

Requires improvement

South London and Maudsley 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)
RV5C5	Greenvale Specialist Care Unit	Greenvale Specialist Care Unit	SW16 3BS
RV5A3	Ann Moss Specialist Care Unit for Older Adults	Ann Moss Specialist Care Unit	SE16 2TL
RV509	Ladywell Unit	Hayworth ward	SE13 6LW
RV504	Maudsley Hospital	Aubrey Lewis 1 ward	SE5 8AZ
RV505	The Bethelm Royal Hospital	Chelsham House	BR3 3BX

This report describes our judgement of the quality of care provided within this core service by South London and Maudsley 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.

Summary of findings

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



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 gave an overall rating for wards for older people with mental health problems of **requires improvement** because:

- At Greenvale and Chelsham House there was a strong smell of urine by toilet areas.
- Across the wards for older people, risk assessments were often completed with insufficient detail to ensure staff would know the necessary details.
- At Greenvale patients were using wheelchairs without footrests and being lifted without the use of the correct equipment. This meant there was a risk of people getting injured.
- At Greenvale and Ann Moss House, medication had run out causing delays in patients receiving medication.
- Staff working on the mental health wards for older adults did not feel confident in supporting people with dementia and were not being encouraged to access the training that was available in order to develop the skills to provide this care to a high standard.
- Whilst the majority of staff were very caring and thoughtful the structured observations that were done during the inspection showed that some staff did not communicate well with the patients especially during mealtimes.

- The food provided for patients was very poor and did not meet people's individual needs in terms of their preferences and cultural needs. Meals were not always provided in the manner that made this a pleasant event.
- Privacy and dignity was not always maintained, for example on Hayworth ward the observation windows in bedroom doors were kept continuously open.

However, the care of people to reduce the risk of falls and pressure ulcers was very good. The reporting and learning from incidents was well established across the wards. Staff had made progress in the use of the Mental Capacity Act. Patients were having comprehensive assessments, multi-disciplinary teams were working together well and sharing knowledge to improve the quality of care delivered. There were good examples of patient and carer engagement through the service user and carer group and on an individual basis on the wards. The wards provided a range of rooms for different activities and a programme of therapeutic activities were provided. Complaints were well managed. Good professional development opportunities and courses were provided for all members of staff. Some wards are undertaking innovative projects to enhance patient care and experience

Summary of findings

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

Are services safe?

We rated safe as **requires improvement** because:

- At Greenvale and Chelsham House, there was a strong smell of urine by the toilet areas.
- Across the wards for older people, risk assessments were often completed with insufficient detail to ensure staff would know the necessary details.
- At Greenvale, patients were using wheelchairs without footrests and being lifted without the use of the correct equipment. This meant there was a risk of people getting injured.
- At Greenvale and Ann Moss House, medication had run out causing delays in patients receiving medication.

However, the care of people to reduce the risk of falls and pressure ulcers was very good. The reporting and learning from incidents was well established across the wards.

Requires improvement



Are services effective?

We rated effective as **requires improvement** because:

- Staff working on the mental health wards for older adults did not feel confident in supporting people with dementia and were not being encouraged to access the training that was available in order to develop the skills to provide this care to a high standard.

However, staff had made progress in the use of the Mental Capacity Act. Patients were having comprehensive assessments, multi-disciplinary teams were working together well and sharing knowledge to improve the quality of care delivered.

Requires improvement



Are services caring?

We rated caring as **requires improvement** because:

- Whilst the majority of staff were very caring and thoughtful the structured observations that were done during the inspection showed that some staff did not communicate well with the patients especially during mealtimes.

However, there were good examples of patient and carer engagement through the service user and carer group and on an individual basis on the wards.

Requires improvement



Are services responsive to people's needs?

We rated responsive as **requires improvement** because:

Requires improvement



Summary of findings

- The food provided for patients was very poor and did not meet people's individual needs in terms of their preferences and cultural needs. Meals were not always provided in the manner that made this a pleasant event.
- Privacy and dignity was not always maintained, for example on Hayworth ward the observation windows in bedroom doors were kept continuously open.

However, the wards provided a range of rooms for different activities, a programme of therapeutic activities were provided and complaints were well managed.

Are services well-led?

We rated well led as **good** because:

- There was good leadership at a ward level and the managers who were supporting them.
- Staff had access to leadership development opportunities.
- Some wards are undertaking innovative projects to enhance patient care and experience.

Good



Summary of findings

Information about the service

The wards for older people with mental health problems provided by South London and Maudsley NHS Foundation Trust were all part of the trust's mental health of older adults and dementia clinical academic group (CAG).

Greenvale and Ann Moss Specialist Care Units were located in community sites and provided care and treatment for older adults with diagnoses of dementia and functional mental health disorders. Greenvale was a 29 bedded unit and Ann Moss a 16 bedded unit.

Hayworth ward had 18 beds and was located at the Ladywell Unit, Lewisham hospital. The ward was an acute assessment unit that provided care and treatment for older adults with mental problems as well as people aged under 65 who have dementia. Aubrey Lewis 1(AL1) was situated on the Maudsley hospital site and had 20 beds.

The ward was also an acute assessment unit that provided care and treatment for older adults with mental health problems as well as people aged under 65 that had dementia.

Chelsham House was located at The Bethlem Royal Hospital in Beckenham and had 20 beds. Currently the service was providing care for older adults with dementia. The ward usually cared for people with acute mental health problems but due to refurbishment works the ward had transferred patients that were more acutely unwell to AL1 or to Hayworth ward. The wards will revert back to their original service once the works are complete.

We had inspected Chelsham House which is provided by South London and Maudsley NHS Foundation Trust in September 2014 where the service was found to be non-compliant in two areas; staffing and consent to treatment. We looked at both these areas as part of the inspection and they were now compliant.

Our inspection team

The team who inspected wards for older people with mental health problems consisted of two inspectors, one expert by experience and three specialist advisors, a nurse, occupational therapist and psychiatrist.

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

Summary of findings

organisations for information and gained feedback from patients via our comment cards and attended focus groups including the trust's service user and carers group for older people.

During the inspection visit, the inspection team:

- visited all five 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 17 patients who were using the service
- spoke with 5 carers/visitors
- spoke with 1 befriender
- collected feedback from 22 patients and visitors using comment cards
- spoke with the managers or acting managers for each of the wards
- spoke with 41 other staff members; including doctors, nurses and social workers
- interviewed 2 divisional directors with responsibility for these services and 1 service manager
- attended and observed five hand-over meetings and 2 multi-disciplinary meetings.
- looked at 59 treatment records of patients
- carried out a specific check of the medication management on all five 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

We spoke with patients and relatives during our inspection. The feedback was mostly positive about the caring nature of the staff, explaining how kind and compassionate they were as well as professional during challenging situations. Patients told us staff discuss their needs with them and are respectful by knocking on bedroom doors before entering. Carers felt supported and included in making decisions about their relatives treatment and discharge.

Some patients told us they didn't like being in hospital and felt that they didn't need to be there but felt they were treated well and kept safe. There was negative feedback about the quality of food and the lack of options for special diets and cultural foods.

Prior to the inspection we attended and received feedback from the service user and carer advisory group which involved service-users and carers who have experienced the trust's older adults services. The feedback received was overall positive about older adult inpatient services but it was highlighted that there is not always enough staff visible on the wards and some staff do not always receive adequate training for their role within older peoples services.

Good practice

- Greenvale was using Namaste Care to provide a structured programme to integrate care with individualised activities for people with dementia.
- The trust created a service user group and carer advisory group which involved service-users and carers who have experienced the trusts older adults services. The group provided opportunities to review current practice, recruitment, staff training and ultimately supporting each other.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure there are no unpleasant odours of urine by toilet areas at Greenvale and Chelsham House.
- The trust must ensure that across the wards for older people that risk assessments are completed with sufficient detail so that they can be used by care professionals supporting the patients.
- The trust must ensure that at Greenvale the wheelchairs are all fitted with footrests and that these are used. The trust must also ensure that patients are moved safely with the use of hoists where needed.
- The trust must ensure there are medicine management systems in place to regularly check stocked medication at Greenvale and Ann Moss specialist care unit so they are available to use when needed.
- The trust must ensure that all staff supporting patients with dementia are supported to access training on dementia on an ongoing basis so they deliver care confidently based on current best practice.
- The trust must ensure that staff are supported to improve their communication and interactions especially at mealtimes.

- The trust must ensure that across the wards for older people that care is delivered in a manner that considers privacy and dignity including same gender care and closing observation windows on bedroom doors when they are not needed.
- The trust must ensure food provided to patients meets their individual needs including their personal choice, physical needs and religious or cultural preferences.

Action the provider **SHOULD** take to improve

- The trust should ensure food and fluid charts where they are used across the wards for older people are completed correctly.
- The trust should ensure that when patients have their rights explained under S132 that this is recorded. The trust should also ensure that patients are given a copy of their section 17 leave form.
- The trust should ensure that patients and their relatives are involved in assessments.
- The trust should ensure that patients with dementia have access to individual appropriate therapeutic activities across all the wards.
- The trust should ensure that mealtimes are made pleasant with patients having access to an attractively laid table with condiments.

South London and Maudsley 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
Hayworth Ward	Ladywell Unit
Aubrey Lewis 1	The Maudsley Hospital
Chelsham House	The Bethlem Royal Hospital
Ann Moss Specialist Care Unit	Ann Moss Specialist Care Unit
Greenvale Specialist Care Unit	Greenvale Specialist Care Unit

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.

At the time of the inspection, the local training logs stated that over 90% of the qualified staff working across all of the five wards had completed the trust's mandatory training in the Mental Health Act exceeding the trust's target of 85%.

Whilst patient records included a capacity assessment for physical health care medication these had mostly been completed at the time of the inspection.

There were also care records that did not have a record in relation to reading patients their Section 132 rights and reattempting this if required.

Overall detention paperwork was filled in correctly, up to date and stored appropriately. There was good adherence to completed treatment forms attached to medication cards where applicable.

Section 17 leave forms were being completed but were told that patients were not always given copies.

All of the wards we visited had access to independent mental health advocacy. Advocates would visit the ward regularly or were available upon request. Patients and staff were aware of how to access advocacy services. We spoke with many detained patients under the MHA and overall people said they felt safe and well looked after.

Detailed findings

Signs were visible near the exit advising informal patients that they could choose to leave the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

Across all wards staff were making use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In total there were 24 DoLS applications made in the last six months across all of the wards. We did find long delays between the applications sent and the wait for assessments by the local authority. On average this was two to three months wait.

There were regular MDT discussions around capacity and best interest meetings. DoLS applications were made when the ward felt this was needed. Discussions around capacity were documented within the care records and was done on a decision-specific basis. For example a member of staff had completed a capacity assessment with a patient who did not want a bath board and hand rails at home. We saw good practice around involving relatives and carers within assessments. For example on one ward we visited it was documented the ward was accessing a language interpreter to assist a best interests meeting.

Many staff we spoke to valued the use of having a member of staff providing in house training on the MCA and were all aware they can always contact the mental health law office for advice.

In a previous inspection in September 2014 Chelsham House was non compliant in relation to consent to treatment. Best interest meetings were not taking place for informal patients and where required Deprivation of Liberty Safeguards (DoLS) authorisations had not been sought. On returning to Chelsham house, 7 care records were reviewed for appropriate documentation and timely assessment of consent to treatment. All the care records had comprehensive capacity assessments and records of best interest discussions where required as well as completed DoLS applications. We saw good practice around the use of language interpreters and family were included in meetings.

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 ward environment

- The layout of Hayworth Ward, Greenvale and Ann Moss Specialist Care unit did not allow for clear lines of sight for observing patients, with many blind spots and no convex mirrors to facilitate observation. We observed staff regularly carrying out safety checks. On some wards they would be carrying out intentional rounding observations during the day and 1:1 observations when required.
- Throughout all the services there were ligature anchor points. The ligature audits stated how the risks would be mitigated. Wards were being refurbished and we heard how this included the development of anti-ligature bedrooms for higher risk patients across services. Risks of self-harm were addressed in individual risk assessments and patients were observed when needed.
- The wards were all complying with Department of Health same-sex accommodation guidance.
- The September 2014 inspection of Chelsham House found the environment to be unsafe in relation to ligature risks. This issue had now been addressed with ligature audits in place. This was now compliant. Fire safety and environment checks were completed monthly and actions plans devised where required. At Chelsham House maintenance checks of most of the ward equipment had taken place. The exception was a hoist in the physiotherapy room and four wheelchairs used for portering. Staff were unable to tell us who they would inform about issues and who was responsible for maintenance checks.
- The wards were mainly clean. However, during the inspection there were strong odours around toilets in some bedroom areas. This was particularly noted at Greenvale and Chelsham House. Managers said that the cleaning products being used did not manage to address these odours but they were now being advised to use alternative products. Patients told us they felt the level of cleanliness was good. Staff undertook infection control and hand hygiene audits regularly along with action plans if required and recorded tasks completed. Clean stickers were visible and in date on the equipment in the clinical rooms. The PLACE score for cleanliness for the services was above the national average at 97%. The scores for privacy, dignity and well-being were also above the national average at 95%. The score for condition, appearance and maintenance was 97% which is also above the national average. In the dementia category the services scored 97%.
- The decoration at Greenvale and Ann Moss was tired and was in need of an update. At Greenvale the lighting was extremely dim in patient bedrooms and bathrooms. Only one bedroom door had a viewing panel, the others were solid doors. This meant staff were unable to observe patients in a discreet manner. Senior staff told us the trust are currently undergoing refurbishment works of all services we inspected to address these issues.
- The clinical room at Greenvale and Ann Moss were very small and did not have examination beds. There was a significant amount of stock leading to a cramped room. The emergency equipment including the defibrillator and oxygen was situated on the wards. Staff were aware of where the equipment was kept. Staff checked them regularly and they were fit for purpose. Staff had recently begun daily equipment checks, having previously completed them weekly.
- Staff had call alarms on all wards. On Hayworth Ward when staff activated these the alarms sounded throughout the building, regardless of where an incident was taking place. The staff told us this was to alert members of the emergency response team to an incident. The trust have told us that since the inspection the system has changed and a new alarm system is in use.

Safe Staffing

- A safe staffing level notice was displayed showing the numbers of staff on duty with their names and roles clearly indicated. Safer staffing levels were audited by the trust and records showed that these had largely been achieved across the wards visited. Where there were not enough staff the wards worked to mitigate this,

Are services safe?

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for example filling a shift for a qualified member of staff with unqualified staff. In the past 12 months each service had on average 3 permanent members of staff leave. Chelsham House had 33% of vacancies compared to Hayworth ward with 2.54%. All wards were all actively recruiting but were at different stages.

- Greenvale, Ann Moss, AL1 and Hayworth ward were rarely short staffed and were able to have regular 1:1 time with patients. Activities were rarely cancelled due to staffing problems.
- A previous inspection in September 2014 to Chelsham House found the staffing to be unsafe and that there was not enough staff working on each shift. On return to Chelsham House, the safer staffing tool confirmed that the service was safely staffed although staff said that at times it could be difficult due to patients needing 1:1 observations. The staffing levels were mostly met and only 19 shifts in total were not covered in the months of July to September 2015. The common reasons were due to the agency being unable to fill the shift or short notice sickness. The ward manager made us aware that since our previous inspection, interim measures had been put in place to reduce the bed occupancy from 20 to 16 and a maximum of 2 patients who needed 1:1 observations were accommodated at any one time. This was to allow the ward time to progress staff recruitment. The ward was now compliant with safe staffing.
- The safer staffing tool did not take into account when more staff were needed for close 1:1 observations as there was no clear set establishment. The ward managers confirmed that they can increase staffing numbers when required.
- All wards had sufficient medical support to support the ward teams. For example at Ann Moss specialist care unit a consultant psychiatrist attended the weekly multi-disciplinary team meetings. There was the local GP practice to cover during the day and South East London Doctors Cooperative to cover out of hours.
- Staff were offered mandatory training. At the time of the inspection the trust training figures showed that the services were not meeting the target of 85% for the completion of mandatory training. However, local training logs showed better results with the completion rates for moving and handling at 86% and safeguarding children 1 and 2 at 90%. The number of staff who had

completed personal safety training was below 75%. The trust maintained a central record of mandatory training. There was a time lag in the uploading of local training data and it being reflected in the trust wide reports.

- Ward managers were able to review and monitor the mandatory training progress and poor completion would be raised within supervision. The managers were encouraging staff to attend training as needed.

Assessing and managing risk to patients

- Staff on all of the wards told us they viewed restraint as the last resort and attempts to verbally deescalate were always the first option. In the 6 months from December 2014 restraint had been used 61 times across the wards of which prone restraint took place on two occasions. The staff correctly recognised when restraint was used.
- Staff completed a full risk assessment when a new patient was admitted to the ward which incorporated historical and known risks. The assessments included falls risk assessment, body mapping, nutritional assessments which would guide and develop an overall management plan. However, it was noted that the quality of the recording was not good and most of risk assessments lacked detailed.
- Staff were trained in safeguarding vulnerable adults and children. The staff we spoke with were able to tell us how to recognise a concern and how to escalate this so that it was alerted appropriately. They told us examples of where referrals had been made due to a concern and appropriate action taken. Staff were also encouraged to discuss any concerns with team members. However, it was brought to our attention a disclosure from a patient whereby an allegation had been made but no safeguarding alert raised for 2 months. Senior member of staff assured us this would be completed immediately.
- Staff were aware of potential risks of falls and pressure ulcers and systems were in place to reduce the risk of these occurring. Staff completed an initial assessment which was used to inform which care bundle the patient received. The care bundle formed a part of the care plan. During our inspection we saw this being used regularly and completed on admission. Any concerns about pressure care were escalated to the tissue viability nurse and a treatment plan was implemented.

Are services safe?

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- Staff were trained in the safe moving and handling of patients, and there was equipment available on all wards we visited for staff to use in the transfer of patients. However, we observed staff at Greenvale using an 'under arm' lift and four patients being transported with no foot rests on wheelchairs and brakes not being used. This was not good practice and could put the patient and staff at risk of harm.
- Medicines management was reviewed at Greenvale and Ann Moss specialist care units. These services were not having regular trust pharmacy visits where medication audits were taking place as medication came from a local community pharmacist. There was a significant amount of stock medication that was not being accounted for. At Greenvale we checked 6 individual allocated medication trays and found in 1 tray there were 2 other medications that belonged to another patient. Due to the lack of formal stock checks, there had been occasions where medication had finished and waiting for replacements had caused unnecessary delays to patients. Medication treatment cards were not being signed completely. In the 10 cards reviewed, we found 21 blank boxes within the past month which contained blank boxes with no explanation. We found on one treatment card medications due at a specific time of day had not been signed for which included; antibiotics, citalopram, amisulpride medications. The Trust was in the process of changing the medicine management systems at Greenvale and Ann Moss Specialist Care Unit. This was due to commence on the 2 October 2015 and will match the standard of provision that is currently in place on the other wards for older people.
- On all wards we visited there was not a designated relatives room for when children are visiting. However, all wards identified a room which was not necessarily

away from the main ward area but was safe and fit for purpose. Staff told us that if children are visiting the ward this would need to be pre-planned and would be risk assessed.

Track record on safety

- Over the past year there has been no serious incidents involving older peoples on the inpatient wards.

Reporting incidents and learning from when things go wrong

- The staff we spoke with were aware of how to report an incident using the trust's electronic system. All incidents were reviewed by the ward manager as well as quality governance meetings and quarterly clinical academic group meetings. This ensured the most appropriate, prompt response was taken. Staff received feedback on incidents via a newsletter, which was regularly sent out. There was a system in place for ward managers to complete a fact finder document within 48 hours of the incident taking place. Staff we spoke to were all very familiar with the trust's blue and purple light bulletin, which was a document that was regularly sent out to make sure all trust staff were aware of incidents and current practice updates.
- Learning from local incidents and sharing this was actively taking place within regular nursing council meetings and business meetings. New ways of working would be implemented as an outcome. For example, increasing observation levels to decrease risk of harm to a patient as well as checking the hot water temperature that patients had access to regularly to minimise any self injuries.
- Following incidents staff were offered support by their line manager and peers. Staff told us they felt supported after an incident and were able to discuss their feelings.

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

- Clinical staff were completing a comprehensive assessments for each patient on admission.
- Only 78% of the records inspected showed that a full physical examination had taken place on admission. There was an expectation that patients would each have a set of tests done to monitor their health. An audit had taken place to see if these checks had happened in practice. This showed that AL1, Ann Moss House and Greenvale scored 95% or above for July and August. The audit from Chelsham House showed in the month of August none of 20 patients had a urine screening on admission, 75% had specific lipid blood tests and 75% had weights taken on admission. At Hayworth ward only 1 of 18 patients had a urine screening on admission. All wards had an appropriate action plan which reflected the areas for improvement.
- A number of patients had a comprehensive nutritional assessment with input from a dietician and speech and language therapist. Speech and language therapists had input into implementing care plans as well as providing specialist annual training on dysphagia (swallowing difficulties) for all ward staff. In some cases a food and fluid chart was being used to monitor how much patients were eating and drinking. Ten of these were inspected and they were all completed inaccurately.
- A common theme that ran throughout all of the care records was the lack of service-user involvement and the 'patient voice'. Care plans contained very limited information about patients lives and the things they enjoyed doing. Few examples were seen of staff thinking about activities based on peoples previous work or interests.
- For two wards we reviewed the management around do not attempt resuscitation(DNAR). Copies of DNAR forms were held in a folder which could be accessed promptly if needed if patients were attending a general hospital.
- The care records were stored within the trust's electronic computer system and readily available when staff need it. Access to this system was secured to keep information confidential.

Best Practice in Treatment and Care

- The National Institute for Clinical Excellence guidelines were being met in relation to the management and prescribing of medication across all wards we visited. There was evidence to show medication being prescribed within BNF limits and good practice around the auditing of the use of covert medication.
- Nursing staff were given lead roles on physical health issues such as nutrition to maintain good practice.
- Across the wards there were a number of different outcome measures being used to measure the progress of patients.

Skilled staff to deliver care

- Some staff working on the mental health wards for older adults said that they were not routinely being offered training in dementia and this was impacting on their confidence to support people with dementia. However, there were a range of training options available on dementia as part of other courses and through training provided from members of the multi-disciplinary team. The trust needs to ensure that these are more widely advertised and that staff are actively supported to access them so that they are able to provide appropriate care to patients.
- The staff working on the older adults wards were from a nursing, medical, occupational therapy and psychology background. Most wards that we visited had a recovery worker as well as an activities coordinator. Each ward had access to a speech and language therapist, dietician and physiotherapist. On all wards there were identified training sessions provided by members of the multi-disciplinary team. Examples of training included wound care, early warning signs and nutrition.
- Qualified nurses were being provided with an opportunity of preceptorship training and also mentorship training. One ward we visited had up to 6 staff members being trained to become a mentor.
- New staff received an induction to the ward and also a 4 day formal trust induction. The care certificate was being offered to all care support workers across all services.
- Staff on each ward received regular 1-1 supervision with their line manager along with an annual performance

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.

appraisal. Most staff we spoke to said they received regular supervision with their line manager. Appraisals were completed in the last year for 92% of non-medical staff.

- Performance issues were currently being addressed with some staff and were supported by the human resources team from the trust.

Multi-disciplinary and inter-agency team work

- During the inspection we observed 5 handovers across all services. The handovers shared basic information. The handovers were person-centred, detailed and provided a clear guide for the next shift.
- Two multi-disciplinary team meetings were observed and were found to be well attended by all members of the ward team. The meeting provided an opportunity to review, update and gain feedback from patients and carers. On some wards, the ward round meetings were separated into two days due to the number of patients.
- The local authority staff and home treatment teams rarely attended the meetings and the communication with external mental health teams needed improving. The senior staff we spoke with recognised the importance of clear communication and building relationships with teams outside of the organisation.

Adherence to the MHA and the MHA Code of Practice

- At the time of the inspection, the local training logs stated that over 90% of the qualified staff working across all of the five wards had completed the trust's mandatory training in the Mental Health Act exceeding the trust's target of 85%.
- Whilst patient records included a capacity assessment for physical health care medication these had mostly been completed at the time of the inspection.
- There were also care records that did not have a record in relation to reading patients their Section 132 rights and reattempting this if required.
- Overall detention paperwork was filled in correctly, up to date and stored appropriately. There was good adherence to completed treatment forms attached to medication cards where applicable.

- Section 17 leave forms were being completed but were told that patients were not always given copies.
- All of the wards we visited had access to independent mental health advocacy. Advocates would visit the ward regularly or were available upon request. Patients and staff were aware of how to access advocacy services. We spoke with many detained patients under the MHA and overall people said they felt safe and well looked after.
- Signs were visible near the exit advising informal patients that they could choose to leave the ward.

Good practice in applying the MCA

- Across all wards staff were making use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In total there were 24 DoLS applications made in the last six months across all of the wards. We did find long delays between the applications sent and the wait for assessments by the local authority. On average this was two to three months wait.
- There were regular MDT discussions around capacity and best interest meetings. DoLS applications were made when the ward felt this was a needed. Discussions around capacity were documented within the care records and was done on a decision-specific basis. For example a member of staff had completed a capacity assessment with a patient who did not want a bath board and hand rails at home. We saw good practice around involving relatives and carers within assessments. For example on one ward we visited it was documented the ward was accessing a language interpreter to assist a best interests meeting.
- Many staff we spoke to valued the use of having a member of staff providing in house training on the MCA and were all aware they can always contact the mental health law office for advice.
- In a previous inspection in September 2014 Chelsham House was non compliant in relation to consent to treatment. Best interest meetings were not taking place for informal patients and where required Deprivation of Liberty Safeguards (DoLS) authorisations had not been sought. On returning to Chelsham house, 7 care records were reviewed for appropriate documentation and timely assessment of consent to treatment. All the care records had comprehensive capacity assessments and

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.

records of best interest discussions where required as well as completed DoLS applications. We saw good practice around the use of language interpreters and family were included in meetings.

Are services caring?

Requires improvement 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Most of the staff we observed caring for patients were kind and thoughtful and took the time to meet their individual needs.
- Staff did not consistently demonstrate a clear understanding of the importance of engagement and meaningful interaction in ensuring the individual wellbeing of people living with dementia. Our observations on each ward showed variations as to the number and quality of staff interactions with people using the service. For example, one staff member carrying out enhanced observations sat next to the person but made little or no attempt to engage or communicate with the person. Another staff member then took over and immediately used eye contact and touch to engage with the person which they responded to.
- Varied communication and engagement styles were observed between staff and the patients. During lunchtime some staff members showed respect by asking the patients whether it was okay to help them by wiping their mouth or moving their chair. Staff were also observed adapting their communication methods to speak to a deaf patient.
- A structured observation was carried out during our visits to some of the older adults wards. A common theme was around the lack of quality engagement between staff and patients. Mealtimes appeared to be busy and did not encourage independence. A patient told us they felt they were treated like a child. A relative told us they felt not a lot of encouragement happened at mealtimes. There was a clear lack of interaction between some staff members and patients and staff were observed to stand with their arms folded, staring at patients while they were eating with minimal or no conversation. Staff could be heard discussing their workload with each other which was not appropriate.

The involvement of people in the care they receive

- The trust had established a service user and carer advisory group which involved older adult patients and carers who had experience of using the trusts older

adult services. The group aimed to improve services. The group was involved with staff recruitment and training. The group were working on the 'power of story project' which aimed to gather and share stories of older adult service-users including carers and the staff within the trust. The main focus of this project was to support people to tell their story. It was clear that the group worked hard and contributed significantly to the older adult services. The overall feedback from the group was positive.

- On all wards, patients had good access to advocacy services and advocates were available by request or would visit the wards regularly to talk with patients. There were visible posters to display contact information. Advocacy staff would sometimes attend weekly meetings on the wards.
- The manager working on Aubrey Lewis 1 provided an 'open surgery' every Wednesday which provided an opportunity for patients, carers and visitors to speak openly about compliments and complaints. This format worked well and enabled the service to escalate any feedback.
- Patients were not always actively involved within care planning and documentation showed a lack of the patient voice. Some of the language used by staff both verbally and within care notes was not positive or dementia friendly. For example, people were described as challenging and a disturbed patient. The use of this language may serve to negatively label people and undermine their individual identity. It was found there were limited comments by patients and carers in care plans at the onset of admission or subsequent reviews.
- Documentation of family involvement within care records was varied. Some carers were consulted and involved in decisions about treatment for example the choice of medication. Families and carers were encouraged to attend regular meetings and visit the wards. Some wards had regular carers meeting which provided support and an opportunity to feedback. We were told that carers felt they could be open in these groups. A visitor at Greenvale told us they feel that the ward is safe and their friend is happy. The visitor reported making a photo album and the staff use it to look at with the service-user.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and Discharge

- Referrals were discussed in the MDT meetings and then an assessment was carried out by the manager. At the time of our visit Chelsham House was mainly admitting patients with a dementia diagnosis and patients with more challenging needs were being transferred to Aubrey Lewis 1 and Hayworth Ward. This was due to environment refurbishment works, however once the works were complete the wards will revert back to their usual admission criteria.
- Average bed occupancy over the last 6 months was 82% and 3 out of the 5 wards were more than 95% occupied. Ann Moss House was not accepting any admissions due to refurbishments taking place. Overall there was good access to a bed when a patient returned from leave.
- Hayworth ward had an average length of stay of between 60 to 90 days. Staff were aware of the need to involve the relevant teams early to plan discharges. Chelsham House had five delayed discharges over the previous six months. These were mainly due to waiting for nursing home placements.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a variety of rooms for use, including quiet rooms, therapy rooms and clinic rooms. There was no dedicated relatives rooms available across any of the services. The multi-purpose rooms could be used by visitors.
- Patients were able to make telephone calls using either the public payphone or a telephone located in a ward office, or their personal mobiles, according to their preference.
- Each ward had access to an outside space but mostly patients were supervised and supported to access the space to ensure their well-being and safety. On Hayworth ward the ward was not on the ground floor and the outdoor space was not very welcoming.
- Activities took place throughout the day on all wards visited. These included a reminiscence session, chair

based exercises, a relaxation session and a gardening group. There was equipment available to support patients occupy their time such as books and art equipment.

- The trust was using the Namaste Care approach at Greenvale which was a structured programme integrating compassionate care with individualised meaningful activities for people with advanced dementia. In other wards there was a need to further develop individual activities for people with dementia.
- Hot drinks and snacks were available outside of meal times. On most wards patients were unable to make drinks independently. Hot drinks were provided regularly. Cold drinks were accessible on most wards throughout the day for anyone to access.
- Overall service-user bedrooms were not very personalised but a few bedrooms were observed to have the patients own pictures and furnishings.
- The privacy and dignity of people using the service on Hayworth ward was not being upheld. Throughout our visit, the observation windows of all bedrooms on this ward were kept open by staff and were used by staff to carry out checks on people when they were in their rooms. People using the service were unable to close these windows themselves and had to ask staff to do this using a key if they wanted some privacy. We saw a male staff member carrying out observation checks on the female corridor during our visit to Hayworth ward. This concern was raised to staff on the ward and was planned to be rectified. Curtains were used on other wards to help ensure the privacy and dignity of people using the service. Staff members on other wards were observed to be knocking on bedroom doors and awaiting a response.
- Food was an issue since the introduction of 'cook chill' foods. All services commented on the poor quality of food and the lack of patient involvement in choosing foods. The provision of cultural foods needed to be specifically requested but was not always arriving. Relatives bought in foods for their relatives. The tables were set with a table mat, cutlery but no condiments. There were no table cloths or serviettes to enhance the meal time experience. At Greenvale care unit there was no option to have a cold drink along with their meal and we were told that drinks were served afterwards.

Are services responsive to people's needs?

Requires improvement 

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

- The patient led assessments of the care environment (PLACE) survey was carried out in 2015 and the scores were lower than previous years. Greenvale care unit had the lowest score of 82% for food.

Meeting the needs of all people that use the service

- The geographical area covered by the trust was highly diverse with different cultures. Ann Moss provided excellent tailored posters, for example bedroom door signs were made for patients who spoke different languages. The sign would provide the pronunciation of their name so that staff would be able to pronounce their name correctly. Other wards did not provide leaflets in different languages but most staff were aware of how to access these via the trust intranet. Staff had access to interpreters to support patients and carers during meetings and assessments.
- Some local faith representatives were organised to visit the ward and some could be booked upon request whilst patients could be escorted to visit their place of worship. A patient told us she goes out regularly to church and loves to read.

- The wards all had equipment and could make adjustments for people with disability needs. Hayworth ward could be accessed by a lift.

Listening to and learning from concerns and complaints

- A total of five complaints were made in the past 12 months from the older adults inpatients services and two were upheld.
- Most of the patients or carers we spoke with said they knew how to raise a complaint. Mostly patients said they would talk a nurse or the manager. Information about how to make a complaint and access the patient advice liaison service were displayed on the ward.
- The staff told us that they attempt to address any concerns raised through an informal process initially and signpost when required.
- On all wards the staff received feedback from outcomes of incidents and complaints. This was through team meetings and nursing council meetings where lessons learned were covered.

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

- Staff members were able describe the vision for the trust and their commitment to their work.

Good governance

- There were local governance processes such as care plan audits, physical health check audits, monitoring staff training and appraisals, monitoring safer staffing levels as well as reporting and learning from incidents.
- Staff could update the trust risk register. The managers we spoke with were aware of this and how to update areas of concern.

Leadership, morale and staff engagement

- Overall the wards were well-led. There was good leadership at a ward level and the managers who were supporting them. All the ward managers had opportunities to develop their leadership skills further for example, completed a masters degree in a relevant subject, coaching training, management and leadership modules.
- Members of staff took pride in their day-to-day work and overall enjoyed working in their teams. Many staff had been working for the trust for a substantial amount of time. Some staff were able to tell us who the senior executive team were and some were less sure.
- The ward managers told us they felt very supported by the senior managers and felt autonomous within their management role. Administrative staff worked on all wards to provide additional support.

- Ward managers were visible during the day. We were told that staff and patients felt comfortable approaching them to ask for support and guidance. The culture of the wards we visited were open and transparent.
- Sickness and absence rates were monitored by the trust for older adult inpatient services and none of the wards had high sickness rates.
- Staff were aware of whistle-blowing processes and knew how to escalate if required. Most staff felt confident to discuss any concerns with their line manager.

Commitment to quality improvement and innovation

- Currently AL1 and Hayworth ward were taking part in a project called The Twinning Project. This was an opportunity for the wards to work in partnership with the acute older adult wards within general hospitals and share learning between general and mental health nursing.
- There is also a project called 'C4C' which involved patients being asked if they would be willing to register to be involved within research. The registration gave permission for researchers to view a patients care records to assess if there are any studies that the individual may be eligible for.
- Hayworth ward was accredited by the Royal College of Psychiatrists as part of their programme for inpatient mental health services.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The trust had not ensured the care and treatment of patients was appropriate and met their needs and reflected their preferences.</p> <p>Meals across the wards for older people did not meet peoples individual preferences or cultural needs.</p> <p>Some staff did not interact well with patients especially during mealtimes.</p> <p>This was a breach of regulation 9(1)</p>

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The trust had not ensured that patients were treated with dignity and respect:</p> <p>On Hayworth ward observation windows in bedroom doors were continuously open.</p> <p>This was a breach of regulation 10(1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust had not ensured that care and treatment was provided in a safe way for patients

At Greenvale and Chelsham House there were strong smells of urine by toilet areas.

Across the wards for older people risk assessments were often completed with insufficient detail to ensure staff would know the necessary details.

At Greenvale and Ann Moss House, medication had run out causing delays in patients receiving medication.

This was a breach of regulation 12(1)(2)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

At Greenvale patients were using wheelchairs without footrests and being lifted without the use of the correct equipment. This meant there was a risk of people getting injured.

This was a breach of regulation 15(1)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The trust had not ensured staff had appropriate training to enable them to carry out their duties.

This section is primarily information for the provider

Requirement notices

Staff did not feel confident in caring for people with dementia and were not supported to access training.

This was a breach of regulation 18(2)(a)