

Rotherham Doncaster and South Humber NHS  
Foundation Trust

# Wards for older people with mental health problems

## Quality Report

Woodfield House, Tickhill Road Site, Weston Road,  
Balby  
Doncaster, DN4 8QN  
Tel: 01302 796000  
Website: <https://www.rdash.nhs.uk>

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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)
RXE92	Great Oaks	Laurel Ward	DN16 2JX
RXE00	Trust Headquarters - Doncaster	Coniston Lodge, Windermere Lodge	DN4 8QN
RXE07	Woodlands Unit	The Brambles, The Ferns, The Glades	S60 2UD

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber 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 Rotherham Doncaster and South Humber Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **we rated older people's inpatient services as good because:**

- The service was safe, because there was a comprehensive governance system in place which minimised the risk of infection. Daily, weekly and monthly checks took place to ensure the standards of effective cleaning on all wards.
- We found the ward environments were safe because the service had taken steps to reduce the possibility of harm occurring. Ligature risk assessments were in place, equipment was appropriately maintained and fixtures and fittings on the wards were in good condition.
- There was sufficient staff on duty to ensure patient needs were met and staff had received training appropriate to their roles to ensure high quality care was delivered.
- We examined a sample of records relating to patients and found most care plans and risk assessments were detailed, holistic and person centered. Although we did note that some improvements were required in relation to the daily nursing notes as they did not always demonstrate the care and treatment which was provided.
- The service used a range of methods to ensure patient care was effective and these methods were inline with recommended best practices. We observed how care was delivered and found staff were caring, compassionate and had a good understanding of the needs of the patient group they were providing care too.
- The service had a comprehensive admission and discharge process in place and many of the wards were under their bed occupancy with very few patients requiring further admissions after discharge.

- Wards optimised patient recovery and there was a wide range of therapeutic and recreational activities available for patients to participate in.
- There had been a limited number of complaints about the service. Relatives we spoke with talked positively about the care people received. We were told by patients and relatives they knew how to complain and there was posters and information packs available to both relatives and patients on each ward.
- We found overall the service was well-led. Staff talked positively about their managers, they were aware of the organisations visions and values and there was a strong commitment to innovation and research within the service in areas such as music therapy for people with dementia.

However we did find some areas requiring improvement.

- There was not an effective multi-disciplinary team. For example they were often nurse and doctor lead with minimal input from other specialist areas such as occupational therapy and psychology.
- Staff had limited knowledge of the Mental Health Act and Mental Capacity Act. We saw examples in records where it had not been used or where it was not used correctly.
- There were restrictions in place for patients who were accommodated on dementia wards. There were blanket restrictions in relation to all doors. With the exception of communal lounge areas doors were locked. This meant patients did not have free access to kitchen areas or bedroom spaces without requesting assistance from staff members.
- Daily nursing notes were not written in a way that reflected the care and treatment patients received and required improvement.

# Summary of findings

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

### Are services safe?

#### we rated safe as good because:

- Wards were clean and safe. Each ward had a system in place to reduce the possible risk of infection. There were daily weekly, monthly cleaning arrangements in place which were effectively monitored by senior managers.
- The service had taken steps to reduce the risk of possible harm to patients by ensuring the environment patients were accommodated in were safe.
- Each patient had a comprehensive risk assessment in place which identified individual risks and was reviewed on a regular basis.
- Patients were protected from the risk of unsafe medication practices because regular audits were carried out and where concerns were identified action plans were implemented to ensure immediate improvements
- The service had sufficiently competent and skilled staff on duty to ensure patient needs were met
- The service had arrangements in place to ensure staff learned from incidents or when things went wrong.

Good



### Are services effective?

#### we rated effective as requires improvement because:

- Staff did not have sufficient understanding or knowledge of applying the Mental Capacity Act. Where patients required interventions in aspects of their care such as personal care and giving of covert medication, staff had not applied the principles of the Act correctly and therefore were not acting in accordance with the required standards.
- Daily nursing notes did not provide enough detail to demonstrate that patient care was being provided in line with written care plans and risk assessments

However we also found:

- Care plans and risk assessments were detailed and comprehensive and ensured that each aspect of a patients physical and mental health was appropriately assessed
- Staff applied recommended best practice and guidance to ensuring patients received care which was high quality.
- Staff received professional development and training to ensure they were able to effectively meet the needs of individuals.

Requires improvement



# Summary of findings

## Are services caring?

### we rated caring as good because:

- Staff demonstrated kindness and compassion towards patients. We observed how patients were cared for and found staff engaged people in a kind manner and were responsive when patients were distressed and required additional support
- We found that care plans were holistic, patients were involved in the planning of their care and there was evidence that their views were considered and acted upon.

However:

- It was not always clear where relatives had been consulted during the patients stay in hospital.

Good



## Are services responsive to people's needs?

### we rated responsive as good because:

- The service had arrangements in place for the admission and discharge of patients across all inpatient wards
- Wards optimised patients recovery by ensuring the ward layout was suitable to the needs of patients with dementia. There was a range of therapeutic and recreational activities on offer to ensure the needs of the patient group were adequately met.
- The service was responsive to equality and diversity. Patients had access to religious services and literature when they required.
- Patient knew how to make a complaint and complaints were listened to.

Good



## Are services well-led?

### we rated well-led as good because:

- Staff were clear about the trusts visions and values and worked with a clear philosophy on ensuring each patient received the highest standards of care possible
- There were good governance arrangements in place. The service carried out a range of audits to ensure patients were cared for in safe environments and care was delivered in accordance with the trusts expectations
- Staff received regular supervision and appraisal to ensure their learning and development needs were met
- The service had a strong commitment to research, innovation and quality. We saw examples of how the service took part in health research to beat dementia.

Good



# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber Foundation Trust has six wards for older people with mental health problems spread across three locations. These wards provide care for patients who are aged over 65 who require hospital admission for their mental health problems.

- Laurel ward is a 13 bed ward at Great Oaks for both male and female patients. It is an acute ward designed for patients who require a short stay in hospital to recover from a significant period of mental illness.
- Coniston Lodge is a 20 bed ward at Tickhill Road Hospital for both male and female patients. It is an assessment and treatment ward for patients with functional mental health problems such as depression and psychosis.
- Windermere Lodge is a 20 bed ward at Tickhill Road Hospital for both male and female patients. It is an assessment and treatment ward for patients with memory difficulties or dementia.
- The Ferns is a 12 bed ward in the Woodlands Unit for male and female patients. It is an assessment and treatment ward for patients with organic illness and complex needs.
- The Brambles is a 15 bed in the Woodlands Unit for male and female patients. It is an assessment and treatment ward for patients with functional mental health problems such as depression and psychosis.
- The Glade is a 15 bed in the Woodlands Unit for male and female patients. It is an assessment and treatment ward for patients with memory difficulties or dementia.

## Our inspection team

The team that inspected this core service comprised of 8 people:

- two CQC inspectors
- an expert by experience
- two mental health nurses
- two mental health act reviewers
- an occupational therapist

## 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?

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

During the inspection visit, the inspection team:

# Summary of findings

- Visited all six of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 23 patients and 6 carers who were using the service, a carers co-ordinator and a volunteer.
- Spoke with the managers or acting managers for each of the wards.
- Spoke with 33 other staff members; including doctors, nurses, occupational therapists and social workers.
- Attended and observed two hand-over meetings and two multi-disciplinary team (MDT) meetings, a mental health review managers meeting, three lunchtimes and a community meeting.
- Looked at 27 treatment records of patients.
- Carried out a specific check of the medication management on 6 wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

Patients told us they were happy with the care they received. They told us that they felt included in the planning of their care and that the service supported them to get better and return home. Additional support to manage anxiety and depression were offered. Completion of assessments of their home and social life were important to identify where additional support may be required. Patients told us that they were supported to access social networks and recreational groups outside the hospital.

Where patients were unable to tell us their experience we observed how they were cared for. We saw that staff treated patients with kindness and compassion. Where they were in distress they were responded to appropriately.

Relatives spoke highly of the service informing us the ward environment and care was good and they would find it difficult to find a service that could be better.

## Good practice

- The service had cognitive stimulation programme in place to support patients with cognitive functioning
- The service had sought advice and guidance from the Kings Fund to ensure wards were dementia friendly
- The service had contributed to National Institute of Health Research
- Laurel Ward who had applied for AIMS Accreditation (Accreditation for Inpatient Mental Health Services (AIMS))
- The service had published a booklet in 2015 on the application of music and art therapy for people with dementia in the Woodlands
- The service has been accredited as excellent for ECT by the Royal College of Psychiatrists
- The service had developed a piece of work across all wards on the reduction of falls in older patients.

## Areas for improvement

### Action the provider MUST take to improve



# Summary of findings

- The service must take action to ensure staff have detailed comprehensive knowledge of the Mental Capacity Act and its application to ensure patients are cared for in accordance with the correct legal framework.
- The service must ensure daily nursing notes reflect the care and treatment of patients to ensure care is being delivered in accordance with the care plans and risk assessments in place.

## Action the provider **SHOULD** take to improve

- The provider should ensure that all members of the multidisciplinary team work in an integrated effective way.
- The provider should ensure patients' are cared for in the least restrictive way.

## Rotherham Doncaster and South Humber 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
Laurel Ward	Great Oaks Ashby High Street
Coniston Lodge, Windermere Lodge	Tickhill Road Site Weston Road Balby, Doncaster
The Brambles, The Ferns, The Glades	Woodlands Unit Rotherham Hospital Site Moorgate Road

#### 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.

We reviewed the Mental Health Act documentation on each of the wards we visited and found overall the service was meeting the required standards, however we did find some areas where improvements could be made. For example one patients' records we reviewed had the incorrect patient name on them and another patients' records we reviewed

had the reason for detention was "it was in the patients' best interests". This did not meet the standard required by the Mental health Act. We brought our concerns to the immediate attention of managers.

Information on the rights of patients who were detained was displayed in wards and independent advocacy services were readily available to support patients. We saw in the documentation we reviewed that patients were regularly informed of their rights.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff told us they had received training in relation the Mental Capacity Act and deprivation of liberty safeguards but on reviewing records and talking to staff, we found staff knowledge and understanding required improvement.

For example where staff used passive holds when carrying out personal care tasks there was no best interest assessments in place. Care plans did not demonstrate consideration had been given to the relevant legislation.

We reviewed the records of one patient who had been prescribed medication to be given covertly. The information detailed in the patient records did not demonstrate that any best interest assessment had been completed and there was no recording of the information provided to the patients relatives.

However, on Fern ward staff demonstrated a good understanding of the application of the Mental Capacity Act.

# 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

All wards were safe and clean. Each ward had a daily cleaning schedule in place with records detailing what cleaning had taken place. The service matrons carried out weekly monitoring to ensure wards were clean to a good standard. The monitoring visits were recorded on a weekly basis and where issues had been identified a plan had been implemented to ensure improvements were made. We found that ward areas were clean and free from odour.

Each ward had a cleaning checklist for clinical staff to ensure equipment such as hoists, mattresses, drugs trolley, shower chairs, staff fridge and patient storage facilities such as lockable cabinets were checked and cleaned on a daily basis where required. Records demonstrated that these tasks had been completed.

All staff had sanitiser liquid which they carried around on their persons, and there was also access to hand gels and soaps in each of the ward areas and toilets. The service carried out annual hand hygiene assessments of staff to ensure staff practice was up to date and followed infection prevention measures.

The service had an infection prevention and control committee. We saw the minutes of a meeting held on 5 February 2015 where topics such as staff training and domestic responsibilities had all been discussed and a plan implemented to develop staff training and knowledge in regards to infection control and prevention.

Infection control audits were carried out yearly. We did review the most recent audits and where issues were identified action plans were in place to address the concerns. There were also follow up reports to demonstrate that actions had been completed.

Ligature assessment was carried out yearly on each of the wards to identify possible risks to patients. The assessment also detailed how risks should be minimised and mitigated. The ward had ligature cutters which were shown to us and all staff we spoke with could tell us where they were kept.

Emergency equipment and medication was checked on a daily basis and these checks were documented.

Medication audits were carried out on a weekly basis by the trust across each ward. We looked at the last audits which highlighted issues such as medication increases not been documented in patient care plans, medication unsigned for and information where patients required blood tests because of health risks associated with the use of some medication. Where errors were identified an action plan was implemented and followed up on a weekly basis to ensure improvements were made.

Nursing staff also carried out weekly medication audits and where concerns had been identified action plans had been implemented to ensure standards improved.

We did find there were restrictions in place for patients who were accommodated on dementia wards. There were blanket restrictions in relation to all doors. With the exception of communal lounge areas doors were locked. This meant patients did not have free access to kitchen areas or bedroom spaces without requesting assistance from staff members. Staff were observed opening doors during the inspection where requests were made. We were informed the restrictions in place were to minimise potential risks of harm, and that each patient had been risk assessed. However, the records we reviewed demonstrated care plans and risk assessments did not include any information regarding locking of doors and potential risks. Staff we spoke with acknowledged our concerns regarding the lack of positive risk taking on the dementia units and accepted that patients could be cared for in a less restrictive environment.

The service accommodated both male and females. We looked at how the service met the required standards of same sex accommodation and found the requirements had been met. Each ward had a separate lounge area for females; they had their own bathroom within the female corridor where male patients did not have access.

Qualified nurses and nursing staff were visible in communal areas of the wards. There were lounge areas where patients engaged with and were supervised by staff to reduce the risk of harm.

Where patients were at risk of harm due to vulnerability and presentation of their mental health they were closely

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

observed. The levels of prescribed observations were detailed in patient files. Observations were reviewed on a weekly basis during multi-disciplinary team meeting and in accordance with the trust policy.

Audits of safety and moving and handling equipment were carried out by an external contractor on a yearly basis and reports were kept on the ward. Nursing staff and domestic staff checked water temperatures on a weekly basis. Where any concerns were identified these were reported appropriately to the trust estates and management team. Equipment was checked and cleaned in line with the infection control policy and had received identification stickers to show the equipment was fit for use.

## Safe staffing

We looked at the staffing levels on each ward we visited and looked at the ward rotas. Staff told us they used a dependency tool to assess the levels of staff required. We were told by managers that staffing levels were two qualified staff working with two unqualified staff during the day and one qualified staff working with two unqualified staff working in evenings. Managers told us they reviewed daily staffing levels and had the autonomy to adjust them should it be required. Our observations on each ward we visited was that their was sufficient staff to meet the needs of patients.

Other staffing compliments were:

- four consultants
- four junior doctors
- two psychologists
- one full-time OT and one part time
- three re-enablement workers
- one physiotherapist
- one social worker

The service provided us with the following information.

Establishment levels: qualified nurses (WTE) 53

Establishment levels: nursing assistants (WTE) 84

Number of vacancies: qualified nurses (WTE) 8

Number of vacancies: nursing assistants (WTE) 6

The number of shifts\* filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period 639

The number of shifts\* that have **NOT** been filled by bank or agency staff where there is sickness, absence or vacancies in 3 month period 48

Staff sickness rate (%) in 12 month period 16

Staff turnover rate (%) in 12 month period 12

The service told us they used regular agency and bank staff to ensure that shifts were covered by staff who were familiar with patients. When they came to the ward they received an induction and a handover to ensure the needs of each patient had been communicated effectively.

We asked the service to provide us with information detailing the completion of mandatory training. However despite requesting this information on four occasions it was not presented in the format we required and have therefore been unable to report the details of staff training.

## Assessing and managing risk to patients and staff

Dementia friendly signage was present throughout the wards directing patients to different areas of the wards. This enabled patients to identify safe areas of the ward for themselves.

Each patient had a risk assessment and risk management plan in place identifying risks individually associated with them. The risk assessment tool used was a decision, inform, choice, explanation, and support (DICES). Risk assessments were updated weekly and also reviewed monthly and three monthly. When a patient was admitted there was a seven day assessment process in place with an initial observation period over 24 hours.

Information relevant to each patient was communicated to staff each day at handover. We observed handovers on two wards and observed they were detailed in the information provided highlighting risks, treatment and care. The staff were provided with a comprehensive detailed dialogue of each patient to ensure appropriate care and treatment was delivered consistently with patient needs.

Staff told us that the majority of admissions were planned admissions or emergency admissions. Patients either came from their own homes or residential and nursing services

# Are services safe?

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within the demographic area. All patient records we reviewed detailed a comprehensive admission assessment highlighting the patient's reason for admission and the care and treatment they required.

Eight staff told us that physical restraint was only ever used as a 'last resort' and staff were usually able to de-escalate challenging behaviours using techniques received in management of violence and aggression training. Seclusion was not used anywhere within the service. Rapid tranquilisation was rarely used in the service. We identified two occasions within recent months where it had been used. It was established from looking at records that it was administered in line with the person's risk assessment and care plan and trust policy.

Staff were aware of ensuring patients were protected from the risks of abuse and possible risks of harm. Staff had received training in safeguarding patients from abuse and were aware of how to report safeguarding incidents internally within the trust and externally to the local safeguarding authority. However the Trust was not able to give us the exact detail regarding the number of staff who had received training despite repeated requests from inspectors.

None of the wards had ongoing safeguarding matters.

## Track record on safety

The service had had one serious incident over the past year.

## Reporting incidents and learning from when things go wrong

There were systems in place to report and review incidents and accidents that occurred on the wards. We reviewed a sample of incident report forms (IR1 Forms) completed by staff on the computer system. Ward managers and clinical matrons reviewed the forms assessing the severity of the incidents and then sent the forms to the organisations risk management team who produced regular reports. For example we saw monthly reports were produced on each ward giving details of the number of falls which had occurred. The service had implemented a falls reduction programme to ensure the risk of falls was minimised.

Incidents were discussed at daily handovers, team meetings and divisional meetings. Divisional meeting are attended by ward managers, assistant director of older people mental health services and lead allied health professionals for occupational therapists and physiotherapists. We looked at the minutes of the meeting of August 2015 where medicines management, falls and Mental Health Act were all discussed as areas of priority.

We discussed the organisation's responsibility in relation to duty of candour. Staff were able to inform us of the key principles that are expected and required of the organisation. The service also provided us with clear examples of where they had apologised to patients where incidents occurred which should not have. We saw three examples of apology letters to patients or their relatives.

The service had signed up to the Trust's 'Sign Up to Safety' campaign with the aim to reduce patient harm from safety incidents across the Trust. The Trust produces a six monthly newsletter 'Learning Matters' that informs staff of lessons learnt from complaints, incidents, serious incidents and complaints.

# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

Care plans were person-centred and holistic. A physical health care assessment was carried out within 24 hours of admission. Care plans consisted of assessments of dysphagia, moving and handling, walking aid assessment, pressure risk ulcer calculator, nutrition and hydration malnutrition universal screening tool (MUST) screening, early warning scores, hygiene self-care and continence skin integrity.

Assessments were also completed relating to rest and sleep, physical health and well-being, cognitive profile, Addenbrooke's cognitive examination and life history.

Assessments commenced from pre-admission which created initial care plans during the assessment process. From these assessments care plans were formulated, reviewed weekly and any changes in physical and mental health discussed at multi disciplinary team and ward round.

Patients who were able to told us they were involved in their care and that nursing staff sat with them to formulate and agree their plans. Where patients were unable to communicate their needs due to cognitive ability, we saw little evidence in care records that relatives/carers had been involved in the formulation of plans. However, we did observe one multidisciplinary team meeting where patients' relatives attended and were involved in the planning of care. They made an important contribution due to their knowledge of the patients' behaviour and medication.

Where patients had a do not attempt resuscitation form there had been multi-disciplinary involvement involving nursing staff, relatives, consultants and the patient.

Patients had individual treatment plans which provided information about patients' medication, therapeutic activities, behavioural activities tool such as the depression and anxiety workbook.

However, despite the service having comprehensive care plans detailing the care and treatment provided, daily nursing notes did not always contain sufficient information to demonstrate that care and treatment was being

provided in line with the patients' care plans. We spoke with three ward managers and two matrons who acknowledged our comments and accepted that improvements were needed.

### Best practice in treatment and care

Data from the Patient Led Assessments of the Care Environment (PLACE) identified Woodlands Unit achieved 81.89% for Food, a significant increase on 2014 figures. Tickhill Road Site scored 81.63% and Great Oaks scored 88.98%. The Trust overall average for Food was 87.54% compared to the 2015 National Average score of 88.49%

Wards at the Woodlands Unit had a cognitive stimulation programme which was facilitated by the occupational therapist. All other wards we visited did a range of activities that had components of a cognitive stimulation programme but did not carry out the full programme as detailed in NICE Guidance.

Each of the wards visited worked on depression tools which are based on cognitive behavioural therapy principles which were in line with NICE guidance.

Wards were also dementia friendly, the service had sought advice and guidance come from the King's Fund.

The service also used a wide range of best practice principles such as:

- Addenbrookes cognitive examination
- Glasgow anti-psychotic monitoring
- Fall risk assessment admissions pack
- Continuing health care assessment, MOCA
- Insight and treatment attitude treatment questionnaire,
- Patient health questionnaire and depression,
- Generalized Anxiety Disorder
- Older people's recover star
- Pressure risk ulcer calculator
- Assessment venus thrombosis

### Skilled staff to deliver care



# Are services effective?

Requires improvement 

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

Staff received monthly supervision and yearly appraisal and this was evidenced. Staff we spoke with said that they received this regularly and there was a "supervision tree" visible in the nursing offices which detailed what was expected in terms of supervision and appraisal.

The service had dementia champions as well as champions for infection prevention, smoking cessation, learning and development, deprivation of liberty safeguards champion and carers champions.

Four staff we spoke with were studying dementia degree courses at Bradford university and were being supported by the trust to complete this.

Staff had a good knowledge and understanding of their role and patients told us they felt safe and confident that staff knew what they were doing to support them properly.

We carried out a short observational framework for inspection on two wards to observe how care and treatment was delivered and found staff engaged well with patients, care was not task orientated and staff responded to patient distress and needs.

## Multi-disciplinary and inter-agency team work

We observed two multi disciplinary team meetings during the course of our inspection and found there was an absence of interagency and team working. Although staff had access to a range of professionals the availability was limited due to the time shared between wards and location of services.

The service had access to occupational therapists, social workers, physiotherapists, community mental health teams and psychology as well as access to other health professionals such as specialist nurses and dieticians. However, despite having a range of professionals working within the service, the MDT meeting generally consisted of the patients' doctor and a nurse.

We noted from observing the MDT that doctors did not appreciate that elderly patients with cognitive impairment and equally elderly relatives were not always able to understand the language or context of what they were being told.

As well as weekly multi disciplinary team meetings there were daily meetings on each ward where nursing staff discussed each patient. We attended two of these meetings and observed staff discussing patient's behaviour and

general wellbeing as well as the ongoing support needs the patient and/or their relative may require when they return home. The service had developed a comprehensive assessment called "stepping in" which was a questionnaire booklet given to carers so that the service could support them to obtain financial support, extra care, access to local and voluntary services to support well-being.

## Adherence to the MHA and the MHA Code of Practice

We reviewed the Mental Health Act documentation on each of the wards we visited and found overall the service was meeting the required standards, however we did find some areas where improvements could be made. For example one patients' records we reviewed had the incorrect patient name on them and another patients' records we reviewed had the reason for detention was "it was in the patients best interests". This did not meet the standard required by the Mental health Act. We brought our concerns to the immediate attention of managers.

Information on the rights of patients who were detained was displayed in wards and independent advocacy services were readily available to support patients. We saw in the documentation we reviewed that patients were regularly informed of their rights.

## Good practice in applying the MCA

In each of the patient files we viewed we saw that they all contained an assessment of their mental capacity. This assessment was solely for their inpatient stay. This 'blanket' assessment of all patients goes against the principles of the Mental Capacity Act 2005. Staff should presume patients have capacity to make decisions.

Staff told us they had received training in relation the Mental Capacity Act and Deprivation of Liberty Safeguards but on reviewing records and talking to staff, we found staff knowledge and understanding required improvement.

For example where staff used passive holds when carrying out personal care tasks there was no best interest assessments in place. Care plans did not demonstrate consideration had been given to the relevant legislation.

We reviewed the records of one patient who had been prescribed medication to be given covertly. The



# Are services effective?

**Requires improvement** 

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

information detailed in the patient records did not demonstrate that any best interest assessment had been completed and there was no recording of the information provided to the patients relatives.

However, on Fern ward staff demonstrated a good understanding of the application of the Mental Capacity Act.

# 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

In all five wards we saw people treated with dignity and respect. We observed staff helping and supporting people encouraging them to be as independent as possible.

Staff spoke calmly and clearly to patients showing compassion and care. All the patients who were able to tell us they were happy with their care and treated well by staff.

We observed two lunchtimes. Staff supported patients individually with their dietary requirements. For patients who chose to eat in the dining area tables were set accordingly.

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

Eight patients were able to tell us they had been involved in formulating their care plan. One described sitting with her named nurse recording and updating her plan. If she was unhappy about anything in this plan staff would listen, discuss this and alter as necessary.

The Trust had a 'stepping in' booklet as part of the admission process. This gave the staff extensive information about the patient on admission. We saw two examples of completed documentation to support the triangle of care. This is in place to support the initial and ongoing requirements for carer's involvement in care.

We observed a community meeting. These were held weekly were well structured, nurse led and minuted. Where patients were not able to participate in community meetings carers were invited to meet together less formally on the ward. We saw from the minutes of meeting where patients made suggestions for improvement action plans were implemented and acted upon demonstrating patients were listened too.

# 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

We found in data provided by the trust that the service had the highest number of both delayed discharges and readmissions within 90 days of discharge. In the period 1 October 2014 to 31 March 2015 there were 109 service-wide delayed discharges. Of these 89 delayed discharges (82%) were from Woodlands Unit and the delays were attributable to reasons relating to NHS, Social Care or joint NHS/Social Care.

Admission assessment and admission criteria were clear for each ward. Admissions were primarily made from older adults community teams. Admission decisions are made by doctors in consultation with wards managers. Staff were able to refuse admission if there were concerns patient mix would not work. For example if a patient presented with needs that would compromise the recovery of others then admissions would be refused.

Full and complete assessments were completed in relation to patients' physical and mental health needs with carers involved in sharing information with staff.

The average length of stay was variable between organic and functional wards.

The data provided was as follows:

- The Brambles: 197 days April 99 days May 71 days June 108 days July 2015
- The Ferns: 43 days April 188 days May 52 days June 110 days July
- The Glades 114 days April 56 days May 49 day June 51days July 2015

Each patient had a discharge plan. We saw discharge plans clearly involving patients and carers. However the involvement with carers was not always consistent. We heard mixed response from families about their involvement in decisions being made about discharge.

Patients were discharged with support and involvement from community teams.

We were told that discharge can be problematic because there is limited choice of suitable facilities available to meet patient needs in the locality.

### The facilities promote recovery, comfort, dignity and confidentiality

The three wards working with people with organic illness had used evidence from the King's Fund document enhancing the healing environment commissioned by the Department of Health to create a dementia friendly environment.

The Trust had sought advice and guidance from King's Fund on the layout of the environment to ensure this was dementia friendly. Clinical staff were involved in the final choices of these designs.

In addition to clear words there were pictorial prompts on doors at two levels and contrasting colours allowing differentiation between surfaces. The external garden areas were accessible, well designed and maintained. Patients were encouraged to participate in the upkeep of these gardens and the growing of fruit and vegetables.

All ward environments were clean spacious and allowed patients access to different areas. Patients had access to their own bedroom with en-suite facilities. On all five wards there was access to equipment to enable patients to maintain their mobility. An appropriate range of continence management products was available to patients.

There were private spaces available for patients to meet with relatives and areas were available for patients who needed a quieter or calmer environment.

Each of the wards had a separate activity room and we saw a wide range of therapeutic and recreational activities taking place, such as SONAS groups. SONAS is a multi-sensory activity that promotes and utilises communication skills and interactive skills via the use of movement, song, sense of smell, taste and hearing, as well as poetry.

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

A tranquillity room was available in the hub at Woodlands, this had a cupboard with various spiritual items, prayer mats and spiritual literature; for example the Bible and the Koran. Patients were supported to maintain their religious choices.

Chaplains visited the wards to see individual patients and staff ensured these visits could take place in private on the wards. We also noted staff escorted patients to the Mosque when they required support.

# Are services responsive to people's needs?

Good 

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

We did find however staff had a limited understanding of how they could promote inclusion for all by meeting needs of lesbian gay, bisexual and transgender patients. The service acknowledge this was an area where staff knowledge and innovative ways of working could be improved.

## **Listening to and learning from concerns and complaints**

Every patient that was able to engage with us knew their named nurse and said that initially they would speak to them if they wanted to complain. An example was given by a patient who had felt threatened by another patient. She spoke with a member of staff who listened, asked her if she

wanted to make a complaint. She chose not to do this. She told us the issue was then resolved. There was a recording of this in the progress notes, however we found no completed incident form.

six complaints had been received for older people's mental health wards. Of the six, five were partially upheld and one not upheld. The service had action plans in place to make improvements.

There is a complaints policy in place. Leaflets were available and posters seen in the public and wards areas about different ways of complaining including to the Trust, Patient advice and liaison services and CQC.

# 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

All staff we spoke with had a good knowledge and understanding of the organisation's vision and values. Staff spoke positively about the organisation informing us the board communicated well with the service, they did visit and demonstrated an active interest in the performance of the service.

### Good governance

Staff had regular supervision, team meetings and training days to ensure the quality of care provided was to a high quality.

Each of the wards carried out a range of audits such as care plan reviews, medication, infection control, environmental audits and medication audits. All of these were either carried out on a weekly or monthly basis. Where any concerns were identified the service implemented an action plan to ensure improvements were made.

The quality of care was overseen by three clinical matrons who had responsibility for the function and standards of the wards. We saw examples of where matrons had taken responsibility in ward improvements by attending and representing the service at divisional meetings and governance meetings.

### Leadership, morale and staff engagement

Staff we spoke with talked positively about their managers. They told us they were well supported in their roles and they had access to areas of development such as attending university courses, playing key roles in the design and layout of buildings and having lead roles on the wards such as dementia champions. Staff told us that they felt positive about the work they did to improve the lives of others and working within the service was a positive environment to work in where moral was high and staff engagement was good.

We did however note that morale on Laurel ward was not as positive as other wards. Staff told us there had been various investigations into staff conduct and behaviour which had contributed to certain staff members feeling isolated. We spoke with the modern matron who confirmed the information we had been given and told us that

improving morale was still in progress as staff confidence and attitude had been affected over the years. The ward demonstrated staff supervision was at 100% that staff received regular discussions and feedback on their performance and development all of which was contributing towards a better working environment.

Staff and managers told us they were regularly updated on what was happening within the organisation. We were told there was a daily email bulletin which highlighted projects and learning taking place throughout the organisation and how staff could be involved.

### Commitment to quality improvement and innovation

The service was committed to improvement and innovation. Where the service identified they fell short of standards this was addressed through the governance systems in place and action plans were implemented to ensure improvements were made.

The service had sought to achieve accreditation for inpatient mental health services (AIMS) for the work and commitment to elderly care. During the inspection we found the service had completed all the relevant application and paperwork and were awaiting their assessment.

The service was involved in a number of projects and groups to ensure effective learning within the organisation took place. The service was keen to demonstrate its ongoing commitment to quality and innovation within the field of elderly care.

Some of the projects the service was involved in were:

- National Institute of Health Research (Help Beat Dementia)
- Music and art therapy: person centred care and the service published a booklet in 2015 on the application of music and art therapy for people with dementia in the Woodlands.
- The service has been accredited as excellent for ECT by the Royal College of Psychiatrists.

It was evident throughout our inspection staff were committed to providing high quality care that met the needs of people who used the service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated Activities Regulations 2014 Need for consent  
Regulation 11 (1) Care and treatment of service users must only be provided with the consent of the relevant person.

The service must ensure staff work within the appropriate legal framework to ensure where patients are not able to consent to treatment relevant assessments are completed and involvement and consent is sought from appropriate persons.

#### Regulated activity

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated Activities Regulations 2014. Good Governance.  
Regulation 17 (2) (C) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

The service must ensure that nursing notes and observation records are comprehensive and reflect the care and treatment provided.