

Good 

South Essex Partnership University 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)
RWN40	Basildon Mental Health Unit	Gloucester Ward	SS16 5NL
RWNJ3	Clifton Lodge	Clifton Lodge	SS0 7DB
RWN65	Mountnessing Court	Mountnessing Court	CM12 0EH
RWNJ2	Rawreth Court	Rawreth Court	SS6 9RN
RWN10	Rochford Hospital	Beech	SS4 1RB
RWN10	Rochford Hospital	Maple	SS4 1RB
RWN50	Thurrock Hospital	Meadowview	RM16 2PX
RWN50	Thurrock Hospital	Mayfield	RM16 2PX

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

Summary of findings

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 South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 wards for older people with mental health problems as Good because:

- Care and treatment was delivered in a person centred, kind, respectful and considerate way
- Patients and their carers told us that most staff treated them with kindness, dignity and respect. Patients and families told us they were satisfied with the care they received and most felt safe on the wards.
- Care Programme Approach and patient ward reviews were carried out in a timely manner. There were suitable care plans and risk assessments in place for patients which were reviewed regularly. Patients and their carers were involved as partners in care planning.
- There was a strong culture of staff managing complex patient behaviours effectively, only using medication when they needed to.
- There were strong links with the Mental Health Act administrator who was visible on the wards to support staff.
- The ward environments promoted dignity and well-being for patients and there was access to outdoor space.
- Patients had routine and regular contact with a range of health professionals to promote their physical health and well-being. Different professions worked effectively together to assess the needs of patients and to support the discharge process.
- There was an active occupational therapy and physiotherapy team who developed individual plans and therapeutic activities with patients. The pharmacy team were accessible to ward staff and provided ongoing monitoring and support with medication management
- Staff showed a clear understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.

- There was a suitable training plan in place for staff to enable them to keep up to date with their clinical or leadership skills and to develop these further.
- There were robust systems in place to record incidents and learning from incidents was routinely shared amongst staff.
- Morale amongst staff we spoke to was generally good; they enjoyed their jobs and were clear about their roles and responsibilities. Staff told us they felt valued and supported by the Trust and felt confident they could report their concerns without fear of reprisal.
- Local leadership was visible and available to support staff.

However:

- Staff did not always have good access to patient records in order to deliver safe and effective care at all times.
- The door to one ward office, which contained paper files and confidential information, was left open even though it exited onto a public garden area. Another ward had an open door from a staff break room which led out onto a publicly accessible drive way.
- We found that there were three falls recorded as serious incidents within the last six months which resulted in patients sustaining fractured limbs.
- Some patients could not access psychological therapies in a timely manner.
- Two female patients told us that they did not feel safe on the wards because male patients came into their rooms at night and this frightened them.
- Patients were not permitted to use one garden area following rain because the ground surface was deemed to be too slippery and posed a risk of falls. Two garden areas had no shaded areas which meant that patients were not protected from the heat or sun.

Summary of findings

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

Are services safe?

We rated Safe as Good because:

- Staff knew how to protect patients from harm. There were appropriate risk assessments in place to keep patients and staff safe. Staff had a good understanding of the safeguarding adults process. All except two patients we spoke to said that they felt safe
- Ward areas were clean, clutter free and well maintained.
- Staff vacancies were actively being addressed and recruited to. Staffing numbers were generally in line with the Trust's policy and contained a mix of staff from different professions. Ward managers were able to request additional staff when they needed to.
- Patients were protected from developing pressure ulcers.
- Staff were confident they could report errors, near misses and incidents because there was an open culture that listened to staff and did not blame them.
- Mandatory training for staff was routinely undertaken and managers monitored training records.
- Audits were regularly undertaken of the ward areas and patient records.
- There were systems in place to learn lessons when things had gone wrong and the learning was shared amongst other wards in order to inform staff and enhance patient care.

Good



Are services effective?

We rated Effective as good because:

- Patients were assessed and treated in a timely manner and we saw evidence that patients were effectively supported to move on from the service when it was appropriate for them.
- We saw good practice around assessing, supporting and monitoring patients' nutritional needs.
- In line with the Mental Health Act Code of Practice (2015) and NICE guidelines, patients received thorough physical health checks and medical attention to promote their well-being
- Patients had access to community health services when they needed them.
- Care Programme Approach (CPA) reviews were routinely held in order to collect and monitor patient outcomes.
- Occupational therapy, physiotherapy, social work, medical and nursing staff worked well together to plan and deliver multidisciplinary patient care.

Good



Summary of findings

- Staff had good opportunities for learning and development and showed a good understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.

However:

- The systems that managed patient information (electronic and paper files) did not always support staff to deliver effective care and treatment.
- A Lasting Power of Attorney document and an Approved Mental Health Professional report were missing from two of the records we checked.
- There was limited access to psychological therapies.
- There were inconsistencies in referring patients to an independent mental health advocate (IMHA) when they lacked the capacity to understand that they needed an IMHA.

Are services caring?

We rated Caring as good because:

- All but one patient told us that staff were kind and provided them with good care. Most patients told us that staff were willing to help them when they needed it and they were treated with kindness. Patients told us that staff showed them respect.
- We observed kind, considerate and positive interactions between staff and patients. We observed that patients were treated with kindness, dignity and respect.
- We observed staff taking time to interact with patients, to help them to eat, to engage in activities and to help them feel less agitated when they were distressed.
- We saw some very person centred care which was working well for patients with highly complex needs and behaviours.
- Most patients who could communicate with us knew that they had a care plan and had been involved in developing it.
- Patients could make telephone calls in private if they wanted to. Staff were willing to take telephone calls from family members on a regular basis if this was what the family needed and family told us that staff always phoned them to keep them informed of changes.
- Staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes.
- Staff routinely encouraged patients and their carers or family to complete the Alzheimer's Society "This is Me" document to help staff fully understand their individuality. One ward had adapted the document in order to ensure it could be used on the electronic patient records system.

Good



Summary of findings

Are services responsive to people's needs?

We rated Responsive as good because:

- Patients using the service told us that they felt listened to and were confident that if they had a complaint it would be acted upon.
- We saw notices informing patients how to complain and how to access an advocate.
- The facilities and premises were appropriate for the services that were being delivered. Equipment such as hoists and pressure relieving mattresses were readily available to meet the needs of patients with additional mobility needs.
- We saw that staff assessed and treated patients with very complex needs
- Specialist assessments such as speech and language therapy were arranged.
- Patients received a timely and compassionate response to their needs and requests.
- The service collected patient feedback and made changes to reflect this.

Good



Are services well-led?

We rated Well-led as good because:

- Staff told us that they were clear about their role in delivering the strategy of the service.
- Managers were visible on the wards and demonstrated skill, knowledge and experience to lead their service effectively.
- Managers said they had both the support and autonomy to do their jobs effectively and were confident they could raise issues of concern with senior colleagues.
- Poor performance was not tolerated and managers dealt with this effectively.
- Staff said they felt confident to raise concerns to senior colleagues or to use the whistleblowing procedure and felt their concerns would be taken seriously.
- Well-developed audits were in place to monitor service quality.

Good



Summary of findings

Information about the service

South Essex Partnership University NHS Foundation Trust wards for older people with mental health problems provided inpatient assessment, care and treatment for older patients with organic and functional mental illnesses. The service provided long stay care and treatment for a number of patients who had been assessed as eligible for fully funded NHS Continuing Health Care.

The service is provided across six hospital sites:

- Mountnessing Court; 22 beds

- Gloucester Ward 25: beds
- Clifton Lodge: 35 beds
- Rawreth Court: 35 beds
- Beech Ward: Rochford Hospital 24 beds
- Maple Ward: Rochford Hospital 24 beds
- Mayfield Ward: Thurrock Hospital 24 beds
- Meadowview Ward: Thurrock Hospital 24 beds

Clifton Lodge was last inspected in October 2013, Thurrock Hospital in February 2013 and Basildon Hospital Mental Health Unit in October 2013.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Officer, Black Country Partnership NHS Foundation Trust.

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

Inspection Manager: Lyn Critchley, Inspection Manager (mental health) Hospitals CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff and a variety of specialist and experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The inspection team that inspected wards for older people included two CQC inspectors and a variety of specialists including:

- a physiotherapist;
- two nurses;
- a psychiatrist;
- a Mental Health Act reviewer;
- an expert by experience;
- a pharmacist

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

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information we held about the service.

Summary of findings

During the inspection visit, the team also:

- visited 6 hospital sites, visiting 8 wards
- looked at the quality of the ward environments and observed how staff were interacting with and caring for patients
- spoke with 10 patients who were using the service
- spoke with 14 carers / family members of patients
- spoke with 8 senior nurses (ward managers, matrons and team leaders)
- spoke with 21 other staff including: nurses; physiotherapists; health care assistants; doctors; housekeeping; administrators; activity co-ordinators; and occupational therapists
- spoke with a volunteer who is based at one of the sites
- looked at 96 medication records and carried out a check of medicines management
- looked in depth at 24 care and treatment records, including the legal records of patients detained under the Mental Health Act
- looked at a range of policies, procedures and other documents relating to the running of the service
- observed interactions between patients and staff
- observed interactions between staff
- observed group sessions and lunch arrangements
- looked at all the clinic rooms, emergency equipment and ward facilities
- attended 5 ward reviews and shift handover meetings

What people who use the provider's services say

- Patients and carers told us that they were satisfied with the care and treatment they received from the service.
- Patients told us that staff listened to them and treated them with kindness, dignity and respect.
- Almost all patients told us they knew how to make a complaint and felt confident that if they did complain, it would be taken seriously.
- Patients were very positive about the quality of food on the wards.
- All but one patient liked the variety of activities available to them
- Patients and carers told us their ward was very clean and that cleaning was carried out regularly.
- Patients and carers told us they felt the wards were well-led.
- We received a lot of positive verbal feedback about staff and the service from patients and carers during our inspection.

Good practice

- Physiotherapists were part of the multidisciplinary team.
- Staff routinely completed person centred “This is Me” documents for patients with dementia. Patients, families and carers were routinely involved in completing these documents to give them added relevance and meaning.
- Staff were innovative in their approach to sourcing very specialist equipment for patients. Staff were open to change activities based on good practice, such as increasing the frequency of singing groups for patients with complex behaviours.

Areas for improvement

Action the provider **SHOULD** take to improve

South Essex Partnership University NHS Foundation Trust wards for older people with mental health problems should improve in the following areas:

- The trust should review the electronic records system and ensure that staff can access essential documents when they need to, in order for them to deliver effective care in a timely manner.

South Essex Partnership University 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
Gloucester Ward	Basildon Mental Health Unit
Clifton Lodge	Clifton Lodge
Mountnessing Court	Mountnessing Court
Rawreth Court	Rawreth Court
Beech Ward	Rochford Hospital
Maple Ward	Rochford Hospital
Mayfield	Thurrock Community Hospital
Meadowview	Thurrock Community 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.

- The use of the MHA was consistently good across the service. The documentation we reviewed in detained patients' files was up to date but not always stored effectively.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were applied for when relevant and records showed the status of the authorisation. There were delays in authorisations due to a

Local Authority backlog and not due to Trust issues. Staff demonstrated a good understanding of assessing mental capacity and decisions were recorded effectively and had received training.

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

Summary of findings

We rated Safe as Good because:

- Staff knew how to protect patients from harm. There were appropriate risk assessments in place to keep patients and staff safe. Staff had a good understanding of the safeguarding adults process. All except two patients we spoke to said that they felt safe
- Ward areas were clean, clutter free and well maintained.
- Staff vacancies were actively being addressed and recruited to. Staffing numbers were generally in line with the Trust's policy and contained a mix of staff from different professions. Ward managers were able to request additional staff when they needed to.
- Patients were protected from developing pressure ulcers.
- Staff were confident they could report errors, near misses and incidents because there was an open culture that listened to staff and did not blame them.
- Mandatory training for staff was routinely undertaken and managers monitored training records.
- Audits were regularly undertaken of the ward areas and patient records.
- There were systems in place to learn lessons when things had gone wrong and the learning was shared amongst other wards in order to inform staff and enhance patient care.

However:

- Two female patients told us that they felt unsafe because a male patient had gone into their room at night and this frightened them. The carer of another patient told us that the door to his family member's room did not close properly and the male patient had been found in her room.
- Two staff told us they felt they needed age appropriate restraint training which addressed the needs of people with dementia.

Our findings

Safe and clean environment

- All wards complied with NHS guidance for mixed sex accommodation. Most bedrooms were not ensuite and there were single sex shared dormitories on Gloucester ward. There were designated male / female areas on the mixed gender wards with toilets and bathrooms in these designated areas. Clear bathroom / toilet signage was in place on all wards. Patients could mix together in communal areas if they wished.
- Assessments of ligature risks were carried out by staff. Staff were aware of potential ligature risks and managed their patients in their environment. There were a number of ligature risks but the service had assessed these and they were on the risk register.
- The wards were generally well-maintained and clutter free.
- Patients told us standards of cleanliness were good. There was a plentiful supply of cleaning material in designated locked areas. Hand washing procedure signs were visible. Hand gel was available. Audits of hand hygiene were carried out regularly. Maple ward had appointed a health care assistant to carry out unseen visually observed audits each month.
- Audits of mattresses were routinely carried out.
- There was active cleaning taking place on the wards when we visited. Cleaning labels were dated and attached to equipment that might be used by different patients in clinic rooms. We looked at audits carried between April and June 2015 and found that all wards were consistently deemed to be clean and safe. Toilets appeared clean and all wards had full toilet paper, soap and hand drying facilities. A patient and staff member told us on Gloucester ward that the toilet was out of order and was often out of order. The patient said they had to use the toilet in another part of the hospital which took some time to get to because it was upstairs. We saw records that showed a toilet had been replaced in April 2015 but the monthly environmental audits from April to June 2015 did not indicate that a toilet was regularly out of order. We looked at NHS PLACE scores (Patient-led Assessment of the Care Environment) and found that: Rawreth Court scored 99% for cleanliness

Are services safe?

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and 99% for condition, appearance and maintenance; Mountnessing Court scored 99% for cleanliness and 91% for condition, appearance and maintenance; and Clifton Lodge scored 100% for cleanliness and 99% for condition, appearance and maintenance. Rochford Hospital, which included Maple and Beech wards, scored 99% for cleanliness and 96% for condition, appearance and maintenance. Thurrock Hospital, which included Meadowview and Mayfield wards, scored 99% for cleanliness and 98% for condition, appearance and maintenance. Basildon Hospital Mental Health Unit, which included Gloucester ward, scored 99% for cleanliness and 91% for condition, appearance and maintenance. All of the wards scored higher than the England average for cleanliness, condition, appearance and maintenance.

- Equipment was maintained and serviced appropriately. Dates of servicing were clearly visible and all were in date.
- Staff disposed of sharp objects such as used needles and syringes appropriately in suitable bins. These were not over-filled.
- Emergency equipment was in place. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Check and service dates were up to date. Medical devices and emergency medication were also checked regularly. The checklist logs in clinic rooms were seen and there were few gaps. Mountnessing Court had a gap on 7 and 12 June. The ward manager was alerted and decided that she would implement an additional audit of the checklist log.
- Staff carried personal alarms. These were linked to displays on the wards. Mayfield ward was scheduled to receive a new display board following staff feedback that the existing one had only a small display screen.

Safe staffing

- Staff received mandatory training and refreshed their learning annually in areas such as infection control, safeguarding adults / children, fire safety, basic life support and managing aggression and violence. The service used a RAG rating (red, amber, green) for monitoring mandatory training. We looked at a sample of training records across the service and saw that most wards scored Green with Beech ward attaining 100%.
- The Trust determined staffing levels centrally. Establishment levels for nurses across the service was 73 and 137 for health care assistants. Staff and

managers told us they could get additional staff if required, for example if increased patient observation levels were in place. We saw that rotas confirmed this. We saw that staffing numbers were in line with projected numbers and saw only one nursing late shift that was short across the service on 18 May 2015 for Mayfield ward. We saw that Meadowview was 100% on target with safe staffing for the two months leading up to the inspection. We looked at staffing “fill rates” from January to March 2015 and found that the average for Meadowview and Mayfield was 84% for nurse shifts during the day and 64% for nurse shifts at night. Healthcare assistant rates were 106% and 105%. The average for Beech ward, Maple ward, Rawreth Court and Clifton Lodge for the same period was 91% for registered nurse day shifts and 85% for night shifts, although it dropped to 68% for January 2015. The average for healthcare assistants was at least 100% for day and night shifts. The average fill rate for day nurse shifts at Mountnessing Court was 85% and 99 % for night shifts. For health care assistants it was 102% and for the day shifts and 98% for the night shifts. On Gloucester ward the average staff fill rate for day shift nurses was 82% and 94% at night. The average for healthcare assistants was 106% for day shifts and 104% for night shifts.

- There were nursing staff vacancies across the service and these were being actively recruited to. Staff told us they used regular bank staff when they could, to maintain continuity of patient care and a sample of rotas we looked at confirmed this. We saw that there was use of bank and agency staff. On the day of inspection, Maple Ward had seven health care assistants on the shift. Of these, three were bank staff and four were agency. One carer on Mayfield told us that they had less confidence in agency staff than they did in bank and permanent staff. We saw that there was cover available at Rochford Hospital for Beech and Maple wards via a “site officer” who could move staff to meet additional need or cover for absence. We looked at minutes of these meetings and saw that the system worked at Rochford Hospital but that shortages at Rawreth Court or Clifton Lodge were less easy to cover by the site manager. We were unable to determine from the rotas on Mayfield ward which staff were agency and which were bank, but staff told us they used bank staff wherever possible for continuity of patient care. We were told that staffing had been increased on Beech

Are services safe?

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ward after staff told managers that stress related sickness was due to staffing numbers. We looked at vacancy rates and saw that leading up to the inspection there were 17 whole time equivalent vacancies for qualified across the service. The highest vacancy rate was on Beech ward (4) and Maple ward (3). The lowest vacancy rate for nurses was at Rawreth Court (0) and Gloucester ward (1). There were 18 whole time equivalent vacancies for health care assistants across the service with the highest vacancy rate at Clifton Lodge (5) and the lowest on Gloucester ward (1).

- We looked at staff sickness rates across the service and found the average was 9% for 2014 - 15. The highest sickness rate was on Maple ward at 14% and the lowest was on Gloucester ward at 5%.
- Staff and patients told us that planned escorted leave from the wards was almost never cancelled due to staff shortages.
- There was adequate medical staff available day and night to attend the

Assessing and managing risk to patients and staff

- All but two patients we spoke to told us they felt safe on the wards. Two patients told us they did not feel safe on Gloucester Ward because a male patient had gone into their dormitory at night and this frightened them. The carer of one female patient on Mayfield Ward told us that his relative's door did not close properly and the male patient had been found in the room. The staff increased the monitoring of the male patient to avoid the same thing happening again.
- Individual risk assessments had been carried out for all patients on the wards and we saw that these were mostly up to date. Staff told us how they managed individual risks and demonstrated that they knew their patients well.
- Staff and managers told us that if patients needed additional staff to keep them and others safe, staffing levels could be increased without the need to seek approval from senior managers.
- For patients detained under the Mental Health Act, the approved Mental Health Act professional's (AMHP's) paperwork was available in most cases so staff could easily see what the patient history was and what risks which had led to their admission.
- The handover process was clear, thorough and included discussion of individual patient risk.

- Staff had received training in safeguarding vulnerable adults and children. All staff we spoke to showed a good understanding of how to identify and deal with potential safeguarding concerns. Staff told us that they could get advice from senior colleagues and the safeguarding team if they felt they needed to.
- All staff told us that restraint was almost never used. Distressed and agitated patients were gently guided away from sources of distress and safe holding techniques were used. Staff had received training in managing violence and aggression and were able to give examples of how they used de-escalation and distraction techniques to support agitated patients. Two members of staff said they would like to have dementia and age specific training in managing violence and aggression but this was not provided by the Trust. We looked at data for the six months prior to 31 March 2015. We saw that there were 62 instances of restraint on Maple Ward, four of which were in the prone position and four of which resulted in rapid tranquilisation. There were 32 instances of restraint on Gloucester Ward and 22 on Beech ward, four of which were in the prone position and one of which resulted in rapid tranquilisation. There were 14 instances of restraint at Clifton Lodge. None of the wards used seclusion facilities. Long term segregation was used three times on Maple ward, once on Beech ward and once at Clifton Lodge.
- The building design of all units had blind spots where staff could not easily see all patient areas. Staff said they managed these by deploying staff in the ward areas and by carrying out regular observation of all patients.
- Systems for monitoring the effective management of medication were in place. Errors were recorded and reported using the incident reporting system. We reviewed the prescription charts of 96 patients across the wards. Prescription charts were clear and effective. There were regular and consistent visits by the pharmacy and technician. We saw only one PRN medication that had not been reviewed for more than 14 days and we saw four instances of a prescription not being signed or dated on Rawreth Court. We saw only one incidence of a covert medication plan not showing a clear review date beyond January 2014. However, staff assured us that the plan was verbally reviewed in ward rounds but that this was not effectively recorded.
- Capacity to consent to treatment was routinely recorded.

Are services safe?

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

- All wards received weekly visits from a pharmacist and a technician, except Rawreth Court which was fortnightly. We saw good rotation of medication stock. There were only two out of date items noted and these had been re-ordered.
- Emergency drugs were available. On Meadowview these were held on Mayfield which was next door. On Maple ward they were located on Cedar Ward which was close by.
- Staff told us that they had received a number of injuries from patients, particularly on Maple and Mayfield wards. We were given examples of patients biting, kicking, head-butting and pinching staff. One member of staff sustained a fracture to their jaw on Maple ward a few months before the inspection.
- On Maple ward dining furniture had been changed to reduce the risk of patients throwing it.

Track record on safety

- Data from the trust showed three serious incident (SIs) in the six months to March 2015 which were all falls resulting in a fracture.
- All wards reported that no patients had hospital acquired pressure ulcers.

- A staff member sustained a fractured jaw on Maple ward.

Reporting incidents and learning from when things go wrong

- Staff we spoke to knew how to recognise and report incidents. They were confident that they could report incidents without fear of recrimination.
- The trust used an electronic incident reporting system. All staff were aware of it and what type of incidents they should record. Local and senior managers had access to monitor the incident reporting system.
- Staff were made aware of incidents in team meetings and handovers and could give examples of lessons learned. There was an open culture with respect to incident reporting.
- We saw evidence of staff carrying out “root cause analysis” following incidents.
- We saw that changes were made in light of incidents, which showed us that lessons were learned effectively. We saw this with regard to falls analysis on Meadowview and for audits of clinic rooms and equipment at Mountnessing Court. We saw that a regular falls meeting had been set up to consider falls.

Are services effective?

Good 

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

Summary of findings

We rated Effective as good because:

- Patients were assessed and treated in a timely manner and we saw evidence that patients were effectively supported to move on from the service when it was appropriate for them.
- We saw good practice around assessing, supporting and monitoring patients' nutritional needs.
- In line with the Mental Health Act Code of Practice (2015) and NICE guidelines, patients received thorough physical health checks and medical attention to promote their well-being
- Patients had access to community health services when they needed them.
- Care Programme Approach (CPA) reviews were routinely held in order to collect and monitor patient outcomes.
- Occupational therapy, physiotherapy, social work, medical and nursing staff worked well together to plan and deliver multidisciplinary patient care.
- Staff had good opportunities for learning and development and showed a good understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that risks to physical health were identified and managed effectively.
- Occupational therapy staff assessed and supported patients with ward based activity therapies during normal office hours. Ward staff supported patients with therapeutic activity at other times.
- Physiotherapists were based within the service so patients had good access to the support.
- Care plans were in place that addressed patient need. We saw that these were reviewed and updated. Care plans reflected individual patient need, preference. We saw that families and carers were also involved in developing care plans.

Best practice in treatment and care

- Specialist pressure relieving equipment such as mattresses were available or could be delivered very quickly. Specialist tilting chairs were available and used for immobile patients. Staff on Mayfield Ward had thoroughly researched specialist equipment for an immobile but very agile patient in order to ensure comfort and reduce the risk of the patient developing pressure ulcers.
- Staff were keen to prevent patients from acquiring pressure ulcers and we saw that no patients had hospital acquired pressure ulcers.
- We saw that staff completed Body Maps when patients had sustained any injuries.
- Physical healthcare assessments were routinely carried out and reviewed for patients including: the malnutrition universal screening tool (MUST); falls risk assessments; and the modified early warning system (MEWS).
- Some wards used assistive technology to prevent falls. Meadowview, where there had been three significant falls in the last 12 months, used bed and chair sensors. They were also trialling high/low beds and specialist footwear to see if this might reduce the risk of night time falls. Rawreth Court used falls mats and door sensors to alert staff that patients were mobilising. There were no falls sensors on Maple ward.
- Mountnessing Court and Gloucester ward had introduced a RAG rating for patient mobility with the aim of reducing falls. A red tag attached to a walking frame was an immediate visual cue to staff that the patient required assistance with safe mobilising.
- Staff routinely completed person centred "This is Me" tool for patients. Patients, families and carers were routinely involved in completing this document to give them added relevance and meaning. Mayfield Ward had adapted the tool with permission from the Alzheimer's Society in order to enable them to incorporate the tool into the new electronic records system.
- Physiotherapy was available within the service which reduced waiting times for patients and enhanced multi-disciplinary working.
- Mayfield and Meadowview wards built a safe space garden between the units and won a "highly commended" award from the Building Better Healthcare Awards 2014.

Are services effective?

Good 

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

Skilled staff to deliver care

- Staff working in the service came from a range of professional backgrounds including nursing, medical, occupational therapy, physiotherapy, housekeeping, pharmacy and psychology. Social work / care manager support was provided by several local authorities. Other staff were consulted for specialist assessments such as speech and language therapy and nutrition when required. Wound care nurses attended for patients when required. Patients who were in hospital for short term assessment and treatment kept their own GP. Patients who were on the wards for long stays were registered with a local GP surgery, and doctors visited the units regularly. Mountnessing Court had a doctor who was part of the MDT and carried out a weekly surgery on the ward. The psychiatrist on Gloucester Ward had a special interest in physical health care for patients and had a diploma in the field. Gloucester ward also described an excellent relationship with the rest of the hospital and said access for general healthcare was very speedy for their patients. We saw that patients across the service had access to ophthalmic, podiatry and hair appointments when they needed them.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken training relevant to their role, including: safeguarding children and adults; fire safety; health and safety; basic life support; moving and handling; infection control; information governance; and management of actual or potential violence. Specific training for dementia care was also available.
- Staff told us they received regular supervision and annual appraisals. We saw evidence to confirm this. Supervision and appraisals were used to address performance issues, to reflect on practice and development needs and to discuss learning from incidents.
- There were regular team meetings and briefings. Staff told us they felt valued and supported by their managers, colleagues and senior managers. Staff told us they liked their jobs and enjoyed their work and many told us of the passion and commitment to provide good quality care. Almost all staff reported good morale within their areas.
- Managers said they were confident in the support they could receive from their managers.

- There was a dedicated psychologist on Gloucester ward who planned to introduce home visits for patient follow up. There was one for Beech ward but not for Meadowview. We were told that the wait for psychology was 3-6 months.

Multi-disciplinary and inter-agency team work

- Assessments on wards were multidisciplinary. Patient records and discussions with staff showed that there was effective multidisciplinary team (MDT) working taking place. Staff gave examples of having involved external professionals when the patient needed this, such as speech and language therapy. There was evidence of families being invited to ward meetings and CPAs. However, a member of staff told us that the electronic records system did not easily accommodate the recording of group therapy work.
- Staff told us that handovers, MDTs, CPAs and ward round meetings were effective in sharing information about patients and in reviewing patient risks / progress. We observed effective handovers and ward meetings. Depending on the geography of the ward, there were either linked local authority social workers or referrals were made to the appropriate local authority. Staff described good working relationships with local authorities for discharge planning. Different professionals were seen to be working together effectively to assess and plan patients' care, treatment and discharge.
- The service employed physiotherapists and we saw that they provided direct assessment and treatment to patients who needed them.
- We observed open and discursive communication between different professionals. Staff told us that they felt that they worked well as a team and could express their professional opinions easily.

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

- The use of the MHA was generally good across the service. The documentation we reviewed in detained patients' files was up to date. However, the electronic records system, Mobius, did not enable staff to easily access all information in a timely. We found that ward staff still kept paper copies of some documents as a

Are services effective?

Good 

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"back up" system following the recent introduction of Mobius. One approved mental health professional (AMHP) report was so poorly scanned into Mobius that it was illegible to us and to ward staff on Gloucester ward.

- We found the notes of one patient in another patient's paper file on Meadowview and we found that the wrong NHS number had been attributed to a patient which meant that their electronic notes were stored under the wrong patient name on Gloucester ward. We alerted the service to this and they corrected it immediately.
- One patient on Maple ward had a Lasting Power of Attorney for health and welfare but despite the help of staff, we were unable to locate it on Mobius or in the paper file. However, staff knew the power was in place for that patient.
- The Mobius system is very new and not fully implemented. The difficulties with the Mobius system were escalated to the senior team during the inspection who immediately instigated a task and finish group to improve the overall working and implementation of Mobius.
- Completed consent to treatment forms were available to inspect. Three of the patient files we looked at contained a Second Opinion Appointed Doctor (SOAD) certificate (T3) approving a specified plan of treatment. The medications administered were covered by the SOAD's certificate.
- We saw that the process for granting of Section 17 leave was effectively managed.
- Covert medication plans were agreed involving all the relevant parties, such as the pharmacist, medic, nurse and relative. These had good rationales and were well recorded. We found only one covert medication plan

that appeared to be in need of review on Mayfield Ward, dating from January 2014. However, nursing staff assured us that this was regularly reviewed in multi-disciplinary ward meetings.

- Staff were aware of the need to explain patients' rights to them and attempts to do this were recorded. Some patients were assessed as not able to understand their rights and there were capacity assessments and best interest decisions to manage this. Information on the rights of people who were detained was displayed in wards and independent advocacy services were available to support patients.
- Patients had access to mental health review tribunals and managers hearings.
- Staff knew how to contact the MHA office for advice when needed and we saw that the Mental Health Act administrator had a consistent presence on the wards and carried out effective and regular audits.

Good practice in applying the Mental Capacity Act

- Staff demonstrated a good practical understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were recorded for both day to day decisions and complex decisions. Rationales were effective. We saw that mental capacity assessments were considered in multi-disciplinary meetings.
- On two of the files we also saw a formal assessment record of the patient's capacity to consent to treatment at three months. However, we saw one patient record on Maple ward where the capacity to consent to treatment on admission was missing.
- Staff knew who to contact for further advice and guidance about issues relating to the MCA.
- DoLS authorisations were applied for when relevant and records showed the status of the authorisation.

Are services caring?

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

Summary of findings

We rated Caring as good because:

- All but one patient told us that staff were kind and provided them with good care. Most patients told us that staff were willing to help them when they needed it and they were treated with kindness. Patients told us that staff showed them respect.
- We observed kind, considerate and positive interactions between staff and patients. We observed that patients were treated with kindness, dignity and respect.
- We observed staff taking time to interact with patients, to help them to eat, to engage in activities and to help them feel less agitated when they were distressed.
- We saw some very person centred care which was working well for patients with highly complex needs and behaviours.
- Most patients who could communicate with us knew that they had a care plan and had been involved in developing it.
- Patients could make telephone calls in private if they wanted to. Staff were willing to take telephone calls from family members on a regular basis if this was what the family needed and family told us that staff always phoned them to keep them informed of changes.
- Staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes.
- Staff routinely encouraged patients and their carers or family to complete the Alzheimer's Society "This is Me" document to help staff fully understand their individuality. One ward had adapted the document in order to ensure it could be used on the electronic patient records system.

- Staff appeared interested and engaged in providing good quality care to their patients. We observed staff interacting with patients in a very caring and compassionate way.
- Staff responded to people in distress in a calm and respectful manner. They de-escalated situations well by listening to and speaking quietly to people who were frustrated, upset or angry. They gently guided patients away from situations they found difficult. Staff could also offer some patients medication that was prescribed to reduce their anxiety and agitation (PRN medication) but they mostly used their skills and interactions to calm patients, using medication as a last resort.
- We saw staff engaging in very positive interactions with patients and showing appropriate levels of humour and therapeutic touch. Almost all patients told us that staff were nice to them. However, one patient told us that night staff on Beech Ward were not nice to her and she described them as cruel because they would not help her to mobilise, she described feeling unsupported and helpless. We advised the ward manager who agreed to look into this straight away.
- We talked to staff about their patients and saw how they discussed them in a respectful manner and showed a very good understanding of their individual needs. Staff gave examples of the types of person centred support that individual patient needed to help them to feel safe and comfortable, for example sourcing a very specialist chair on Mayfield ward for a patient who was immobile but very agile.
- We saw staff helping people to eat their food in a respectful, supportive and caring way. We saw that patients at Rawreth Court were provided with specialist cutlery and crockery to enable them to be as independent as possible with eating their food. We observed staff gently encouraging and supporting patients to eat their food when patients struggled to sit still at a table and preferred to walk around the dining room.
- We saw staff responding positively and reassuringly to patients who were confused and wanted time to talk and walk around the wards.
- We saw that staff on Mayfield ward were keen to ensure that a patient who had broken their glasses on the day of the inspection received a new pair as quickly as possible.
- We saw compliments and thank you cards on the wards.

Our findings

Kindness, dignity, respect and support

- Patients told us that staff treated them with respect and dignity.

Are services caring?

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

The involvement of people in the care that they receive

- There were “welcome packs” for patients and families on some wards but the one at Mountnessing Court was out of date and contained inaccurate information. The ward manager intended to get this updated.
- Patients, who could and who wanted to, were encouraged and engaged in developing their care plans and knew what their care plan was. Most patients on the wards were not able to engage in their care plans because of their level of dementia but staff involved their families and carers so that interventions were meaningful to patients.
- Carers and families were routinely involved in patient Care Programme Approach (CPA) meetings. Patients who understood their own needs and care were involved in their CPA meetings. We saw that some risk assessments and care plans were waiting for confirmation of family members before being finally agreed.
- Staff knew they could make a referral for an IMCA for patients who lacked mental capacity to engage in their care planning.
- Details of the local advocacy service and the Care Quality Commission was displayed on the wards.
- Carer groups were advertised on some wards. Mayfield Ward produced a newsletter for family and carers and facilitated regular meetings. Rawreth Court displayed details of carers groups, meetings and support.
- We received very positive feedback from carers and families on the whole. Carers told us that staff were very good at communicating with them and there was flexible visiting, especially for carers who wanted to help a patient at meal times or who had other commitments during normal visiting times. Carers told us that the care and the staff was excellent.
- Patients were involved in staff interview panels on Beech ward.
- Beech ward held daily planning meetings with patients and community meetings were routinely held.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated Responsive as good because:

- Patients using the service told us that they felt listened to and were confident that if they had a complaint it would be acted upon.
- We saw notices informing patients how to complain and how to access an advocate.
- The facilities and premises were appropriate for the services that were being delivered. Equipment such as hoists and pressure relieving mattresses were readily available to meet the needs of patients with additional mobility needs.
- We saw that staff assessed and treated patients with very complex needs
- Specialist assessments such as speech and language therapy were arranged.
- Patients received a timely and compassionate response to their needs and requests.
- The service collected patient feedback and made changes to reflect this.

- Maple ward had a target length of patient stay of six weeks. However, on the day of the inspection, seven patients had been on the ward for more than six months and one patient had been on the ward for two years. A member of staff told us that it was difficult to move on placements for patients who had challenging behaviour. Length of stays on most wards were in the process of changing due to reorganisation of the service.
- We did not find evidence of patients having to move wards because of non-clinical reasons

The facilities promote recovery, comfort, dignity and confidentiality

- Meadowview and Beech wards held community meetings with patients. A member of staff on Maple ward said that this type of meeting was not meaningful for people with dementia and they focused on reality orientation work.
- The wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. All wards were accessible for patients and carers with restricted mobility.
- Most wards had snacks and drinks available when patients wanted them. We looked at monthly audits carried out by staff to check that patients were offered snacks three times a day and found that between April and June 2015 they were recorded as being offered. However, two patients on Beech ward told us that snacks were not available outside of meal times. It was hot weather when we carried out the inspection and we saw that there were plenty of drinks freely available for patients. For patients who didn't understand the importance of maintaining their fluid levels, we saw staff encouraging them to drink. Patients had a choice of meals. Foods that complied with specific religious, cultural and dietary needs were available for patients. We received very positive feedback from patients about the quality of food. One patient told us that for a hospital, the food was great. Patients at Mountnassing Court and Gloucester ward told us that the food was excellent. PLACE scores for the food on the wards were: 87% for Rawreth Court; 97% for Clifton Lodge; 95% for Rochford Hospital; 96% for Basildon Hospital Mental Health Unit; 96% for Thurrock Hospital; and 100% for Mountnassing Court. All scores except for Rawreth Court were above the England average.
- On the day of inspection it was very hot and staff at Mountnassing Court had carried out a temperature

Our findings

Access and discharge

- The service as a whole had capacity to accept new admissions. Bed occupancy rates varied across the wards as some wards were closing and others were restricting admissions as they were changing the focus of care they provided. Maple ward had the highest bed occupancy rates at 94%, followed by Beech ward at 93%. The lowest bed occupancy rates were for Rawreth Court at 69% and Meadowview at 71%.
- Staff were aware of some delayed patient discharges but this was generally because families had challenged the community health care eligibility or because there were delays in finding a suitable community placement for the patient to move onto, both of which are beyond the control of the wards. We saw that in the 6 months leading up to the inspection there were: 22 delayed patient discharges on Meadowview with 2 readmissions within 90 days; 4 on Gloucester ward with 1 readmission; 3 on Beech ward with 1 readmission; 2 on Maple ward with no readmissions; and 1 at Clifton Lodge with no readmissions within 90 days.

Are services responsive to people's needs?

Good 

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

check throughout the unit, finding the coolest room was the one they used for MDT meetings. They moved out all of the furniture and replace it with patient chairs so that patients could be accommodated in the coolest room for their comfort and wellbeing. We saw that staff continued to check room temperatures and close curtains as the sun moved around the building.

- There were rooms for patients to meet relatives, but they could also spend time with patients in their bedrooms if it was appropriate on most wards. We saw that a number of patients and families liked to meet and talk in the garden areas.
- Patients had access to telephones and staff helped them to make and receive calls if needed. Staff were willing to take calls from relatives throughout the day and families said that staff were very good at calling them with updates.
- All the wards offered access to an outside space. Garden areas had seating. Beech ward had two gardens but said one was not used. Mayfield had three garden areas one of which had a potting area. All garden areas had soft paths to reduce injury of falls. We saw patients enjoying the outdoor spaces.
- Patients could make telephone calls in private.
- There was a wide range of activities across the service for patients including pet therapy, drama therapy, breakfast clubs on functional wards, crafts, music groups, singing groups, reminiscence. There was a sensory garden and an iPad for patients on Mayfield Ward to use with staff support. Meadowview also had a movie club and regular current affairs and newspaper discussions. Rawreth Court held "pampering" sessions and were developing a "men's group". Maple Ward held weekend afternoon tea and film events which families and carers were invited to attend with patients. They also had walking groups which were run in conjunction with the physiotherapist. Clifton Lodge had a sensory room, held regular guitar and piano sessions, arranged theatre trips and were waiting for a new pet therapy programme to begin. Beech Ward held walking groups access to drama therapy and craft groups. Patients and families told us that there were regular and good activity programmes throughout the service. However, one patient on Beech Ward told us that the most common activity was for patients to colour in a book and they felt this was too limited and described it as "insulting" but felt they had no choice but to participate.

- Patients and staff told us that activity and therapy sessions were almost never cancelled due to lack of staff.
- Except for Mountnessing Court, patients did not routinely have keys to their rooms. Several patients on Beech Ward told us that they were not allowed access to their bedrooms during the day although staff told us that bedroom access was freely available. One patient told us that they were sometimes tired in the day and would like to go to their room to rest. Another patient told us that they did not like having to carry their belongings with them during the day but they had to do this because they were not allowed to go to their room. We saw that the door leading to patient bedrooms was closed while we were there. Patients told us that their bedrooms were locked on Meadowview ward. Due to the high level of patients' cognitive decline on most dementia wards, bedrooms were routinely locked. This prevented patients from inadvertently removing the belongings of other patients.
- Staff were seen to knock and ask patients for access to their rooms before entering.
- PLACE scores for privacy, dignity and wellbeing were: Rawreth Court 82%; Clifton Lodge 72%; Rochford Hospital 89%; Basildon Hospital Mental Health Unit 94%; Thurrock Hospital 84%; and Mountnessing Court 77%. Apart from Rochford and Basildon hospital. All scores were below the England average.
- Patient rooms could be personalised with items such as pictures. We found that patients who had been in hospital a long time were more likely to have had their rooms personalised by family and carers.
- Maple ward was very busy when we carried out the inspection. Despite the ward not being full (there were 20 patients on the ward out of 24 bed spaces) the lounge area itself was noisy and appeared chaotic, with large numbers of patients and staff in a confined and unsympathetic space. Because bedroom area access was closed, there was nowhere for patients to walk without reaching a closed door which could cause frustration and agitation for patients on this ward. We saw a set of doors which had been damaged by a patient in an attempt to leave, and a member of staff told us that even though doors were swipe card controlled, agitated patients had pushed through them. Mayfield ward was calm and settled. Patients who wanted to walk around the unit and in to the garden could do so without being impeded.

Are services responsive to people's needs?

Good 

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

- The environment on Maple ward did not have a dementia friendly design. Surfaces were reflective and there was no use of contrasting colours to help patients discriminate. We saw that the ward gardens did not have any shade to protect patients from the heat. A member of staff also told us that when the weather is wet the flooring surface becomes slippery so garden access has to be restricted.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. Meaningful attempts were made to meet patients' individual needs including their cultural, language and religious needs. For patients who could not communicate verbally or in writing, these attempts included involving their family, carers or advocates.
- There were links with local faith groups such as the Salvation Army who visited at Christian festivals. Clifton Lodge had regular monthly visits from a chaplain. Staff there had sought the views and agreement from the family of a non-Christian patient who enjoyed the Christian festivals, so he was able to participate and derive benefit from attending with other patients.
- Interpreters were available to staff to help assess patients' needs and explain their rights, as well as their care and treatment if required. Some staff spoke other languages in addition to English. We saw that one resident spoke another language and staff had prepared communication cards in that language to facilitate communication.
- A choice of meals was available to suit patients' religious, cultural and personal choices.
- Maple ward increased the frequency of the weekly singing group to a daily group in light of evidence that singing is a calming intervention for patients with behaviours that challenge.
- All units were equipped to support patients with physical health and mobility needs. There were specialist baths and level access showers. Hoists and equipment were available and more specialist equipment could be ordered.

- All wards were accessible by public transport for patients and carers. Most wards were sited near local facilities such as shops.
- The housekeeper at Rawreth Court managed the buying of clothes and toiletries for residents who had no family. They had developed good links with local pharmacy and clothing stores to ensure they got best value for money for the patients. The pharmacy called them when they could get a good deal on items that they knew certain patients preferred such as perfumed body spray and shower gel and the housekeeper ordered it at the best price for patients. These items were labelled and stored effectively for each patient and audited to ensure that patients did not run out of their favourite toiletries.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards, as well as information about the independent advocacy service, CQC and the Patient Advice and Liaison service (PALS).
- There were two complaints under investigation on Maple Ward, one on Rawreth Court and one on Meadowview. In the last 12 months there had been 2 complaints on Maple ward (one of which was upheld), four on Meadowview (one of which was upheld), two at Mountnessing Court (both of which were upheld), one at Rawreth Court, and two on Gloucester Ward (both of which were upheld). There were six complaints at Rochford Hospital (four of which were upheld).
- Patients could raise concerns and complaints directly with staff and almost all patients we asked said they felt confident in doing so. Patients told us they were confident they would be listened to and their views would be taken seriously if they made a complaint. Only one patient, at Gloucester ward, was not confident about making a complaint and one patient on Beech ward told us they had shared their concerns with staff but nothing had changed (we advised staff of this and they agreed to look into the matter).
- Staff told us that they felt listened to by their managers and they could express ideas for improvements if they wanted to.

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.

Summary of findings

We rated Well-led as good because:

- Staff told us that they were clear about their role in delivering the strategy of the service.
- Managers were visible on the wards and demonstrated skill, knowledge and experience to lead their service effectively.
- Managers said they had both the support and autonomy to do their jobs effectively and were confident they could raise issues of concern with senior colleagues.
- Poor performance was not tolerated and managers dealt with this effectively.
- Staff said they felt confident to raise concerns to senior colleagues or to use the whistleblowing procedure and felt their concerns would be taken seriously.
- Well-developed audits were in place to monitor service quality.

Our findings

Vision and values

- Staff understood the trust's vision and values.
- Ward managers had regular contact with their managers and colleagues. They felt supported by them.
- Senior managers visited the wards and there were pictures of them on the wards.
- One ward manager told us that they was so passionate about providing good quality care and so keen to lead the ward that they took a pay decrease in order to do the job.

Good governance

- The service had systems of governance in place such as an electronic incident recording system which assisted staff to manage and monitor risks in the ward environment. Senior managers had access to review the system.
- Ward managers carried out weekly audits of care plans and risk assessments. We saw evidence that these were

effective in terms of keeping records up to date, ensuring capacity assessments were completed and do not attempt resuscitation (DNAR) directives were reviewed.

- We saw evidence of monthly environmental audits being carried out on the wards and we could see that where actions were identified, they were dealt with. We reviewed the audits for all wards from April to June 2015. We also saw that a number of clinical audits were carried out across the service between September and November 2014. These included; anti coagulation therapy; omitted doses; recovery focused care; and VTE assessments. of omitted doses of medication at Mountnessing Court and Beech ward in November 2014.
- Trust-wide teams such as DoLS and Safeguarding were available to provide staff support and staff knew how to contact them.
- Performance data was captured and used to address quality and staff performance issues. Senior managers had access to this so could monitor sickness, mandatory training and annual appraisal statistics across the service. Managers received alerts when staff training was due for renewal. We saw that disciplinary procedures were implemented when necessary. We saw two cases of disciplinary action on Rawreth Court and appropriate actions had been taken by the service.
- Staff had regular supervision and appraisals and most were up to date.
- Ward managers told us they had enough autonomy to manage their wards effectively and they could rely upon support from their own managers when they needed it.
- We saw that senior managers were visible in the ward environment supporting local managers and staff.
- We saw that where there had been short staffing in the physiotherapy team, a locum had been appointed until the posts had been recruited to.
- The trust used audits to monitor the effectiveness of the service. We saw that the Mental Health Act Administrator was visible on the wards and carried out audits to ensure compliance. We saw examples of these audit checks and saw that they were effective and transparent.

Leadership, morale and staff engagement

- The wards were well-led by local managers and there was evidence of clear leadership. Ward managers were visible on the wards during the day-to-day provision of

Are services well-led?

Good 

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care and treatment and they were accessible to staff and patients. We saw ward managers providing direct patient care in a compassionate way and saw that patients approached them directly.

- Staff we spoke to were enthusiastic and engaged with their roles. Some staff volunteered to tell us how passionate they were about their jobs and how they loved coming to work. We saw very low staff sickness rates on Gloucester ward.
- Staff told us they felt able to report incidents and raise concerns.
- Staff were kept up to date about developments in the trust through regular newsletters, emails, team meetings and staff briefings.
- Staff were aware of the whistleblowing process and told us they felt confident to use it. We saw evidence that staff within the service had used the whistleblowing procedures in order to draw attention to issues that concerned them.
- Ward managers told us they had access to leadership training and development opportunities. They told us they felt supported and valued by their immediate line managers.
- Debrief sessions had been held on Maple ward to support staff following the death of two patients who had been on end of life care pathways.
- We observed a number of racist comments made to staff by patients and when we asked staff, they told us that it was common. Despite being abused in this way, we saw that staff dealt with it sensitively and calmly. The Trust provided data on incidents reported that confirmed only 3 incidents had been reported.. It appeared that staff were regularly experiencing racial abuse from patients but were not recording these as incidents.

Commitment to quality improvement and innovation

- Mayfield and Meadowview wards built a secure safe space garden between the units and won a “highly commended” award from the Building Better Healthcare Awards 2014. They raised funds, involved volunteers, patients and staff and used money from the King’s Fund Healing Environment initiative to develop the garden and café area.
- Mayfield ward was also instrumental in setting up a community garden accessible to members of the public, patients and staff. A café operated from the garden which was run and staffed by local voluntary groups with the aim of involving the local community in the hospital.
- Mountnessing Court was committed to improving physical rehabilitation opportunities for patients with cognitive impairments by ensuring that their needs were holistically met by both general nurses and psychiatric nurses.
- Rawreth Court, Meadowview, Clifton Lodge and Maple ward were all AIMS accredited (Royal College of Psychiatrists accreditation for inpatient mental health services).
- Meadowview and Mayfield used “You Said, We Did” boards to gather feedback and we saw that these were effective.
- Meadowview were trialling high/low beds and specialist footwear to see if this might reduce the instances of night time falls.
- Mountnessing Court and Gloucester ward had introduced a RAG rating coding system for patient mobility – a red tag on a walking frame indicated that the patient required assistance and monitoring when mobilising.