

Good

Dudley and Walsall Mental Health Partnership NHS Trust

Wards for older people with mental health problems

Quality Report

Dudley and Walsall Mental Health Partnership Trust
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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)
RYK01	Bushey Fields Hospital	Holyrood Ward	DY1 2LZ
RYK01	Bushey Fields Hospital	Malvern Ward	DY1 2LZ
RYK34	Bloxwich Hospital	Linden Ward	WS3 2JJ
RYK34	Bloxwich Hospital	Cedars Ward	WS3 2JJ

This report describes our judgement of the quality of care provided within this core service by Dudley and Walsall Mental Health Partnership 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 Dudley and Walsall Mental Health Partnership Trust and these are brought together to inform our overall judgement of Dudley and Walsall Mental Health Partnership 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 Dudley and Walsall mental health Partnership Trust as good because:

- Patients and relatives were extremely positive about the standard of care and described the care as excellent.
- Wards were clean and safe.
- De-escalation techniques such as distraction, talking and guiding people to quiet areas were widely used to manage patients in the least restrictive way possible.
- Staff undertook robust assessments on admission. Assessments were regularly updated after incidents and as patients' needs changed.
- Assessment of nutrition and hydration took place on admission using the malnutrition universal treatment tool. Ongoing monitoring took place during mealtimes on a daily basis.

- Effective and detailed handovers took place three times daily on all wards. The handovers gave the opportunity for staff to check understanding of each patient/carer needs.
- There was a range of mental health disciplines on the ward including an activity coordinator, and occupational therapist and pharmacists. The wards had access to psychology.

However:

- Ligature cutters were not easily accessible.
- There was confusion about the use of the Mental Health Act and the Deprivation of Liberty Safeguards legislation.
- There was limited space on Linden and Cedars wards with multi occupancy rooms and male and female bathrooms next to each other.

Summary of findings

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

Are services safe?

Good



We rated safe as good because:

- Although there were identified ligature points on all wards, comprehensive risk management plans and individual risk assessments of all patients mitigated risks.
- De-escalation techniques such as distraction, talking and guiding people to quiet areas were widely used and restraint used as a last resort. Staff viewed challenging behaviour as a form of communication and spent time trying to understand the reasons for this.
- Staff undertook robust risk assessments on admission including the functional analysis of care assessment, body mapping, falls risk assessment and the malnutrition universal screening tool.
- Staff showed a high level of understanding in safeguarding. All staff that we spoke to knew how to report a concern and showed an understanding of the process.

However

- Linden and Cedars wards were small and the male/female bathrooms were next to each other. Screening of the bathrooms was difficult due to a lack of space.

Are services effective?

Good



We rated effective as good because:

- Records showed physical health assessments were completed and regular updates took place on the ward and in ward review. Risk assessments were thorough and reviewed regularly.
- Assessment of nutrition and hydration took place on admission using the malnutrition universal treatment tool and monitoring took place during mealtimes on a daily basis.
- Effective and detailed handovers took place three times daily on all wards. The handovers gave the opportunity for staff to check understanding of each patient/carer needs.
- There was a range of mental health disciplines on the ward including an activities coordinator, occupational therapist and pharmacists.

However:

- Staff did not fully understand the use of the Mental Health Act and the Deprivation of Liberty Safeguards legislation. There were gaps in some of the paperwork and not all DoLS paperwork was stored in the patient records.

Summary of findings

- We reviewed 21 sets of records. Staff had not updated all care plans and there was a mixture of formats being used, which was confusing.

Are services caring?

We rated caring as good because:

- On all wards, staff sat down to talk to patients; they held their hands for reassurance and walked at the patients pace while talking to them if they were moving around.
- All relatives and patients that we spoke to stated that the standard of care was excellent.
- In the patient led assessments of the care environment survey for privacy, all four wards exceeded the national average of 86%.
- Patients worked towards discharge at their own pace with facilitated visits home. Carers and families stated that they were fully involved in care of their family member and felt supported by the ward staff. They felt able to ask questions and could contact the wards at any time for reassurance.
- All wards have a weekly community meeting and staff encouraged patients to attend.

However:

- Advanced decisions were not routinely being recorded in patients records

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The environments on Holyrood and Malvern wards were spacious and offered a variety of activity and quiet rooms.
- There was information, which advised patients and carers how to complain. Staff demonstrated that they knew how to handle complaints appropriately.
- There had been no out of area placements in the last six months and the wards had a low number of delayed discharges with three in the last 12 months.
- Information leaflets were widely available on all wards and staff reported that they could easily access interpreting and sign language services when they needed to.
- Activity coordinators provided a range of one to one and group sessions for patients. These included board games, craft, music, and relaxation. They spent time with patients making memory boxes and completing life story work. The activity coordinators worked flexibly so that activities took place at weekends.

Good



Summary of findings

However

- The environment at Bloxwich hospital meant that Linden and Cedars wards were cramped with difficult access to outside space. This meant that it was hard for staff to provide treatment that was of therapeutic value to patients.

Are services well-led?

We rated well-led as good because:

- Staff knew and agreed with the organisations values and felt positive about leadership for the older adults' wards. They felt well supported by their managers.
- Staffing levels were appropriate. Staff spent most of their time with patients and all reported patient care was their priority.
- There were low levels of staff sickness across the wards
- There was opportunity for staff development and we saw excellent examples of this.
- Staff shared knowledge to ensure good outcomes for patients and demonstrated this in handovers and reviews.
- Staff openly displayed duty of candour to patients and families following incidents, accidents, or complaints.

However

- The trust policy on clinical supervision made it difficult for managers to monitor whether this was happening consistently, especially for HCAs.

Good



Summary of findings

Information about the service

The service provides treatment and inpatient care in Dudley and Walsall for older people with mental health problems.

Each area has one functional and one organic mixed gender ward. Bushey Fields hospital in Dudley has

Holyrood a 17 bed organic ward and Malvern, a functional ward with 22 beds. Bloxwich hospital in Walsall has Linden a 20-bedded organic ward and Cedars a functional ward with 20 beds.

Each location has a manager and a clinical lead. They work closely together to provide cover for both wards. The wards were previously inspected in February 2014

Our inspection team

The comprehensive inspection was led by

Chair: Angela Hillery, Chief Executive, Northamptonshire Combined Healthcare NHS Foundation Trust

Head of Inspection: James Mullins, Care Quality Commission

Team Leader: Kath Mason, Inspection Manager, Care Quality Commission

The team that inspected wards for older people with mental health problems consisted of an inspector, a nurse, a social worker, a Mental Health Act reviewer and an expert by experience

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all four of the wards at the two hospital sites, looked at the quality of the ward environment, and observed how staff cared for patients.
- Spoke with 10 patients who were using the service
- Spoke with 10 relatives or carers.
- Spoke with the two managers and two clinical leads for each of the wards.
- Spoke with 30 other staff members; including doctors, nurses, healthcare assistants, occupational therapists, activity coordinators, porters, housekeepers, pharmacy technicians and ward clerks.
- Spoke to the head of older adult mental health services with responsibility for the wards.

Summary of findings

- Attended four hand-over meetings, three ward reviews and two community meetings
- completed four short observational framework (SOFI) observations

We also:

- Looked at 21 patient records and 20 prescription charts.

What people who use the provider's services say

Patients and relatives were extremely positive about the standard of care and described the care as excellent. Of the 10 patients and 10 relatives we spoke to, no one had anything negative to say about the attitudes of the staff or the level of care provided. Relatives told us that they could ask questions and felt well informed. Staff asked for their views regarding treatment and discharge plans. Relatives reported that they felt their loved ones were safe on the wards.

There were five complaints and 34 compliments in the last year. Staff reported that they often received chocolates and cards from relatives. Some patients who had left the ward still kept regular contact and sent gifts and cards at Christmas.

Good practice

Across all wards, staff delivered a high level of care to both patients and relatives. This included a holistic personalised approach to discharging patients. Staff worked at a pace set by the patients and their families with supported visits home followed by longer periods of

unescorted leave. This was never rushed and staff felt it was important as it avoided readmission to the wards. Staff provided reassurance to patients and relatives after discharge had taken place. Staff worked with the community mental health teams helped to promote this.

Areas for improvement

Action the provider **SHOULD** take to improve

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

- The trust should provide additional training to staff to improve their understanding of the interface between the Mental Health Act and Deprivation of Liberty Safeguards.
- The trust should look at making interim improvements to the environment at Bloxwich hospital while they make decision about moving the wards to a more suitable building.

- The trust should improve the policy on clinical supervision so that managers can monitor that this is taking place particularly for HCAs.
- The trust should ensure that all care plans are in the same format and are person centred.

The trust should ensure that information about advance decisions is recorded in patients' records.

Dudley and Walsall Mental Health Partnership NHS 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
Holyrod Ward	Bushley Fields Hospital
Malvern Ward	Bushley Fields Hospital
Linden Ward	Bloxwich Hospital
Cedars Ward	Bloxwich Hospital

Mental Health Act responsibilities

All staff received training in the Mental Health Act and received an update every three years. Patients had their rights explained to them and informal patients received a leaflet in the welcome pack about their rights. The patient records showed staff revisited rights with patients. Staff felt they would ask the responsible clinicians if they needed clarification and we saw this in ward handover.

The paperwork was generally in good order although in one case there was a gap in detention when the Mental Health Act section ended without an urgent DoLS application in place and one file stated a patient was informal and not detained.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the MCA although this was low for Linden ward at 64%. Managers, clinical leads and doctors showed a good understanding of DoLS but the 12

nursing staff and HCAs we spoke to were unable to state how this affected patients in their care. DoLS paper work was partially stored electronically and in paper files which added to the confusion for staff.

Detailed findings

Records showed there is confusion between using the MHA and DoLS and which piece of legislation is most appropriate to use. Staff should be able to identify the legal framework that governs patients' assessment and treatment and authorise any appropriate deprivation of a patient's liberty through the MCA or MHA.

Care plans showed evidence of patients' involvement in decision-making and capacity assessments taking place for consent to treatment.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Not all areas of the wards were visible due to some blind spots. Staff mitigated this by placing themselves at strategic points to ensure that patients were safe. At night, staff sat at the end of the corridors to the bedrooms in order to monitor patients in their rooms.
- There were ligature points on all wards but comprehensive environmental risk management plans and individual risk assessments of all patients mitigated these. Staff used level three observations for patients deemed to be high risk. Some staff did not know the location of the ligature cutters and on Malvern ward; these were in a locked safe in the clinic room. Linden ward had a closed bedroom which had had been upgraded to be a safer bedroom. The trust did not consult with ward staff about the alterations however and there were issues with a slippery floor and some of the furniture, which was unsafe for the patient group.
- The trust had mixed gender wards; all wards complied with guidance on same sex accommodation. Male and female bedrooms were in separate corridors and female only lounges were available. Linden and Cedars wards had multi occupancy rooms but these were single sex rooms, which had screens between each bed. However due to the layout of Linden and Cedars wards male and female bathrooms were next to each other. Staff used screens beside the bathrooms but this was difficult due to the location of the bathrooms. The staff had made a case for a permanent screen but the trust had not agreed to this.
- Clinic rooms were fully equipped. Resus equipment was accessible; however, we found that the adrenalin on Linden ward was out of date. Staff on Linden ward had signed to indicate medication was within expiry dates however, we found one instance where an injection had expired. Inside the emergency bag, we found three of the injections had passed their expiry date. We raised this with the clinical lead on the ward and the issue was resolved before we left the ward. The trust agreed to investigate this further to prevent it happening again.
- It was unclear if cleaning of equipment such as the blood pressure monitors had taken place after each use on Holyrood ward. The suction machine on Holyrood was broken and the nearest available one was on Malvern ward, across a courtyard.
- Holyrood and Malvern wards had a locked cupboard in the clinic room to store patients' belongings. These took up space and gave the rooms a cluttered appearance.
- The wards did not have seclusion rooms.
- Staff adhered to infection control principles and the wards displayed hand-washing signs. Cleaning records were available and up to date. The wards were clean with each ward having its own housekeeper who kept furnishings maintained to a high standard. Each ward had an isolation room for patients with a condition that required barrier nursing (such as MRSA or clostridium difficile). Staff could provide care while wearing protective clothing including gloves, aprons and masks to prevent cross infection. Malvern ward had two closed bedrooms due to issues with the water.
- Patient led assessment of the care environment scores in 2015 for cleanliness on the wards were 98% for Holyrood ward and 99% for Malvern ward, 100% for Linden and Cedars wards. The national average was 97%.
- Equipment was PAT tested with stickers clearly displayed. Staff checked fire alarms and doors weekly. The estates department completed a monthly check of the ward areas to ensure maintenance issues were dealt with promptly. All wards had access to appropriate alarms and staff knew how to use them.

Safe staffing

- The safe staffing audit carried out by the trust set the establishment levels for qualified nurses at two per shift at all times. Holyrood ward had four healthcare assistants (HCAs) on duty in the morning and three for all other shifts. Malvern ward establishment figures for HCAs was three in the morning and two at all other times. Linden and Cedars wards had two HCAs on duty

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at all times but a review by the trust had agreed that Linden ward would have the same number of HCAs as Holyrood until April 2016 when the funding for this would be reviewed.

- At the time of the inspection, Holyrood ward had no vacancies for qualified nurses and one for an HCA. Malvern ward had a vacancy for a band 5 nurse and an HCA and Linden and Cedars wards had a total of 10 band 5 vacancies and 4 HCAs across the two wards.
- Agency or bank staff covered vacancies and the wards block booked from a cohort of the same staff to ensure continuity of care. Agency staff received an induction by a qualified member of staff before working on the wards. The managers were able to use staff from the other older adults' wards to help provide cover. The introduction of e-rostering from February 2016 would assist with this process.
- Between October 2014 and September 2015, the sickness rates for the wards were 9% for Holyrood ward, 8% for Malvern ward, 5% for Linden ward, and 6% for Cedars ward.
- Managers were able to adjust staffing levels based on the needs of patients. This was particularly important on Linden and Cedars wards as they had a higher caseload and a more challenging environment to manage patients safely.
- There was enough staff so that 1-1 time, escorted leave, and physical interventions could happen safely although achieving this was more difficult for Linden and Cedars wards.
- There was adequate medical cover with two consultants covering Holyrood and Malvern and three covering Linden and Cedars wards. Linden and Cedars wards tried to ensure that they had a senior nurse on duty at night, as there was no psychiatric medical cover on site. The base for out of hours cover was at Dorothy Patterson hospital or at home. The target for a response time out of hours was 30 minutes. However, the wards at Bushey Fields are located on the site of Russells' Hall general hospital meaning that access to medical care was close by.
- Staff had received mandatory training in a range of topics including moving and handling, safeguarding

level 1, equality, diversity and human rights. Eighty three% of staff had completed the mandatory training over the four wards with Linden ward being the lowest at 67% and Malvern ward the highest at 89%.

Assessing and managing risk to patients and staff

- There were 41 incidents of restraint on 16 patients between April 2015 and September 2016. The highest proportion of these was on Malvern ward; with 15 restraints carried out on seven patients. The lowest number of restraints was three on three patients on Holyrood ward. Staff used clinical holding techniques on the wards to support patients during personal care. The trusts policy on Management of Actual and Potential Aggression (MAPA) Policy covers this. Recording of clinical holding happened once per shift rather than by individual incident as set out in the policy. These wards did not use prone restraint. All staff had recently received MAPA training.
- Staff undertook multiple risk assessments on admission including the functional analysis of care environments assessment. This was a nationally recognised assessment tool and included body mapping, falls risk assessment and malnutrition universal screening tool. The assessments were regularly updated after incidents and as patients' needs changed. We looked at 21 sets of records and risk assessment was up to date and robust for all patients.
- Staff did not use blanket restrictions although they searched property on admission. Staff looked for items such as mobile phone chargers and glass bottles. This helped to ensure the safety of patients during their stay. The teams used a sensitive approach in collaboration with the patient.
- Informal patients were encouraged to be independent, leave the ward, and make use of the local facilities such as coffee shops and supermarkets.
- Observation policies and procedures were in place to minimise against the risk of ligature points and falls. Staff placed themselves in areas of risk such as the bedroom corridors at night. Patients identified as high risk were monitored using level three observations.
- De-escalation techniques such as distraction, talking and guiding people to quiet areas were widely used and restraint was used as a last resort. Staff viewed

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challenging behaviour as a form of communication and spent time trying to understand the reasons for this. Positive behaviour training had taken place and positive behavioural plans formed for patients so that staff could provide supportive interventions and increased observations when required. The wards did not use seclusion rooms or long term segregation preferring to allow patients to move about freely using the space available, which reduced challenging behaviours. Staff used bedrooms for de-escalation only if this was care planned and risk assessed. Staff reviewed and recorded changes to patient's behaviour in ward handovers, which happened three times a day.

- There had been no rapid tranquilisation administered on these wards in the past 12 months.
- Staff demonstrated a high level of understanding in safeguarding. One hundred per cent of nursing staff and HCAs on all wards had received level 3 training in safeguarding. All staff that we spoke to knew how to report a concern and showed an understanding of the process. They could name the trusts' safeguarding lead and would make contact for advice if required. The teams felt well supported by the safeguarding team.
- Pharmacy technicians attended the wards daily and identified issues with medication quickly. Prescription charts were clear and well documented with pharmacist interventions documented on the chart. All prescription charts that we looked at had medicine reconciliation completed in a timely manner. The pharmacy technicians attended community meetings and met patients individually to discuss medication. They discussed medication with psychiatrists and suggested alternatives such as liquid medication for patients who would not accept it in tablet form due to dysphagia.
- Patients were risk assessed for falls and pressure sores. Staff completed body mapping and the falls risk assessment on admission and reviewed this throughout a patient's stay. One of the clinical leads was the falls lead for the trust and the other one was the trust lead for tissue viability. Wards have pressure mattresses on all beds and electrically adjusting beds were available on Holyrood ward. Staff could request additional equipment as required.
- Designated areas were available on the wards for children to visit and additional risk assessments

completed if there were patients with a forensic history on the wards. Families were encouraged to use the conservatory and café areas at the Bloxwich site as the ward area was quite small and quiet areas were limited.

Track record on safety

- There had been no reported serious incidents in the last six months.
- Two staff had received injuries on Holyrood ward in the past three months. These happened while supporting patients with dementia who were distressed. Staff used distraction techniques to avoid using restraint however, on these occasions patients became agitated and staff were injured.

Reporting incidents and learning from when things go wrong

- There were eight serious incidents reported between August 2014 and August 2015 and none in the last six months. Staff reported 537 incidents across the four wards between November 2014 – October 2015. Of these, 45% were for trips, slips, and falls. Managers stated that staff were trained to record all incidents including unexplained marks and bruises.
- The clinical governance group meeting discussed incidents and completed a root cause analysis investigation in order to examine why an incident had happened, what went well and to develop action points to make changes to practice across all wards. Staff we spoke to knew which incidents to report and could do this using the trust wide electronic Datix system.
- Staff reported all incidents and the manager or clinical lead followed this up as soon as possible. During our visit on Linden ward, the clinical lead talked about an incident the previous night, which a nurse had reported. She had responded to this on arrival to the ward that morning and feedback given to both the person involved and the nurse who reported it.
- Feedback from incidents was given individually, at staff meetings and update emails circulated. Managers used learning from incidents to make changes to practice and performance. Incidents reported and subsequent learning logs were stored in files on the wards so that

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staff can access them easily. Managers and clinical leads debriefed staff as soon as possible after serious incidents and offered support to staff involved before the end of their shift.

- Staff gave feedback and information to families as soon after an incident as they could and recorded this in the patient records.

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.

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments on admission. This included risk assessment, the functional analysis of care environments assessment, body mapping, falls risk assessment, the malnutrition universal screening tool, and the Bristol activities of daily living tool. They also use the Abbey pain scale, a tool to measure pain in patients with dementia.
- Records showed that staff completed a physical health assessment and regular updates took place on the ward and in ward review.
- We reviewed 21 sets of records. Staff had updated 14 care plans after changes in need and at ward reviews however, they had not updated seven of the care plans we viewed. All care plans we saw were holistic and covered both physical and mental health needs. Seven care plans did not record involvement of patients or their families although the people we spoke to said they felt very involved in their care. Care plans came in different formats, which could be confusing and some folders were difficult to navigate, as items were misfiled.
- The wards used paper-based records. There was one file for medical staff and one for nursing staff and other staff including occupational therapists and health care assistants. These were stored securely in the nursing offices, which have keypad entry. Staff worked closely with the community teams who used an electronic recording system to ensure information was accessible to both teams. Representatives from the community teams regularly attended ward reviews so there was good sharing of information.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence (NICE) guideline CG42-Dementia: supporting people with dementia and their carers in health and social care as a prescribing guide on the use of antipsychotics for people with dementia. They also implemented NICE guideline CG161; Falls in Older People.
- All wards had access to psychology including cognitive behavioural therapy. They used validation techniques

for patients with dementia. This form of communicating helped to reduce stress and enhance dignity by showing understanding and respect for the person's feelings and experiences.

- Patients had access to physical healthcare. Staff referred patients to their local acute hospital for podiatry and speech and language therapy as part of a service level agreement between the two trusts. Patients were transferred to the acute hospital if their physical healthcare declined and staff from the wards stayed with the patient the duration of their stay to manage their mental health needs. On Malvern ward, a patient transferred to the local hospital on the evening before our inspection. During the time we were on the ward, the manager allocated two staff to spend the day supporting this patient. Adjustments to the ward rota met this additional need.
- Staff used the malnutrition universal treatment tool on admission and monitoring took place during mealtimes on a daily basis. During the short observational framework (SOFI) at lunchtime on Holyrood ward, we saw a member of staff recording this information.
- Staff used the Abbey pain scale to assess pain level in people with dementia. Staff used the water low score to assess the risk of patients developing pressure sores, the modified overt aggression tool, and the older person's recovery star, which measures progress and maximises independence.
- Staff contributed to clinical audits including those for medication, documentation, falls, incidents, health and safety and handwashing.

Skilled staff to deliver care

- The wards had a range of mental health disciplines including qualified nurses, HCAs, activity coordinators, an occupational therapist, and pharmacists. The wards also had access to psychology input.
- Managers encouraged staff to develop skills in dementia and personalised care. They supported healthcare assistants to work towards the care certificate and build skills so they could train as registered nurses and the trust supported this.
- Staff received management supervision provided by the ward managers, clinical leads and band 6 nurses. We saw records of this in supervision files and this should take place every 6-8 weeks. Three staff reported that they had not received management supervision

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however they said that they received informal support and guidance from managers and clinical leads whenever they needed it. The trust policy for clinical supervision allowed people to choose their own supervisor. This had been difficult to implement as managers reported that not all staff engaged with this; particularly HCAs. Staff meeting minutes showed supervision is a regular agenda item. On Linden and Cedars ward, band 5 nurses received training to provide supervision. Development of professional supervision had taken place on Linden and Cedars wards to encourage all staff to engage with the process. Staff attended fortnightly group supervision provided by psychologists.

- Annual appraisals had taken place on all wards. The highest rate for this was 90% on Linden ward and the lowest was 73% on Holyrood ward. Staff received an induction and agency staff received a shortened version of this delivered by a qualified nurse before they were allowed to work on the wards. We saw this record, which was completed, signed, and dated by both the nurse and the agency staff member.
- Managers addressed poor performance through supervision and formal disciplinary procedures if necessary. There were no staff performance issues at the time of the inspection

Multi-disciplinary and inter-agency team work

- Effective handovers took place three times daily on all wards and we attended four of these during inspection. Detailed handovers gave the staff the opportunity to check understanding of each patient/carer needs. Discussion identified risk and the level of observation needed for each patient. There was a standardised format for notes so that the information was available to all staff. The manager and clinical lead attended some handovers for quality assurance.
- Staff worked closely with the day services and CMHTs and found that having access to social workers via the section 75 agreement with the local authority helped to improve joint working. Staff on Holyrood and Malvern ward had developed good relationships with the acute hospital on site.
- The older adults ward managers and clinical leads in Dudley and Walsall worked closely together to develop ideas and share good practice.

Adherence to the MHA and the MHA Code of Practice

- All staff had attended training in the MHA and received an update every three years. Staff showed some understanding of the act but felt they would ask if they needed to. During a handover on Malvern ward, there was confusion about S17 leave for a patient in the main hospital. The nursing staff agreed to check this with the responsible clinician for clarification.
- Detained patients had their rights under the MHA explained to them both on admission and on an ongoing basis during their stay on the ward. Information on legal rights for informal patients was included in the welcome pack.
- MHA paperwork was generally in good order although on one form the patients name was missing and there was confusion over an amended address. Staff could access support from the mental health team who visited the wards to carry out regular audits. Nurses on Linden and Cedars wards received training in accepting mental health act paperwork as senior staff were not always available.
- Records showed referrals to the IMHA service for detained patients who lack capacity had not happened and they had not cancelled old paperwork for section 17 leave. Patients had access to the IMHA services and staff reported that it was easy to make referrals. There were posters and leaflets available on the wards for patients and family.

Good practice in applying the MCA

- Staff had undertaken training in MCA and DoLS. The figures were 88% of staff on Cedars ward, 74% on Holyrood ward, 83% on Malvern ward and 64% on Linden ward. We found that psychiatrists, ward managers, and clinical leads understood how to apply DoLS but the 12 nursing staff and HCAs that we spoke to were unable to state how this affected patients in their care.
- Staff knew there was an MCA policy but could not comment on it in detail. Staff understood the use of restraint through MAPA training but could not relate this to the definition in the MCA. Staff could speak to the trusts patient safety team for advice about MCA.
- There were 42 DoLS applications made between April 2015 – September 2015. Linden ward had made the highest number of referrals with 28. Records showed that there was confusion between using the MHA and

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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.

DoLS and which piece of legislation was most appropriate to use for example we saw that doctors used DoLS for administering medication when MHA would have been the least restrictive option.

- Some DoLS paperwork was stored electronically while for some patients it was stored in paper files separate from the patient's records and this lack of access for staff added to the lack of understanding.

- Staff assessed capacity on a decision specific basis using a two stage capacity assessment. Patients were involved in decision-making when appropriate and families were involved for those who lack capacity when making best interest's decisions. We saw this in the ward reviews we attended during the inspection and in patients' notes.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Using the short observational framework (SOFI), we noted that there was lots of positive interaction between patients and staff. Patients move freely around Holyrood and Linden wards where there was plenty of space and staff monitored from a discreet distance. On all wards, staff sat down to talk to patients; they held their hands for reassurance and walked at the patients pace while talking to them if they were moving around. We observed staff engaging in conversation with one man who supported a local football team and discussing items in the newspaper with another patient.
- We spoke to 10 relatives and 10 patients and all stated the standard of care was excellent. Relatives stated there was always someone to talk to and that they could freely ask questions. Patients and families reported that staff treated them with dignity and respect. Staff gave examples of family members who had kept in touch with the wards following bereavements and patients who regularly phoned to keep in touch. The staff felt this was important to prevent isolation and possible readmission.
- In the patient led assessments of the care environments survey for privacy; Holyrood ward scored 96%; Malvern ward scored 96%; Linden ward scored 92% and Cedars scored 91%. The national average was 86%.
- Patients and families took part in ward reviews and care planning and we saw this during our observations however this was not recorded in seven of the care plans we reviewed. Patients had access to a copy of their care plan if appropriate and relatives signed them for patients who lacked capacity. All wards encouraged independence. The functional wards encouraged informal patients to go out independently or with support if necessary.
- Advocacy was available and easy to access on all wards with information clearly displayed. Staff knew how to make a referral and patients had this information so that they could make contact independently.
- Carers and families stated that they were fully involved in care of their family member and felt supported by ward staff. They could ask questions and contact the wards at any time for reassurance. The wards had set visiting times but were flexible about this in order to meet the needs of families who might have to travel by public transport or can only attend in the evenings.
- All wards had a weekly community meeting and staff encouraged patients to attend. Linden ward held a tea and cake session for patients and relatives. A variety of topics was discussed on the day of our visit to Malvern ward. These included the temperature on the ward, which was very warm, reassurance that there would be consistency among the medical staff, knitting hats for the homeless (which had been a ward project), and home visits.
- In Bloxwich hospital, two experts by experience visited the wards regularly to talk to patients and raise concerns with the managers on patients' behalf. They gave advice on paperwork and were involved in staff interviews. They felt welcomed by the staff and felt listened to by the trust.
- Staff recorded information about advance decisions during the initial assessment of a patient. The form should be completed, and dated however; we saw this information in only two of the eight sets of records that we looked at.

The involvement of people in the care they receive

- Patients were welcomed on to the ward on admission by their named nurse where possible. The ward provided a quiet place while staff explained about the ward environment. Patients had a tour of the ward and met other patients. All patients received a welcome pack, which included information on the ward, ward reviews, food and drink, information for carers and information on the legal rights of informal patients.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Bed occupancy rates for the last six months were; 58% for Holyrood ward, 87% for Malvern ward, 62% for Linden ward and 84% for Cedars ward.
 - There were no out of area placements in the last 6 months. Beds were usually available for patients in their catchment although Bloxwich hospital would use beds in Bushey Fields hospital if they were full. Some patients preferred this as it meant that they were closer to their relatives for visiting. A bed was always available for patients returning from leave. Patients remained under the care of their responsible clinician from the community team; this helped with continuity of care and discharge planning.
 - Patients only moved between wards if they had a clinical need; for example, if a patient on a functional ward received a diagnosis of dementia.
 - Discharge of patients happened at a time, which was appropriate to their needs such as family support being available. Discharge of patients did not happen on a Friday or at weekend unless requested by the family.
 - Patients worked towards discharge at their own pace. This included support with visits home in order to prepare patients for independent living. This involved joint working with the community mental health teams and patients attended the day service while still an inpatient so there was continuity on discharge. Patients and relatives were encouraged to contact ward staff for a chat once they were at home to help with feelings of isolation.
 - Holyrood, Linden and Cedars wards all had one delayed discharge in the last 12 months. Two patients had been on wards for several months waiting for suitable placements that would meet their complex needs.
- areas for activities such as relaxation. Ward reviews and meetings took place in the patients' quiet room. Refurbishment had taken place on Holyrood ward to make it dementia friendly.
 - Mobile phones were available for patients to make private calls or they could keep their own mobiles on the ward.
 - Holyrood and Malvern wards had direct access to outside space. Linden and Cedars outside space was away from the wards and downstairs for patients on Cedars ward and staff had to escort detained patients to access this.
 - Food was of good quality. Patients chose from a menu the day before. The wards had food delivered which limited the choice available on the day.
 - Patient led assessment of the care environment scores for food was 98% for Linden ward and 87% for Malvern ward. There were no scores for Holyrood or Cedars wards. The national average was 88%.
 - On both Holyrood and Malvern wards there was a kitchen where patients could make their own breakfast and drinks. We saw a patient using this kitchen to make his own breakfast on Malvern ward. An activities of daily living kitchen supported independent living skills on these wards. Patients were encouraged to do their own laundry. Linden and Cedars wards do not have these facilities and while staff still work to a recovery and independence model, it was more difficult to achieve this without the proper facilities.
 - Patients could personalise rooms with pictures and photos, however, we saw no sign that this was happening on any of the wards. Multi occupancy rooms on Linden and Cedars wards would make this more difficult for patients.
 - All patients have a personal safe to store their belongings securely. Patients reported in the community meeting on Malvern ward that they could not read the instructions for these. Staff agreed to make them available in large print.
 - Staff used life story work and memory boxes with patients. There were a range of activities tailored to meet the needs of patients and the activity coordinators offered 1-1 and group sessions throughout the day. They worked flexibly to provide this at times to suit the needs of patients.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a good range of communal rooms on Holyrood and Malvern wards. This enabled patients to move freely, engage with other patients, and use quiet areas. Linden and Cedars wards were small and had limited space for communal rooms. Staff used lounge

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Good 

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

- There was good access for people with mobility issues on Holyrood and Malvern wards. Patients had space to move freely around the wards. On Linden and Cedars wards, the space was limited and patients with mobility issues needed more support to move around the wards safely. Bathrooms were available with height adjustable reclining baths, hoists, and handrails to aid mobility. There was lift access to Cedars ward.
- Information leaflets were widely available on all wards and although these were in English, they were available in other languages if required. Leaflets included information on safeguarding, domestic abuse, carers groups, advocacy, anxiety and depression, service user experience and 'have your say'. Boards displayed photographs of all staff and listed who the 'champions' were for each ward (for example, the engagement champion)
- Wards used an external interpreting and sign language service and staff reported that these were easy to access when required.
- There was a choice of food to meet dietary requirements for religious and minority ethnic groups. On Holyrood and Malvern wards, there were quiet spaces for spiritual support with a box containing items from a range of faiths and denominations. At the time of our visit, a local vicar attended Malvern ward to provide

communion. He attended on a weekly basis and provided music and singing. On Linden and Cedars wards, staff would ask local religious/spiritual leaders to attend the wards if requested by patients. Informal patients could leave the wards to attend local services if they wished to.

Listening to and learning from concerns and complaints

- There were five complaints in the last 12 months across the core service. The trust partially upheld four complaints. Cedars ward did not receive any complaints, Holyrood and Linden had two each, and Malvern ward received one.
- Patients and their families knew how to complain and received feedback. Staff knew how to handle complaints appropriately and referred all complaints and compliments through the patient experience desk. On Linden ward, a family complained following a minor injury to a patient. They were unhappy about how the ward staff communicated the incident to them. The managers investigated the complaint and addressed the performance of the staff involved. The family consented to the complaint being used as a learning tool for all staff.

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 knew and agreed with the organisations values and felt positive about leadership for the older adults' wards. Staff demonstrated these values in the way they treated patients with dignity and respect throughout all aspects of the care they were giving.
- Staff named senior managers and commented on seeing the head of their services regularly on the wards. Holyrood ward had been refurbished and senior staff and the chair of the trust had visited to spend time with staff and patients.

Good governance

- Staff received mandatory training; the rates for this were low. Managers focussed on training staff in personalised care and dementia so that they had the skills needed to support patients.
- Managers had worked to improve appraisal rates and access to management supervision but found monitoring of clinical supervision difficult due to the trust policy on this. Of the 16 nurses and HCAs interviewed, two reported that they had not received management supervision. Staff reported that informal supervision took place constantly but managers did not record this. Staff said managers and clinical leads were very approachable. Psychologists provided group supervision for all staff who wanted to attend on a fortnightly basis.
- Staffing levels were appropriate and managers could use bank and agency staff depending on the needs of the patients if required. Staff spent most of their time with patients and all reported that patient care was their priority. Managers and clinical leads fulfilled the role of senior nurse for the hospital on a rota basis and felt this was a positive way of building skills in other areas of the hospital.
- Discussion of incidents and complaints took place in staff meetings and through the circulation of emails. Managers fed back on monitoring of incidents from the clinical governance meetings and undertook clinical audits of incidents. Managers encouraged agency and bank staff to attend meetings.
- Managers used key performance indicators monitor team performance and these were linked to supervision. They have a monthly dashboard, which presents this in

an understandable format. Managers also receive an annual service performance report from the trusts senior management team, which outlines activity, income, and contractual performance measures.

- Safeguarding procedures were of a high standard and staff showed good understanding of local processes. Staff did not consistently understand the interface between MHA, MCA and DoLS and how to put this into practice. Some staff said that they required further training in these areas

Leadership, morale and staff engagement

- The highest sickness rates were 9% for Holyrood ward and the lowest 5% for Linden ward.
- There were no cases of bullying and harassment of staff recorded.
- Twenty eight out of 29 staff spoken to stated that morale in the teams was good and they felt well supported by the management teams. The inspection team saw many examples of staff supporting one another including taking time to make sure staff members who had been off sick were managing in their role. Staff felt able to raise issues and said their managers would listen to them and address their concerns.
- Twenty-eight out of 29 staff members we spoke to reported that they knew the whistle blowing process and would use this if they needed to.
- There was opportunity for development and we saw excellent examples of this. Managers supported HCAs to undertake training so that they could become registered nurses. Band 5 nurses received training to provide supervision. One HCA had shown an interest in becoming an activity coordinator. She applied for the role, which had proved to be very successful.
- Staff shared knowledge to ensure good outcomes for patients and demonstrated this in handovers and reviews.
- Staff talked openly to patients and families and demonstrated duty of candour following incidents. They gave examples of when they had needed to do this such as after incidents or accidents.
- Staff felt they could feedback on services at a local level to their managers and knew that the managers would listen. This included raising concerns about the rotation system for newly qualified band 5 nurses where they spent time on each ward. Band 5 nurses reported that they enjoyed this but other staff felt it was disruptive to patient care and continuity on the ward. Managers were

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able to raise issues at a senior level and submit items to the trust risk register. These included the delays in DoLS being authorised or difficulties with the service level agreements for podiatry and speech and language therapy. Staff made referrals but patients had to wait for appointments, which took longer than the agreed timeframe in the service level agreement.

Commitment to quality improvement and innovation

- Linden ward had used dementia care mapping, an observational tool, for improving standards on the ward. Senior staff had been on training in December 2015 and carry out the review quarterly.
- All wards (except Holyrood ward) had received AIMS accreditation for inpatient mental health services. Holyrood will be part of this during the next review. Wards took part in peer and self-review and were part of the West Midlands Quality Review.