Good

Black Country Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Black Country Partnership NHS Foundation 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)
TAJ52	Penn Hospital	**Meadow Ward**	WV4 5HN
TAJ07	Edward Street Hospital	**Chance Ward**	B70 8NL
TAJ07	Edward Street Hospital	**Salter Ward**	B70 8NL

This report describes our judgement of the quality of care provided within this core service by Black Country 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.

Where applicable, we have reported on each core service provided by Black Country Partnership Trust and these are brought together to inform our overall judgement of Black Country 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?	
Are services effective?	Good
Are services caring?	
Are services responsive?	
Are services well-led?	

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

Contents

Summary of findings

Overall summary

We have changed the rating for effective from requires improvement to good because:

- During our inspection in November 2015, we asked the trust to ensure that regular training in the Mental Health Act (MHA) and Mental Capacity Act (MCA) was provided for staff. At the October 2016 inspection, we found that staff demonstrated good knowledge of the Mental Health Act and Mental Capacity Act principles.
- A trust safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) lead nurse practitioner was available to support wards and reviewed all Mental Capacity Act and DoLS applications.
- During our November 2015 inspection, we asked the trust to store patient records securely. We found at our inspection in October 2016 that records were store securely and only accessible to staff.
- We asked the trust to improve the audit process in relation to checks on emergency equipment. During this inspection, we found that that trust had implemented a more robust audit schedule and that wards were adhering to this.
- Staff that we spoke with were able to describe good working relationships with local external agencies in order to offer support for patients during discharge.
- The trust gave staff opportunities to develop in their roles. Staff were supervised and appraised regularly.

However:

- While staff we spoke with on salter ward demonstrated good knowledge of the MHA in practice, only 50% of staff had completed training, which, was significantly lower than meadow and chance wards.
- Staff told us they had received supervision on a one-to-one basis. However, this was not consistently recorded and documented.
- Patient records were split between doctor's notes and nursing care notes. Some patient information was not consistently stored in the same place in records. This made it difficult to find patient information quickly.

Summary of findings

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

Are services safe?

Are services effective?

Good

We rated effective as good because:

- Records were stored securely and only staff could access them.
- Patients received a full physical health assessment on admission and throughout treatment. Staff used recognised tools to monitor patients' physical health.
- All records that we reviewed contained recovery-orientated care plans. Care plans on salter and chance wards demonstrated that staff had considered a range of patients' needs.
- Staff followed the national institute of care excellence guidance when prescribing medication.
- All wards were able to offer a range of therapies to patients and there were skilled staff to deliver therapies.
- There were regular clinical and environmental audits on the ward. We saw evidence that clinical staff were actively involved in the audit cycle.
- Staff had good knowledge of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards.
- The trust offered staff development and training opportunities to improve practice on the ward.

However:

- Where patient records were split into separate files, there was an inconsistency in where information was recorded.
- Care plans were not all up-to-date. On meadow ward, care plans did not all show a range of patient needs and views.
- Recording of individual supervision sessions was not consistent.

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Summary of findings

Information about the service

Our inspection team

Why we carried out this inspection

How we carried out this inspection

What people who use the provider's services say

On the day of inspection, we spoke with two carers of patients who used the service. They told us they were happy with the service received on the ward. They told us ward staff had treated their family member with dignity and respect. They were happy with the treatment the patient had received and they were fully involved with the process of ward reviews and discharge planning.

We did not interview any patients during this inspection, as many of them were unable to give their consent due to the nature of their illness.

Good practice

Areas for improvement

Action the provider MUST take to improve

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure patient information is stored consistently within records.
- The trust should ensure that care plans are up-to-date and show a range of patient needs and views.
- The trust should ensure clinical supervision is carried out in line with trust policy and that it is recorded appropriately.

Black Country Partnership NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Meadow Ward	Penn Hospital
Chance Ward	Edward Street Hospital
Salter Ward	Edward Street Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff on all wards had received training on the Mental Health Act, although only 50% the staff on salter ward had completed training.

The trust had issued staff with a card with the Mental Health Act code of practice guiding principles, which staffed carried along with their identification badges.

Staff had recorded consent and capacity in records and medication charts. However, on chance and salter wards, the location of the recording in patient records varied between doctor's notes and nursing care notes.

Detention paperwork we reviewed was in good order, up-to-date and stored appropriately.

Staff on all wards explained to patients their rights under the Mental Health Act on or shortly after admission.

The trust had a central team responsible for monitoring and auditing Mental Health Act documentation.

Patients could access an Independent Mental Health Advocacy (IMHA) service.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider adhered to the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff that we spoke with were knowledgeable in this area and had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a policy on MCA including DoLS that staff were aware of and could refer to.

Staff recorded consent and capacity in records and medication charts.

The trust had a lead nurse practitioner who staff were aware they could access for information regarding the MCA and DoLS.

MCA and DoLS paperwork was audited weekly by ward managers and monthly by the trust.

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
<Enter findings here>

Safe staffing
<Enter findings here>

Assessing and managing risk to patients and staff
<Enter findings here>

Track record on safety
<Enter findings here>

Reporting incidents and learning from when things go wrong
<Enter findings here>

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

Are acute wards for adults of working age and psychiatric intensive care units effective?

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.

Assessment of need and planning of care

- We examined 13 patient records across three wards. Records that we reviewed all showed that patients had received a comprehensive assessment on admission.
- A full physical health examination was carried out on all patients we saw evidence of ongoing use of recognised monitoring tools, for example, the Water low tool to monitor risk of developing pressure sores. A full physical health check was carried out each year or if the patient's health changed. On chance ward, doctors carried out full physical health checks every six months.
- All records that we reviewed contained a care plan. Care plans completed on salter and chance wards were holistic and person centred. Patients on chance ward had signed their care plans and there was clear evidence of patients' views and input. We found that care plans on meadow ward were easy to follow. However, four out of five contained a range of patients' needs and did not consistently reflect patients' views. This meant that patients may not have been given the opportunity express their opinion on their own care. Care plans were not all up-to-date, which meant staff had not reviewed them to record any changes. Care plans across all wards were recovery orientated.
- There were two sets of paper records containing notes for each patient. These were separated into medical notes and nursing care notes. Some staff recorded risk assessments electronically on meadow ward. However, all staff did not consistently use this and duplicate records were printed and placed in paper files. On all wards, the separation of doctors and nursing care notes as well as the new addition of some electronic recording could affect patient care. We found it time consuming to find specific information about patients, on all wards, due to this. Patient records were stored in a locked cabinet in a locked office. Staff could access patient records easily while on shift. However, on salter and meadow wards, we found it difficult to find consistency in where some information about the patient was recorded. For example, mental capacity and consent recording could be found in either the doctor's or nursing care notes, not both, and this was not in the same place for every patient. This meant staff could not easily access this information and had to search for it.

Best practice in treatment and care

- We reviewed 10 medication charts from three wards. All charts were in good order and contained photographs of patients to aid identification. Staff followed British National Formulary (BNF) and National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. We saw NICE guidelines followed for medications such as anti-psychotics and those for treating diabetes.
- Psychologists carried out one-to-one and small group work with patients. Therapies available included counselling, cognitive behavioural therapy (CBT), family therapy, behavioural therapy, acceptance and commitment therapy, bereavement support, relaxation, mindfulness, cognitive stimulation, reminiscence and validation therapy. Occupational therapists and nurses offered relaxation techniques. Staff worked with patients with organic illness around cognitive stimulation and reality orientation therapy.
- Staff monitored physical health care of patients while on the ward. Staff supported patients to access external services for general health needs, for example, dental and general practice.
- Staff used the malnutrition universal screening tool (MUST) to monitor patients' nutrition and hydration. We saw evidence of regular use within patient records. Staff also used the Cornell scale for depression in dementia, the Newcastle model for challenging behaviour and the abbey pain scale for measurement of pain in patients who cannot verbalise.
- Staff took part in clinical and environmental audits including records, medication, infection control, and medical equipment checks. Qualified nursing staff on meadow ward carried out records audits to improve quality and learn skills.

Skilled staff to deliver care

- All wards had a full range of disciplines to provide patient care. This included doctors, nurses, health care

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.

support workers, occupational therapists and clinical psychologists. Patients also had access to social workers, dietitians and speech and language therapists. The trust offered an apprenticeship programme in clinical healthcare practice and we saw apprentices working alongside staff on all wards.

- Staff had access to monthly team meetings.
- Staff, including bank and agency staff, received appropriate induction to the ward. Staff completed mandatory training and bank and agency staff completed an induction checklist.
- All staff on all wards received an appraisal in the 12 months prior to our inspection. Staff on salter and chance wards received clinical supervision every four to six weeks and took part in weekly or twice weekly reflective practice and group supervision sessions facilitated by a clinical psychologist. Staff on meadow ward also took part in twice-weekly reflective practice and group supervision sessions. However, staff were unable to show evidence of regular one-to-one clinical supervision although staff told us that it took place.
- We saw evidence in personnel files of regular staff training in specialist areas and staff taking part in preceptorship (practical training that is supervised by an expert or specialist in the field). On meadow ward, the majority of staff had received training in the three months before inspection on tissue viability (assessment of skin and soft tissue wounds) following an instance of a pressure sore on a patient on the ward. The trust lead for MCA and DOLS had also carried out refresher training with staff to ensure that their knowledge of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) were of a high standard.
- We reviewed nine personnel files and found ward managers had addressed poor performance in a timely manner. We also discussed with ward managers how they managed poor performance and we were satisfied that staff were provided with appropriate support to improve, including additional training, shadowing opportunities and supervision.

Multidisciplinary and inter-agency team work

- All wards held weekly multi-disciplinary team meetings. Staff attended team meetings monthly. We observed a ward round on salter ward. This included a consultant psychiatrist, a nurse, a ward doctor, an occupational therapy assistant and a student nurse. There was thorough discussion between the team and the care planning process included a joint approach to working between staffing groups. Staff took physical and mental health needs into consideration during discussions. Patients and carers were invited to a separate meeting with the consultant and members of the multidisciplinary team.
- We observed handovers on all wards. We saw staff had good knowledge of patients and handovers were detailed and robust. Staff discussed risks identified such as physical health needs, Deprivation of Liberty Safeguarding status, observation levels, nutrition needs and general progress and observations of the patient during the preceding shift.
- We saw effective working relationships between staff members on the ward and between services in the trust, particularly in relation to the home treatment team.
- Staff had good relationships with external agencies including local care homes and the local authority. Staff would attend care homes where patients were discharged to in order to give a face-to-face handover and help to resettle the patient.

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

- Staff had completed training in the Mental Health Act. All staff on meadow ward had completed training, 90% had on chance ward and 50 % on salter ward. Salter ward's manager told us remaining staff were booked onto future training.
- Staff carried a card with the Mental Health Act code of practice guiding principles. Staff we spoke with had a good knowledge of the Mental Health Act and were able to describe how this applied to patients. Staff were also able to confidently discuss how they applied capacity and consent.
- We saw consent and capacity recorded in records and medication charts. However, the location of the recording in patient records varied between doctor's notes and nursing care notes on salter and meadow ward. On chance ward, capacity was shown prominently in both doctor and nursing care records so staff could easily find this information.
- Staff on all wards explained to patients their rights under the Mental Health Act upon or shortly after admission. Some patients had this explained daily until staff felt they understood enough.
- The trust had a central team responsible for monitoring and auditing Mental Health Act documentation.

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.

- Detention paperwork we reviewed was in good order, up-to-date and stored appropriately.
- Staff on all wards referred patients with consent on admission to Independent Mental Health Advocacy service. Staff issued welcome packs on admission to patients including information about their rights and access to advocacy.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was included as part of safeguarding level 2 and level 3 as well as Mental Health Act level 1 training. Seventy five per cent of staff on all wards were up to date with the training. Staff had good knowledge of the MCA and five statutory principles.
- Collectively, the three wards made 17 DoLS applications in the six months prior to our inspection. Chance ward made 10, meadow ward seven and salter ward had made none. Both the ward managers and the trust safeguarding MCA/DoLS nurse practitioner reviewed all MCA and DoLS applications.
- There was a policy on MCA including DoLS that staff were aware of and could refer to.
- We saw consent and capacity recorded in records and medication charts. Staff we spoke with were able to explain how capacity was assessed and carried out on a decision-specific basis where needed. Best interests' decisions (where patients lack capacity to make their own decisions) were made by doctors in consultation with the multidisciplinary team.
- Staff we spoke with were able to explain when restraint would be used and explain what defined restraint under the Mental Capacity Act.
- Staff were aware they could access information regarding the MCA and DoLS from the central lead nurse practitioner for the trust.
- MCA and DoLS paperwork was audited weekly by ward managers and monthly by the trust lead.

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

<Enter findings here>

The involvement of people in the care that they receive

<Enter findings here>

Are services responsive to people's needs?

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

Our findings

Access and discharge

<Enter findings here>

The facilities promote recovery, comfort, dignity and confidentiality

<Enter findings here>

Meeting the needs of all people who use the service

<Enter findings here>

Listening to and learning from concerns and complaints

<Enter findings here>

Are services well-led?

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
<Enter findings here>

Good governance
<Enter findings here>

Leadership, morale and staff engagement
<Enter findings here>

Commitment to quality improvement and innovation
<Enter findings here>

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.

This section is primarily information for the provider

Enforcement actions

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.