding training and were aware of their responsibilities on how to report any concerns. During our visit on the Pembleton Ward there was an incident with a person. We noted that resources were available for staff to report the incident and the ward had a robust reporting system in place.

We spoke with two staff members about what they thought abuse was. They demonstrated a good awareness of what should be reported. They understood their responsibilities for reporting any concerns regarding potential abuse and knew where to find and understood the safeguarding policy. Staff had undertaken safeguarding training and were confident in reporting any signs of abuse.

Are services for older people effective? (for example, treatment is effective)

We found evidence of people being involved with feedback on their care and they attended ward rounds. This meant that people were involved with their treatment and the planning and delivery of their care.

We observed the ward round on Pembleton Ward and found there was a range of professionals involved including a social worker and a consultant or doctors, including a member of staff from the ward.

One person was still asleep whilst the ward round was taking place. We saw the consultant ensured they visited that person at the end of the ward round. This meant that the person was involved in their treatment delivery and their personal wishes met.

Where possible people had signed the ward round records to confirm their attendance. We found the records were detailed on what had been discussed and agreed during the ward round.

In one record we saw that staff respected a person's decision as it noted the person had not wanted to be examined as part of their physical health assessment, however following the completion of a body map at a later date, this showed the person had consented to a physical health assessment.

People's records

We looked at five care plan records for people on Pembleton Ward and found that initial assessment forms had been fully completed. People's likes had been recorded meaning staff were able to have a better understanding of the person using services and their preferences.

We noted that where people were unable to sign their care plan then it was clearly documented. For example, one record stated that the person was 'unable to sign appears to lack understanding.'

Are services for older people caring?

Staff planned and provided care in a way that took into account people's wishes. For example we saw one person

Services for older people

had particular cultural needs. Staff had involved the person on how they could meet those needs. For example, the staff took them to the local food shops to purchase particular foods which met their needs.

We saw positive interaction between staff and people during our inspection of Pembleton Ward. We spoke with staff who were clear about people's needs and their treatment. We saw one person's behaviour challenged other people but staff knew how to respond appropriately. We checked the care records of this person and found the person's behaviour was recorded which included a plan for how staff should respond. Staff were compassionate and understanding when supporting people. All forms for observations had been fully completed and the ABC charts completed were meaningful. An ABC chart monitors antecedents or triggers to challenging behaviours for people. This meant that an assessment of the person's behaviour could be assessed when required.

We looked at five care plan records and found there was full admission documentation for each person with accompanying good risk assessments. There was thorough physical health monitoring and response to deterioration of physical health in people's files.

People feedback

We spoke with people using services on Pembleton Ward who told us that staff do what they can and if they try to help themselves first, the staff will then assist. Staff were described as nice and they listened to what people said. People using services felt they had a say in their treatment and one person told us they were happy with their medication. Family members attended ward rounds and people felt there was no need for any change on the ward.

One person told us how the ward met their cultural needs and staff would take them shopping for their favourite food. Other people told us how staff would accompany them within the local community.

We spoke with staff who were aware of the programme for activities for the day. We noted there was an activity room with age appropriate materials available. For example, reminiscence activities or jigsaw puzzles.

Are services for older people responsive to people's needs? (for example, to feedback?)

The views of the people were sought through weekly meetings and staff were responsive to people's needs. Relatives were involved in ward rounds, or care planning where appropriate, and this was documented within treatment records.

We were told by staff that the Trust's planned reorganisation programme meant the Community Mental Health Team (CMHT) were to be disbanded. They were concerned that they would not be able to provide a responsive service. We were also told there was a loss of services due to the closure of the day hospital.

Prior to the inspection we were told by the Trust that Stanley Ward had been temporarily closed whilst the reorganisation of the Trust was undertaken. They told us that whilst there was pressure for beds on Pembleton Ward there had been discussions with the medical team consultants on how best people should be managed from Stanley Ward.

Staff told us there was a consultation process regarding the reorganisation, but had concerns because of the impact on people's care.

The team leader told us how the team was committed and passionate. They had implemented their ideas for assistive technology, for example the use of telephone or video calls that could be used within people's homes.

People on the ward were not able to tell us how they were involved in the consultation process; however, staff were able to tell us about the consultation process and how they were involving people using the service.

We found that Pembleton Ward was working with local acute hospitals if there were concerns over a person's physical health needs, which was clearly documented within their care plans.

Our analysis of the data from our intelligence monitoring prior to the inspection showed that average occupancy for the Trust was 93%. We noted that the ward was at 100% capacity and three people were currently on leave. The beds remained open for when the people were due to return and had not been reallocated.

Services for older people

There was a good mix of staffing levels and additional staff were available should person observations be required.

Are services for older people well-led?

We spoke with the team leader of the CMHT who told us the team had been upset by the decision to disband them. They told us that some community psychiatric nurses had attended a meeting regarding the reorganisation of the team. Staff told us there was a consultation process regarding the closure of the day hospital but they had concerns around the process because of the impact on people. They told us that they did not feel involved and we were not able to see if people had been consulted regarding the closure of the day hospital. Staff spoken with told us the team leader and the human resources team had been supportive. We spoke with the deputy managers on Pembleton Ward and they were able to tell us about the Trust's visions and culture and how they were informed of change. They told us how information would be cascaded to the staff regarding information and values about the Trust and that members of the executive board management team were due to undertake 'back to floor visits' on wards, but they had not yet visited Pembleton Ward.

Staff feedback

We spoke with an agency member of staff who told us they enjoyed working on Pembleton Ward and the ward had a very supportive team. A regular member of staff told us it is a nice ward, a good team with caring compassionate staff, with a handover every shift.

Learning

Staff told us they felt supported and had mandatory training as well as in-house ward training. They had regular supervision and discussions with the management team.

There was good communication between staff at handover and they felt well informed when starting their shift.

We found the staff on Pembleton Ward understood the 'dashboard' and showed us the results regarding any incidents on the ward. The dashboard is an overview of how the ward had performed for each month.

Staff said they had regular staff meetings and informal training in house which they found positive and useful.