

Bradford District Care NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

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)
TAD54	The Airedale Centre For Mental Health	Heather and Fern wards.	BD20 6TA
TAD17	Lynfield Mount Hospital	Ashbrook, Maplebeck and Clover wards.	BD9 6DP

This report describes our judgement of the quality of care provided within this core service by Bradford District Care 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 Bradford District Care NHS Foundation Trust and these are brought together to inform our overall judgement of Bradford District Care 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 responsive?

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 found that the trust had implemented systems to ensure that on each of the acute wards, consultants had dedicated weekly time slots for when they were available to attend the wards. In addition to this, the acute wards each had dedicated junior doctors and advanced nurse practitioners who were available around these times to assist with all aspects of patient care.

The trust had reduced its use of out of area beds over the last 12 months to zero. This meant patients received the care they needed nearer to their home.

The wards worked towards discharge from the point of admission. The wards had dashboards in place, which allowed them to monitor patient's progress on a daily basis.

Staff told us comprehensive discharge planning was carried out which included home visits. Care records we reviewed confirmed this.

Ward managers told us patients were discharged from the ward during the daytime only.

Summary of findings

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

Are services responsive to people's needs?

We rated responsive good because:

- Consultants had dedicated timeslots for when they attended the acute wards.
- Patients told us the availability of medical staff was good.
- Staff told us the timetable in place meant they knew when consultants were available to review patients.
- Patients gave positive feedback about their care and treatment on the acute wards.
- Patients were supported by staff to make complaints. Information on how to complain was displayed on all of the wards.
- Staff discussed discharge from the point of admission.
- There were systems in place to review patient's progression throughout their episode of care.

Good



Summary of findings

Information about the service

At Bradford District Care Foundation Trust, the acute wards for adults of working age and PICU services are provided across two sites. Airedale Centre for Mental Health is registered to accommodate patients who are detained under the Mental Health Act 1983. There are two wards both for acute admission and assessment. These are Heather ward for females and Fern ward for males.

Lynfield Mount hospital is registered to accommodate patients who are detained under the Mental Health Act

1983. There are two wards; Ashbrook is a female acute admission ward and Maplebeck is a male acute admission ward. There is also Clover ward which is a mixed gender psychiatric intensive care unit (PICU).

CQC previously inspected the trust in June 2014. There were two requirement notices issued following the inspection, of which only one specifically related to acute wards for adults of working age. This was in relation to Regulation 9 care and welfare of service users.

At this inspection, we were assured that this requirement notice had been met.

Our inspection team

The inspection team for this core service consisted of four Care Quality Commission inspectors and one inspection assistant.

Why we carried out this inspection

We inspected this service as a focused inspection within the acute wards for adults of working age and PICU service. This was to review one requirement notice, which related to the acute wards for adults of working age from the last inspection in June 2014. When we last visited the

trust, we found that people's needs were not met in a timely manner due to inconsistent medical care. At this inspection, we were assured that this requirement had been met.

How we carried out this inspection

The inspection was a focused inspection and asked the question of the service:

- Is it responsive to people's needs?

Before the inspection visit, we reviewed information we held about the service including statutory notifications sent to us by the trust. A notification is information about important events which the trust is required to send to us.

During the inspection visit the inspection team:

- visited Heather, Fern, Ashbrook, Maplebeck and Clover wards

- spoke with the medical director, director of nursing, operational service manager, ward managers and assistant ward managers
- spoke with 10 other staff members including one doctor, nurses, occupational therapist and health care assistants
- spoke with 17 patients who were using the service

We also:

- looked at 15 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

During our inspection, we spoke with 17 patients who were using the service. Most patients told us they felt safe. Patients also told us that staff were friendly and caring.

Most patients said they were happy with the cleanliness. However, one patient said they thought the ward furniture had not been changed for around 10 years. Patients told us they were able to personalise their bedrooms.

Patients we spoke with told us they thought the food was good and there was plenty of choice and always something they liked. One patient told us 'snack boxes' were also available. Patients said they were able to make their own hot drinks.

Most patients said they thought staff were caring and that they, "do the best they can."

Most patients spoke positively about their discharge and transition planning.

Bradford District Care NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Heather and Fern ward	The Airedale Centre for Mental Health.
Ashbrook, Maplebeck and Clover wards.	Lynfield Mount 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.

We did not look at Mental Health Act responsibilities during this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not look at the Mental Capacity Act and Deprivation of Liberty Safeguards during this inspection.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

The trust told us they had reduced the use of out of area beds to zero in the last 12 months. This meant patients received the care they need nearer to their home. We found evidence within the electronic care records that discharge was discussed and planned for from admission and at the first ward round by the patient's clinical team. We were told that 'dashboards' were in place which were 'RAG rated' to show where a patient was in terms of their treatment. The RAG system is a management method of rating for issues. We saw the system was reviewed on a daily basis by the nursing team.

We found that the trust had implemented systems to ensure that on each of the acute wards, consultants had dedicated weekly time slots for when they were available to attend the wards. In addition to this, the acute wards each had dedicated junior doctors and advanced nurse practitioners who were available around these times to assist with all aspects of patient care.

The facilities promote recovery, comfort, dignity and confidentiality

The ward environments were spacious, nicely decorated with a range with rooms available for therapy and activities. The wards had communal lounge and dining areas, quiet areas and offices. All wards offered patients access to outside space. Patients had their own bedrooms with en-suite facilities. They were able to access their rooms at any time. We saw patients were able to personalise their rooms.

All the wards we visited had a programme of activities available to patients. Some activities were specifically recovery focused and were part of patient's individual therapy. Patient records contained personal activity plans that were discussed and agreed by both patients and staff.

Staff told us when patients were admitted to the wards they spent time with a member of staff who would become their named nurse. This person was responsible for ensuring the patient was settled in, oriented and had been given information about their admission.

The food menu was of good quality with healthy options available. Comments we received from patients about the food was, "good", "there is plenty of choice" and "it is really

nice and of good quality." Menus were displayed on all ward areas. There were fixed mealtimes in place and snacks were available at all other times. Patients said they were able to make their own hot drinks.

All wards had locks on the main entrances with entry and exit controlled by staff. Signs were displayed on ward doors providing informal patients information about their rights to leave the ward with the exception of the Clover ward (PICU). All ward managers confirmed that patients were informed of their right to leave the ward. Patients we spoke with confirmed this.

Meeting the needs of all people who use the service

On all of the wards, information was displayed on noticeboards to inform patients about the wards. This included the names of the staff on duty and how to make a complaint. Staff on the wards also wore uniforms, which made them identifiable to patients.

Managers told us interpreter services were available and these had been used to assist in assessing patients' needs and reading their rights under the Mental Health Act. The hospital had a multi-faith room and rooms where patients could meet their visitors.

Staff working in the trust were aware of patient's individual needs and tried to ensure these were met. This included cultural, religious and language differences with translation services available, leaflets printed in different languages and access to members of religious groups.

Patients were given a choice about the meals they ate and we were told that meals took account of people's cultural, physical and personal needs. For example, meals were available for patients who required halal meat, diabetics and vegetarians.

Listening to and learning from concerns and complaints

Patients told us they knew how to make a complaint and felt assured that any complaints made would be dealt with appropriately. Where one patient had complained about not having an aspect of their care discussed with them, we saw action was taken in response to this.

Staff told us they were aware of the complaints policy and described how they would respond to a complaint from a patient. They also described additional support available for patients such as advocacy services.

Are services responsive to people's needs?

Good 

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

We interviewed the ward managers on all the wards we inspected and asked them about how they would deal with complaints or concerns. We were told there was a complaints policy in place in the trust and any complaints would be investigated and responded to in line with this policy. However, we found some informal complaints were not being logged with the complaints department. In

addition, the resolutions had not being logged. We discussed this with the operational service manager who told us this issue would be addressed immediately. We also received further assurance form the director of nursing around how the trust was improving their approach to dealing with complaints.