

Good 
West London Mental Health NHS 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)
RKL53	St Bernards and Ealing Community Services	Jubilee ward	UB1 3EU
RKL79	Hammersmith & Fulham Mental Health Unit and Community Services	Meridian ward	W6 8NF
RKL62	The Limes	The Limes ward	UB2 4AU

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by West London Mental Health NHS Trust and these are brought together to inform our overall judgement of West London Mental Health NHS 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?

Requires improvement 

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

- The staff were kind and respectful to patients and had a good understanding of individual needs. Positive work took place with the carers of patients, to provide support and involve them in their relatives' care. The wards were very aware of the diverse needs of patients and made positive attempts to meet their individual needs. The wards provided different therapeutic activities to support patients during their stay.
- Clinical staff made an assessment of patients' needs on their admission to the wards. This included an assessment of physical health needs. Where needs had been identified, these were developed into care plans so that staff knew each patient's needs. Staff completed risk assessments and developed management plans to minimise risks to patients and staff.
- Multi-disciplinary teams worked effectively in the care and support of patients.
- The wards were clean and generally well-maintained. Emergency equipment, including automated external defibrillators and oxygen were situated on the wards. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency.
- Staff had been trained and knew how to make safeguarding alerts. Staff received appropriate training, supervision and professional development.

- Staff had an understanding of the Mental Capacity Act 2005, and there were positive examples of their working within this to assess patients' capacity, and ensure decisions were made in the best interests of the patients. This was particularly evident at the Limes.
- Staff were committed to the vision and values of the organisation and felt connected to the trust. There were local governance processes that helped identify where the services needed to improve. Audits were being used well to monitor and improve services and clinical care.
- There was evidence of clear leadership at a local level, from ward managers through the service lines to clinical directors. Ward managers were visible on the wards during the day, were accessible to patients and provided support and guidance to staff. The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service.

However we rated the safe domain as requires improvement because:

- Staff on Meridian ward lacked a clear understanding of what constituted restraint, such as arm holding. As a result, the use of restraint was being under-reported by the ward and accurate information on the use of restraint could not be established.
- Staff were trained in the safe moving and handling of patients though did not always use appropriate moving and handling techniques to assist patients to move and there was a lack of equipment for this on Meridian ward.

Summary of findings

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

Are services safe?

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

- Staff on Meridian ward lacked a clear understanding of what constituted restraint, such as arm holding. As a result, the use of restraint was being under-reported by the ward and accurate information on the use of restraint could not be established.
- Staff were trained in the safe moving and handling of patients though did not always use appropriate moving and handling techniques to assist patients to move and there was a lack of equipment for this on Meridian ward.

However emergency equipment, including automated external defibrillators and oxygen were situated on the wards. This was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Staff had been trained and knew how to make safeguarding alerts. The wards were clean and generally well-maintained. Staff completed risk assessments and developed management plans to minimise risks to patients and staff.

Meridian ward should ensure it had management plans in place to address ligature risks. The ward should also ensure there are enough staff available in anticipation of team members needing to help with emergencies on other wards or patients coming into the place of safety.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Clinical staff made an assessment of patients' needs on their admission to the wards. This included an assessment of physical health needs. Where needs had been identified, these were developed into care plans so that staff knew each patient's needs.
- Multi-disciplinary teams worked effectively in the care and support of patients.
- Audits were being used well to monitor and improve services and clinical care.
- Staff received appropriate training, supervision and professional development.

Good



Summary of findings

- Staff had an understanding of the Mental Capacity Act 2005, and there were positive examples of their working within this to assess patients' capacity, and ensure decisions were made in the best interests of the patients. This was particularly evident at the Limes.

However, the access to psychological therapies could be improved across the services. On Jubilee ward the decision making around whether patients should be detained under the Mental Health Act or an application for a Deprivation of Liberty Safeguard should be made, needed to be considered for the patients concerned.

Are services caring?

We rated caring as **good** because:

- The staff were kind and respectful to patients and had a good understanding of individual needs.
- Positive work took place with the carers of patients, to provide support and involve them in their relatives care.

However further work was needed to ensure that patients had access to a copy of their care plan where appropriate. On Meridian ward patients should be supported to access an advocacy service where this would be helpful.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- The wards were very aware of the diverse needs of patients and made positive attempts to meet their individual needs.
- The wards provided different therapeutic activities to support patients during their stay.

However, whilst information was available on how patients could make a complaint, though there were no local formats to capture any complaints received.

Good



Are services well-led?

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

- Staff were committed to the vision and values of the organisation and felt connected to the trust.
- There were some local governance processes that helped identify where the services needed to improve.

Good



Summary of findings

- There was evidence of clear leadership at a local level, from ward managers through the service lines to clinical directors. Ward managers were visible on the wards during the day, were accessible to patients and provided support and guidance to staff.
- The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service.

Summary of findings

Information about the service

The wards for older people with mental health problems provided by West London Mental Health NHS Trust were part of the trust's local services clinical service unit.

St Bernard's and Ealing community services in Ealing had one ward for older people with mental health problems: Jubilee ward which had 18 beds. This was part of the trusts cognitive impairment and dementia service line.

Hammersmith & Fulham mental health unit and community services had one ward for people over 55 with mental health problems: Meridian ward which had 16 beds. This was part of the trusts urgent care service line.

The Limes was a continuing care service for older people with mental health problems and had 20 beds. This is part of the trusts cognitive impairment and dementia service line.

We had inspected the services provided by West London Mental Health NHS Trust at St Bernard's and Ealing community services twice between October 2012 and October 2013. We had inspected the Limes four times between February 2011 and December 2013. At the time of the last inspections the services were compliant in the areas inspected.

Our inspection team

The team that inspected the wards for older people with mental health problems consisted of eight people: one expert by experience, two inspectors, one Mental Health Act reviewer, one nurse, one psychiatrist, one occupational therapist and one pharmacy inspector.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of 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 nine focus groups.

During the inspection visit, the inspection team:

- Visited all three of the wards for older people at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 17 patients who were using the service, and/or their relatives and received 2 completed comment cards
- Spoke with the ward managers for each of the wards
- Spoke with 3 clinical directors or service managers with responsibility for the wards
- Spoke with 22 other staff members; including doctors, nurses, health care assistants pharmacists and allied health professionals
- Spoke with 2 advocates
- Attended and observed 2 hand-over meetings

Summary of findings

- Attended and observed 2 multi-disciplinary meetings
- Attended and observed 1 community meeting/ peer support meeting
- Attended and observed 1 carers group
- Carried out a structured piece of observational work at The Limes
- Looked at 17 treatment records of patients.
- Carried out a specific check of the medication management on 2 wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

During the inspection we spoke with patients and relatives on all the wards. They were positive about their experience and felt that they received support that was appropriate to their needs.

The patients and carers all spoke positively about the caring nature of the staff, who were helpful, caring, listened to them and gave them encouragement and support with their needs.

We observed positive, kind and caring interactions between staff and the patients, including during challenging circumstances. Discussions between patients and staff were in private and away from other patients on the ward.

Before the inspection visit we attended or received feedback from nine local focus groups and met people who had used the older people wards. We also had two comment cards completed by relatives visiting the Limes. The feedback was all positive and complimentary of the service people received.

There was positive feedback about the food patients received and most patients said there enough activities to keep them occupied during the day.

Good practice

At the Limes different communication methods were used to ensure that people with a cognitive impairment had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The services were working well with relatives and carers. A carers group took place regularly at the Limes and was valued by the people who attended.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that staff have an understanding of what constitutes restraint so incidents can be accurately reported.
- The trust must ensure that patients who need moving and handling have this done safely with the appropriate equipment where needed.

Action the provider **SHOULD** take to improve

- The trust should ensure that there are sufficient staff working on Meridian ward to meet the needs of patient in that service whilst recognising that staff may need to help with emergencies on other wards and patients admitted to the place of safety.
- The trust should ensure there is a management plan on Meridian ward to address the risks associated with ligature points.
- The trust should ensure patients on Meridian ward have access where requested to an advocacy service.

Summary of findings

- The trust should ensure that patients have access to a copy of their care plan where appropriate.
- The trust should ensure staff on Jubilee ward have the knowledge to know when it is appropriate for a patient to be detained under the Mental Health Act and an application for a Deprivation of Liberty Safeguard order should be made.
- The trust should ensure there is a system in place to log complaints at a ward level.

West London Mental Health 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
Jubilee ward	St Bernards and Ealing Community Services
Meridian ward	Hammersmith & Fulham Mental Health Unit and Community Services
The Limes ward	The Limes

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 trust's systems supported the appropriate implementation of the Mental Health Act and its associated code of practice. Administrative support and legal advice was available from the Mental Health Act law manager and MHA administrators based at each hospital site. The ward managers carried out regular audits to ensure the Mental Health Act was being implemented correctly.

Training was provided to staff and overall the staff appeared to have a good understanding of the Mental Health Act and associated code of practice.

Detention paperwork was filled in correctly, was up to date and was stored appropriately. With one exception in the files that we reviewed, there was evidence that patients had their rights explained to them on admission to hospital.

There was a good adherence to consent to treatment and capacity requirements overall and copies of consent to treatment forms were attached to medication charts where applicable.

Within all of the wards we visited patients had access to independent mental health advocacy (IMHA) services. Patients and staff appeared clear on how to access IMHA services appropriately. However this was not overtly advertised as a service to patients of Meridian ward.

Detailed findings

On Jubilee ward we found that some patients were on a section that had been allowed to expire. It appeared that

patients were not being discharged from their sections when they were no longer appropriate. Reports from approved mental health professionals were not always available in the notes.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the Mental Capacity Act 2005 and were able to describe examples where patients' capacity had been assessed in accordance with this.

At The Limes we found a clear understanding and working knowledge about the use of the MCA and Deprivation of Liberty Safeguards (DoLS). There was clear documentation in relation to decisions made in the best interests of the patients. Capacity assessments under the MCA were recorded in the care records for specific decisions, such as the use of covert medicines and managing finances and 'do not attempt resuscitation' decisions.

However, on Meridian ward we found that the use of administering covert medicines had not been subject to a capacity assessment under the MCA, and no best interest assessment had been undertaken. This put patients at risk of receiving medicines that they did not consent to.

DoLS applications had been made across the older inpatient wards where patients' needs did not warrant detention under the Mental Health Act 1983 (MHA), but they were under continuous control and supervision. However on Jubilee ward we were informed that whilst awaiting responses to DoLS applications made to the local authority, patients would be detained under the MHA. This approach did not demonstrate a clear understanding of when the acts should be most appropriately used.

Audits to monitor the use of the MCA had not taken place across the older people inpatient services.

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 **requires improvement** because:

- Staff on Meridian ward lacked a clear understanding of what constituted restraint, such as arm holding. As a result, the use of restraint was being under-reported by the ward and accurate information on the use of restraint could not be established.
- Staff were trained in the safe moving and handling of patients though did not always use appropriate moving and handling techniques to assist patients to move and there was a lack of equipment for this on Meridian ward.

However emergency equipment, including automated external defibrillators and oxygen were situated on the wards. This was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Staff had been trained and knew how to make safeguarding alerts. The wards were clean and generally well-maintained. Staff completed risk assessments and developed management plans to minimise risks to patients and staff.

Meridian ward should ensure it had management plans in place to address ligature risks. The ward should also ensure there are enough staff available in anticipation of team members needing to help with emergencies on other wards or patients coming into the place of safety.

medium or low risk. The ligature audits and plans for the management of these varied on each ward. For example, the Limes had some management plans in place to address the ligature risks, whereas these were not in place on Meridian ward. On Meridian ward we found that plastic bags were used in the bins of the assisted bathrooms, of which one was unlocked. These were changed to paper bags during the visit.

- The wards we visited complied with the Department of Health guidance on same sex accommodation. There were separate male and female bedroom corridors, lounges, toilets and shower facilities. On Meridian ward there were gender-separate outside spaces for patients to use. Each ward had a communal area for patients to use.
- Emergency equipment, including automated external defibrillators and oxygen was situated on the wards. They were checked regularly to ensure they were fit for purpose and could be used effectively in an emergency. However, we found on Meridian ward that whilst the checklist showed regular checks of the emergency bag, a number of items identified as missing or expired had not been replaced. This was rectified on the day. The staff knew where ligature cutters were kept and told us they knew how to use them. The training records showed that staff had been trained in life support techniques to enable them to respond effectively to emergencies.
- The wards we visited were clean and generally well-maintained. However, the assisted bath in the female area of Meridian ward had been broken for approximately 18 months. Senior managers told us there were no plans to repair this due to proposals to make changes to the purpose of the ward. However, this meant that females were not able to take a bath for the duration of their stay on the ward.
- Patients told us that standards of cleanliness were good and any shortfalls in cleaning were promptly addressed. The staff on each ward carried out regular infection control and staff hand hygiene audits to ensure that

Our findings

Safe and clean environment

- The layout of the wards did not allow clear lines of sight for observing patients, with many blind spots and no convex mirrors to facilitate observation. The staff told us they regularly walked around the wards and carried out safety checks on the whereabouts of each person, and we saw this taking place.
- Each ward had a number of fixture and fittings that patients with suicidal thoughts could use as a ligature. These were identified in the ward ligature audits as high,

Are services safe?

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infection risks to patients and staff were minimised. Cleaning schedules were used to monitor the cleanliness and to ensure cleaning tasks were undertaken.

- There were call alarms in each area of the wards. On Meridian ward the alarm sounded throughout the building, regardless of where an incident was taking place. The staff told us this was to alert members of the emergency response team to an incident.
- Feedback from stakeholders was that the car park at the Limes did not promote security, as it was dimly lit in the evenings. We saw that areas of the car park could be dark at night, though the main car park had security lights installed to promote security.

Safe staffing

- The wards displayed the planned and actual figures of staff on duty for each day. Most of the wards we visited were fully staffed, or had minimal vacancies that were being recruited to. The Limes was in the process of recruiting more staff due to a recent increase in staffing levels.
- Staff on Meridian ward were sometimes called to assist in the health based place of safety (Section 136 suite) where patients were brought in an emergency by the police. They were also expected to respond to emergencies on other wards within the mental health unit. Staff said that as a result this left the wards short staffed while assistance was given. In most cases regular bank and agency staff were being used to provide some consistency to the service and the care and treatment provided to patients.
- Doctors told us that there was adequate medical staff available day and night to attend the wards quickly in an emergency. At night each of the hospital locations had a doctor available on site to respond to urgent needs. The Limes could access the on-call doctors as necessary.

Assessing and managing risks to patients and staff

- In the six month period before the inspection there was one episode of seclusion on Meridian ward.

- Prevention and management of violence and aggression training was delivered by a specialist in-house team. The training focused on verbal de-escalation techniques but also taught techniques to restrain patients.
- There were six recorded episodes of restraint. These occurred on Meridian ward. There were five recorded prone restraints. These all occurred on Meridian ward. However, the staff of Meridian ward lacked a clear understanding of what constituted restraint, such as arm holds. They referred to these as 'precautionary holds', and spoke of using them in their daily work with patients. As a result, the use of restraint was being under-reported by the ward and accurate information on the use of restraint could not be established.
- Staff completed risk assessments on the admission of new patients to the ward which incorporated historical and known risks. This information was used to develop risk management plans. These were reviewed regularly and updated after incidents.
- Staff had received training in safeguarding vulnerable adults and children. The staff we spoke with knew how to recognise a safeguarding concern and how to escalate this to ensure it was reported appropriately. Staff were aware of the trust's safeguarding policy and the need to make safeguarding referrals to the local authority safeguarding team. They gave us examples of safeguarding referrals that had been made. These showed that safeguarding concerns were raised promptly in response to allegations or incidents that had occurred. In the office areas there were flowcharts on display about how to raise any safeguarding concerns, to remind staff of actions they needed to take.
- Staff were aware of the risk of falls and pressure ulcers within the patient group and managed risks accordingly through care planning and risk management plans. The physical health needs of patients were monitored regularly throughout their stay. During ward rounds and handover the physical needs of patients were communicated to relevant staff to ensure the ongoing monitoring and treatment.
- Staff were trained in the safe moving and handling of patients, and there was equipment available on Jubilee and the Limes for staff to use in the transfer of patients. However, we observed at the Limes that a patient was

Are services safe?

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

supported to move from a wheelchair to chair, and then back again with no equipment but the support of two staff, where one held the waistband of the patients' trousers to lift and move them. This was not good practice and could put the patient and staff at risk of harm. We were informed of an incident on Jubilee ward where staff did not use appropriate moving and handling techniques to move a patient off the floor. Staff on Meridian ward were unable to clearly state how they would assist an elderly patient if they fell on the floor, as they did not have any hoist equipment on the ward. This could put the patient and staff at harm where inappropriate lifting techniques were used.

- Appropriate arrangements were in place for the management of medicines. We reviewed the systems for the storage and administration of medicines on two of the wards we visited. Medicines were stored securely. Temperature records were kept of the medicines fridge and clinical room in which medicines were stored, showing that medicines were stored appropriately to remain fit for use. The records relating to the administration of medicines were accurate. Wards regularly audited medicine records to ensure recording of administration was complete.
- For patients who wanted to see their grandchildren, there were separate family rooms away from the main ward areas available for visits.

Track record on safety

- Over the last year there had been four serious untoward incidents involving older people on the inpatient wards. Two incidents involved patients from Meridian ward and two of patients from the Limes. One of these was a patient death, another was a medication related incident and two were related to falls of patients. Measures had been taken to prevent recurrence across the wards.

- There had been two safeguarding alerts raised by the trust within the past twelve months, both in relation to allegations made about staff. The trust had taken appropriate action in the response to these.

Reporting incidents and learning from when things go wrong

- The staff we spoke with knew how to recognise and report incidents on the trust's electronic incident recording system. All incidents were reviewed by the ward manager and clinical directors and discussed during the clinical improvement groups to maintain oversight of incidents and actions taken in response to these.
- Local incidents and learning from these was evident in the wards we visited, where improvements had been made as a result of incidents that had occurred. Such as in relation to the increased observations of patients at risk of falling and medicine audits being carried out to promptly identify any errors.
- Following incidents, staff were offered support from their line managers and peers. Staff reported feeling supported by their team and able to discuss incidents and any difficult feelings that arose as a result. Reflective practice sessions for staff took place fortnightly on each ward with a psychologist.
- The trust has a number of ways in which learning was shared, where each clinical service unit (CSU) collated vignettes following an incident review and these were shared with all areas. An incident review group meeting took place monthly and each CSU had clinical improvement groups and held learning lessons conferences to feedback about incidents and make improvements to prevent recurrence.

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:

- Clinical staff made an assessment of patients' needs on their admission to the wards. This included an assessment of physical health needs. Where needs had been identified, these were developed into care plans so that staff knew each patient's needs.
- Multi-disciplinary teams worked effectively in the care and support of patients.
- Audits were being used well to monitor and improve services and clinical care.
- Staff received appropriate training, supervision and professional development.
- Staff had an understanding of the Mental Capacity Act 2005, and there were positive examples of their working within this to assess patients' capacity, and ensure decisions were made in the best interests of the patients. This was particularly evident at the Limes.

However, the access to psychological therapies could be improved across the services. On Jubilee ward the decision making around whether patients should be detained under the Mental Health Act of subject to an authorized Deprivation of Liberty Safeguards needed to be considered for the patients concerned.

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. The care records showed that people were assessed on admission to the ward and care plans implemented in response to their assessed needs.
- Care records showed that physical health needs were being addressed and each patient's physical health needs were assessed by medical and nursing staff on admission. Where a physical health need had been identified care plans had been implemented to ensure they were addressed, along with plans for routine monitoring. An example of this was where patients had

long term conditions such as diabetes, and care plans were developed to enable the patient to maintain as much independence as possible with this, whilst being monitored by staff.

- Physical health checks of all patients were carried out through a system of weekly weight, blood pressure, pulse and temperature monitoring. The staff that carried out these checks were aware of the safe parameters and said they would raise any concerning physical observations with nursing staff or the ward doctor.
- The care records were stored on the provider's computerised care planning system. Access to the system was through staff identification card and password login, which ensured confidential information was maintained securely. The computerised records meant that information was available to doctors and nurses as patients moved between services.

Best practice in treatment and care

- The National Institute for Health and Care Excellence guidance was followed in relation to the management of and prescribing of medicines and confirmed by the results of the 2014 national audit of the prescribing of anti-dementia drugs. There was a positive approach to the minimal use of anti-psychotic medicines with patients with dementia, and this was evidenced in the prescribing of medicines that we viewed across the wards.
- Access to psychological therapies as part of patients' treatment varied between different wards. Psychologists were not routinely part of the ward teams to provide input to the care patients received. The wards differed in the provision of therapeutic activities, although there was access to art and music therapies.
- Meridian and Jubilee wards were based in mental health units within the grounds of, or adjacent to, acute (physical health) hospitals. This meant staff could access support promptly in an emergency. The Limes was a stand-alone unit and had an out of hours contract with a local GP services, or would use emergency services where needed. Each ward had a ward doctor to oversee patients' physical health needs, and on a day-to-day basis this was monitored by ward staff. Regular physical health checks were taking place where needed.

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.

- On admission to the wards the staff assessed patients using the health of the nation outcome scales. These covered 12 health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions. The wards carried out Waterlow pressure area assessments and nutritional assessments of patients on admission to the ward, and at regular intervals during their stay where a need had been identified. Pressure relieving mattresses were used where needed to minimise the risk of pressure sores.
- The occupational therapists (OT) used the model of human occupation screening tool with patients. They assessed patients within three working days of their admission, to see if they required any OT support during their stay.
- Each ward used different measures to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis. We saw examples of audits of care plans, medicine records, explanation of patients' rights and physical health checks. Information from completed audits was used to identify and make changes needed to improve outcomes for patients.
- On display in Jubilee ward there was an information sheet about 14 allergens within food, in accordance with the food information regulation. This enabled staff to be aware of the potential allergens in the meals provided to patients, in case of any food allergy or intolerance issues.

Skilled staff to deliver care

- The staff working on the older people wards came from a range of professional backgrounds including nursing, medicine, occupational therapy and psychology. Some wards had activity co-ordinators to support people with activities. Each ward had access to a dietician, speech and language therapist and continence advisor. The pharmacy team also provided support to the wards.
- The care files showed the advice of tissue viability nurses had been obtained where necessary. At the Limes there was evidence of work undertaken with the speech and language therapy teams for patients at risk of choking or aspirating. However, staff at the Limes felt they needed more training to support patients with catheter care.
- On Meridian ward 'peer support workers' (PSW) had been recruited. PSWs worked on a full or part-time basis. These were people who had experience of using mental health services. They worked as part of the team in the support of patients, and carried out the same role as health care assistants, but were able to provide additional insight into what it was like to be a user of services.
- The staff had received and were mostly up to date with appropriate mandatory training and the average mandatory training rate for staff was 90%.
- Staff received appropriate training, supervision and professional development. The training records held on the wards showed that staff were generally up to date in training relevant to their role, including safeguarding adults, fire safety, basic life support, infection control and dementia care.
- New staff had a period of induction before being included in the staff numbers. Through the IT systems the ward managers were able to monitor staff progress in completing their training. The training helped to ensure staff were able to deliver care to patients safely and to an appropriate standard.
- Some staff told us about examples of continuing professional development they had undertaken. This included undertaking degrees and diplomas in areas relevant to their work. They were supported by the trust to undertake further learning and develop themselves professionally. On some wards bespoke training was provided, such as at the Limes where specific training was provided to staff in supporting frail patients who were physically aggressive to ensure their and other patients safety.
- Most staff told us they received supervision every month, where they were able to reflect on their practice and incidents that had occurred on the ward. However, some staff told us that this could be cancelled when the wards were very busy. Fortnightly reflective practice took place across the wards, facilitated by a psychologist. Staff received an annual performance development review (appraisal) of their work.
- All medical staff had completed an annual appraisal for 2014-15. There was structured peer support and regular medical team meetings.

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.

- At the time of the inspection, senior staff told us that they were addressing performance issues with some staff, and were supported by the human resources team from the trust.
- The trust held an annual conference for health care assistants to provide support and networking opportunities.
- All the services we visited had a range of skilled specialists working either on the ward or in the community linking in to the ward, including occupational therapists, tissue viability nurses and dieticians. None of the wards had a social worker on site, however Jubilee ward had access to a full time social worker. There were improved links to care co-ordinators in the community teams.

Multi-disciplinary and inter-agency team work

- During the inspection we observed two handover meetings between the morning and afternoon shifts on the wards. These were unhurried, detailed, and provided a clear picture to the oncoming staff of the current needs of each patient and any areas of risk or concern that staff needed to be aware of.
- We observed two multi-disciplinary team (MDT) meetings. These enabled the team to share information to inform the review of each patient and discuss important issues or events that had occurred, as well as ongoing physical and mental health needs. We observed at these meetings that the MDT worked well together and all participated in discussions about the patients.
- Staff spoke positively about the MDT and felt that everyone was on the same level, working together to meet patients' needs. They felt listened to and could approach colleagues for advice when needed.

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Adherence to the MHA and MHA Code of Practice

- The trust's systems supported the appropriate implementation of the Mental Health Act and its associated code of practice. Administrative support and legal advice was available from the Mental Health Act law manager and MHA administrators based at each hospital site. The ward managers carried out regular audits to ensure the Mental Health Act was being implemented correctly.

- Training was provided to staff and overall the staff appeared to have a good understanding of the Mental Health Act and associated code of practice.
- Detention paperwork was filled in correctly, was up to date and was stored appropriately. With one exception in the files that we reviewed, there was evidence that patients had their rights explained to them on admission to hospital.
- There was a good adherence to consent to treatment and capacity requirements overall and copies of consent to treatment forms were attached to medication charts where applicable.
- Within all of the wards we visited patients had access to independent mental health advocacy (IMHA) services. Patients and staff appeared clear on how to access IMHA services appropriately. However this was not overtly advertised as a service to patients of Meridian ward.
- On Jubilee ward we found that some patients were on a section that had been allowed to expire. It appeared that patients were not being discharged from their sections when they were no longer appropriate. Reports from approved mental health professionals were not always available in the notes.

Good practice in applying the MCA

- 89% of staff of Jubilee ward; 96% of the Limes staff and 89% of Meridian ward staff had completed training in the Mental Capacity Act (MCA). This was combined with the MHA training highlighted earlier in the report. Most staff we spoke with were able to describe examples where patients' capacity had been assessed in accordance with this.
- There were seven Deprivation of Liberties Safeguards (DoLS) applications made in the last 6 months across the inpatient wards for older people.
- At The Limes we found a clear understanding and working knowledge about the use of the MCA and DoLS. There was clear documentation in relation to decisions made in the best interests of the patients. Capacity assessments under the MCA were recorded in the care records for specific decisions, such as the use of covert medicines and managing finances. We were also

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.

provided with an example of using a different form of communication to establish a patient's understanding in relation to a decision, where through this it was found that the patient had capacity.

- However, on Meridian ward we found that the use of administering covert medicines had not been subject to a capacity assessment under the MCA, and no best interest assessment had been undertaken. This put patients at risk of receiving medicines that they did not consent to. Similarly, there were inconsistent messages from staff around whether the medicines were given covertly where some felt they were not. However, we observed a patient being given medicines in a juice, with no explanation given by staff that this contained medicines.
- DoLS applications had been made across the older inpatient wards where patients' needs did not warrant detention under the Mental Health Act 1983 (MHA), but they were under continuous control and supervision. However on Jubilee ward we were informed that whilst awaiting responses to DoLS applications made to the local authority, patients would be detained under the MHA. This approach did not demonstrate a clear understanding of when the acts should be most appropriately used.
- The Limes was a continuing care unit and we looked at how the issue of 'do not attempt resuscitation' was managed. Where there was no capacity of the person we found evidence of discussion with relatives/ carers and respect of these and the persons' cultural needs. A care plan had been developed in relation to each person so that staff knew how to respond in an emergency. Copies of DNAR forms were held in a paper file so they could be promptly accessed in the event of a patient needing to attend a general hospital. Information and copies of paperwork in relation to lasting powers of attorney were held by the ward for different patients to ensure that appropriate appointees were consulted about specific issues in relation to the patients.
- Audits to monitor the use of the MCA had not taken place across the older people inpatient services.

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:

- The staff were kind and respectful to patients and had a good understanding of individual needs.
- Positive work took place with the carers of patients, to provide support and involve them in their relatives care.

However further work is needed to ensure that patients have access to a copy of their care plan where appropriate. On Meridian ward patients should be supported to access an advocacy service where this would be helpful.

Our findings

Kindness, dignity, respect and support

- We observed positive, kind and caring interactions between staff at all levels and the patients, including during challenging circumstances. Discussions between patients and staff were in private and away from other patients on the ward. Staff knocked on bedroom doors and waited for a response before opening the door.
- All of the patients spoke very positively about the support they received from the staff. They said staff were helpful, caring, listened to them and gave them encouragement and support with their needs.
- Carers said that the staff were responsive to patient needs and they were kept informed of changes to their relatives' needs or to the service. They complimented all the staff and felt they did a good job with the patients. Carers felt encouraged to be involved in the care and treatment of their relative and said feedback they gave was welcomed by staff and acted upon. The feedback we received from carer groups was positive about their experience of the service provided in caring for their relative.
- The staff conveyed a caring approach when talking about patients and had a good understanding of their

individual needs. Staff interacted with patients in a caring and kind way. When patients became anxious or aggressive staff responded promptly and de-escalated situations by speaking calmly and giving reassurance.

- We carried out a period of structured observation at the Limes to observe the support given to patients at lunchtime. We found that the lunch period was well planned and staff ensured that patients experienced a calm, unhurried and respectful lunch. Where required, patients were supported by allocated staff that devoted the lunch period to ensuring that they attended to the individual and that they ate a lunch that they wanted. Patients who were able were supported to attend the servery and choose what they wanted to eat, whilst others were given the choices to enable them to decide. Food was provided in suitable consistency to meet individual needs, such as pureed, finely chopped or whole. Condiments were available, including a particular hot pepper sauce to meet the cultural needs of one patient, who enjoyed using this to enhance the flavour of their meal. Where assisting patients to eat the staff showed kindness, patience and respect towards those they were supporting.

The involvement of people in the care they receive

- Patients were not always involved, or able to be involved in their care planning across the wards. Where patients told us they did not have a copy of their care plan it was evident on most wards in their records why this was the case or if a care plan had been given but the patient could not retain the information. However some patients who could retain the information when we asked told us they had not received a copy of their care plan.
- There was evidence of family involvement in care. We were told that relatives and carers were routinely invited to review meetings.
- At the Limes we found that carers groups took place for the relatives of patients to support them with their relative whilst in hospital, and their condition. We attended a carers group that took place during the inspection and this was well attended by carers and enabled them to discuss their concerns in a safe and supportive environment.
- Patients had variable access to advocacy services. On The Limes the advocate and IMHA both attended the

Are services caring?

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carers group. On Jubilee ward there was information readily available to inform patients, relatives and carers about advocacy services. However on Meridian ward

there was no clear information about advocacy services. There was an advocacy service within the mental health unit, though they told us they did not provide a service to Meridian ward.

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:

- The wards were very aware of the diverse needs of patients and made positive attempts to meet their individual needs.
- The wards provided different therapeutic activities to support patients during their stay.

However, whilst information was available of how patients could make a complaint, though there were no local formats to capture any complaints received.

Our findings

Access and discharge

- Average bed occupancy over the last 6 months was 93%. All three wards had a bed occupancy of more than 85%.
- None of the wards operated a waiting list and we were informed there were always beds available for people in their catchment areas. Meridian ward had four delayed discharges over the previous six months. We were informed that these were due to difficulties accessing social care, and patients awaiting a care home placement. The staff spoke of variable relationships with the community recovery teams in working with them to ensure patients were moved into suitable accommodation as soon as clinically appropriate.

The facilities promote recovery, comfort and dignity and confidentiality

- The wards had a number of rooms for use, including quiet lounges, therapy rooms, clinic rooms and access to a faith room. There was equipment available to support patients to occupy their time, such as books, games, art equipment and computers.
- Patients were able to make telephone calls in private on the wards.
- Each ward had access to outside space. On Meridian ward patients could access this freely. At the Limes we saw patients were supported by staff to access these areas to ensure their safety and well-being.

- Hot drinks and snacks were regularly available outside of meal times across all wards but on most wards the patients were not able to freely make themselves a hot drink or snack and had to request staff prepare it for them.
- Patients gave positive feedback about the food provided. They said there was a good choice and they liked the quality of the meals. This corresponded with the recent patient-led assessments of the care environment (PLACE) survey carried out in 2014 which gave a score for food of 84.45%. We received positive feedback about the food. However, we received feedback that kosher food was not available to patients on the ward, where their religious faith required this. Halal, vegetarian and gluten free diets were catered for.
- The Limes PLACE also found that the ward was above average for cleanliness at 97%. However, the ward scored below average for privacy, dignity and well-being with 69% and 70% for condition, appearance and maintenance.
- Activity programmes were on display on the wards. Occupational therapists (OT) and activity co-ordinators were part of the ward team and ran the activities on the wards. Work had also taken place with nursing staff to ensure that activities took place at any time the OT was absent. However, on Meridian ward some patients' spoke of a lack of activities, particularly areas like cooking that used to be provided by the service. There was an OT vacancy on the ward that was being covered by the head OT at the time whilst recruitment was taking place.

Meeting the needs of all people who use the service

- The wards had facilities and equipment for people with disability needs. Meridian ward could be accessed by a lift.
- The staff respected patients' diversity and human rights. Staff received training in equality and diversity as part of their mandatory training. The geographical area covered by the trust was highly diverse with different cultures, religions and languages spoken. In all the services the staff spoke of how they met individual communication needs. Staff had access to interpreters to support patients at meetings and used objects of reference in

Are services responsive to people's needs?

Good 

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

daily interactions with patients. Some local faith representatives visited patients on the ward, whilst others could be contacted to request a visit, or patients could be escorted to local places of worship.

Listening to and learning from concerns and complaints

- Most of the patients we spoke with said they knew how to raise a complaint, or would discuss any concerns with the ward manager. Information on how to make a complaint was displayed in the wards, as well as information on the patient advice and liaison service (PALS).
- The ward managers of the Limes and Meridian wards told us that no complaints had been received about the ward in the past twelve months. There was no specific format for them to log any complaints should they be received directly by the ward.
- The staff told us they tried to address patients concerns informally as they arose, though they were aware of how to signpost people to PALS when needed.

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 were committed to the vision and values of the organisation and felt connected to the trust.
- There were some local governance processes that helped identify where the services needed to improve.
- There was evidence of clear leadership at a local level, from ward managers through the service lines to clinical directors. Ward managers were visible on the wards during the day, were accessible to patients and provided support and guidance to staff.
- The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service.

Our findings

Vision and values

- The trust quality priorities and values were on display in the wards. Staff felt connected with the trust values and spoke of demonstrating their commitment to them in their day-to-day work with patients.
- Some of the staff we spoke to were able to identify who the directors of the trust were and spoke positively about the changes that had taken place and were planned for the services. This was particularly at the Limes where the staff conveyed great pride in their work and the ongoing development of the service. We were told by some staff that the chief executive for the trust had visited their areas of work and it helped them feel more listened to.
- Staff said they had good links to the new clinical directors for the new service lines and were able to communicate directly with them.

Good governance

- Local governance processes were in place, such as care plan audits, physical health monitoring taking place,

reviews of risk assessments, staffing levels and supervision of staff. Monitoring of incidents took place, with action plans developed as learning points from these.

- Monitoring of adherence to the requirements of the MHA was audited on each ward, with details on the whiteboards to remind staff to speak with patients about their rights on a regular basis.
- The trust monitored infection control across all services and this was overseen by central committees. The ward managers showed us the cleanliness audits that were undertaken on the ward each month and how this was logged onto the electronic systems to inform the centralised team.
- The ward managers told us that they had sufficient time and autonomy to manage their ward. Administrative staff worked on each ward to provide additional support.
- The ward managers were aware of the risk register and of being able to add items to this. This was apart from Meridian ward where they were not aware of this, and were unclear of what items specific to their area of work were recorded on the register.

Leadership, morale and staff engagement

- The wards were well-led. There was evidence of clear leadership at a local level, from ward manager through the service lines to clinical directors. Ward managers were visible on the wards during the day, were accessible to patients and provided support and guidance to staff. The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service.
- Sickness and absence rates were monitored across the older people inpatient services and none of the wards had significantly high levels of sickness absence.
- At the time of the inspection there were no grievance processes reported or grievance processes being followed.
- The trust carried out listening events, and incentives to motivate staff, such as employee and team of the month awards. 'speak up Friday' took place to enable staff to raise issues with the chief executive.

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.

- Ward staff we spoke with were committed to their work and to ensuring patients were appropriately cared for. Some staff of Meridian and Jubilee ward told us they struggled with the management issues surrounding the mix of functional and organic patients on the ward, as well as the differing ages of patients, where some patients had been admitted below the 50+ age range of the ward.
- The staff were kept up to date about developments in the trust through regular emails and bulletins. Staff were positive about the recent changes to the directorate and line management structures, to the service lines for the delivery of care, and felt this was a good move for the trust to enable more joined-up work in the care and treatment that patients received as inpatients and in the community.
- The ward managers told us about the leadership training and development opportunities they had been provided with by the trust for bands 5-8, which they found beneficial to enhancing the work of staff and career development.
- The trust had a leadership and management development programme which was multi-disciplinary, aimed at bands 5-8 and an emphasis on change management. There was also a specific black and minority ethnic (BME) leadership programme aimed at supporting BME staff into more senior positions within the trust.
- The staff were generally enthusiastic and positive about working for the trust. They felt well managed and there was good team-work. Staff said there were opportunities for career development in the trust, through leadership training and professional development. They felt supported by the managers to attend these.
- Staff were aware of whistle-blowing processes and felt able to report concerns and improvements needed to managers. They were confident they would be listened to by their line manager.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

The trust had not ensured that care and treatment was provided in a safe way for patients in terms of the moving and handling of patients.

This was because staff were not moving and handling patients safely and did not always have access to the appropriate equipment for this purpose.

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The trust had not ensured that systems and processes were established and operated effectively to prevent abuse of patients and care and treatment which included acts intended to control or restrain a patient that was not necessary to prevent or not in an proportionate response to risk of harm posed to the patient or another individual if the patient was not subject to control or to restraint.

This was because restraint was not being recognised, reported and therefore monitored to ensure it was being used appropriately.

This was a breach of regulation 13(1)(2)(4)(b)