

Good**Worcestershire Health and Care NHS Trust**

Wards for older people with mental health problems

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Princess of Wales Community Hospital	R1ACG	New Haven	B61 0BB
Newtown Hospital	R1AX7	Athelon ward, Elgar Unit	WR5 1JG

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care 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 Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care 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 wards for older people with mental health problems

Good 

Are wards for older people with mental health problems safe?

Good 

Are wards for older people with mental health problems effective?

Good 

Are wards for older people with mental health problems caring?

Good 

Are wards for older people with mental health problems responsive?

Good 

Are wards for older people with mental health problems well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated wards for older people with mental health problems as **good** because:

Wards provided safe environments where patients felt secure.

Patients' needs were assessed and monitored individually. There was good physical health care, good therapeutic treatment and activities. Wards were dementia friendly where required and risks were well-managed.

Staff showed a good awareness of patients' rights.

Patients were full of praise for staff and the care and support they offered. Patients and their carers were kept informed and involved in treatment and care. Patients indicated they were in a safe, secure environment that was helping them.

The service enabled people to be treated and discharged within clear timescales and responded to patient need promptly and effectively. Patients benefited from the care, support and treatment provided during their stay.

Staff interacted with patients in a responsive and respectful manner at all times and showed a good understanding of individual needs. Staff showed high levels of motivation and morale. They all felt part of a positive team and felt well supported and trained.

There was pressure on staffing that further recruitment was expected to relieve.

Patient privacy in New Haven could be improved and the service could do more to ensure patients have more of a say in music being played on the wards.

Having a patient with dementia on a functional ward sometimes required additional staffing and could divert staff away from their roles of supporting patients with functional illnesses. On one ward patients had limited privacy when making calls via the ward phone. These were relatively minor issues in wards where a positive and treatment-focused atmosphere prevailed and was much praised by users of the service.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

Wards provided safe environments where patients felt secure. Ligature risk management was proportionate to the assessed risk. Male and female areas were separate, with some flexibility to allow for changing numbers. Resuscitation equipment was accessible and was regularly checked. Wards were clean, hygienic and well-maintained.

There was pressure on staffing but this was not detrimental to patient safety or limited freedoms. The main impact was on one manager's 'off ward' time.

Staff showed a good awareness of safeguarding and incident reporting. The service had a good safety record and was able to learn from incidents.

Risks were individually assessed and monitored.

Medicines were managed appropriately.

Good



Are services effective?

We rated effective as **good** because:

Comprehensive and timely assessments were completed after a patient's admission. Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.

All information needed to deliver care was stored securely. It was available to staff when they needed it and in an accessible form.

There was good physical health care and a range of therapeutic treatment and activities available. One ward had a temporary shortfall in activity and psychology staff but staff were pro-active in providing activities to meet people's needs.

Wards were dementia friendly where appropriate and assessed risks were suitably monitored.

Good



Are services caring?

We rated caring as **good** because:

Staff interacted with patients in a responsive and respectful manner at all times and showed a good understanding of individual needs. Staff were proactive in ensuring the welfare and well-being of patients and in ensuring suitable activities.

Good



Summary of findings

Patients were full of praise for staff and the care and support they offered. Patients and their carers were kept informed and involved in treatment and care.

Patient privacy in New Haven could be improved. The service could do more to ensure patients have more of a choice in the music being played on the wards.

Are services responsive to people's needs?

We rated responsive as **good** because:

The service enabled people to be treated and discharged within clear timescales and responded to patient need promptly and effectively.

Patient satisfaction was high and complaints were responded to with lessons learnt.

Patients benefited from the care, support and treatment provided during their stay. Patients indicated they were in a safe, secure environment that was helping them. In particular, patients with functional illnesses felt the wards and staff were helping them get better in a very supportive and positive manner.

There were a range of rooms and equipment to support treatment and care. The dementia ward was 'dementia friendly' with suitable décor and items that helped the well-being of people with dementia.

Having a patient with dementia on a functional ward sometimes required additional staffing and could divert staff away from their roles of supporting patients with functional illnesses.

On Athelon ward patients had limited privacy when making calls via the ward phone.

Good



Are services well-led?

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

Staff showed high levels of motivation and morale. They all felt part of a positive team and felt well supported and trained. This included staff on Athelon, who had not received formal supervision recently, but still felt well-supported by their manager. Staff were positive in their outlook and maximised their time in direct activities with patients.

Wards were staffed safely. The manager of Athelon ward carried out a high number of care shifts which limited their time to give formal supervision to staff. Further recruitment of staff was taking place, to ease the pressure on existing staff and the use of agency staff.

Good



Summary of findings

Staff expressed some concern about the use of a bed for patients with dementia on a functional ward when there were no specialist dementia beds available elsewhere. Staff said this caused additional pressures for them.

Summary of findings

Background to the service

The wards for older people with mental health problems are part of the trust's services for older people with mental health problems. They are located within hospitals run by the trust. Newton Hospital in Worcester has a 14 bedded ward, Athelon, at Elgar Unit for older people with a functional illness. Princess of Wales

Community Hospital in Bromsgrove has a 30 bedded ward, New Haven, divided into two distinct units, one for patients with a functional illness and one for dementia patients.

There have been no previous inspections of these wards by CQC.

Our inspection team

Our Inspection team was led by:

Chair: Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust.

Team Leader: Pauline Carpenter, Head of Hospital Inspection, Care Quality Commission.

The team that inspected wards for older people with mental health problems consisted of seven people: an expert by experience, an inspector, two Mental Health Act reviewers, a nurse, and two doctors. Four people on the team visited the two units at New Haven in Princess of Wales Hospital. The other two visited Athelon ward in Elgar unit at Newtown hospital.

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?

During the inspection visit, the inspection team:

- Visited the two wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.

- Spoke with 9 patients who were using the service.
- Spoke with four relatives/carers of patients.
- Spoke with the managers or acting managers for each of the wards.
- Spoke with 13 other staff members; including doctors, nurses and student nurses.
- Attended and observed one hand-over meeting and two multi-disciplinary meetings.

We also:

- Looked at 8 treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

Patients who spoke to us were very complimentary about the service provided, praising the staff and the help and support the service gave them in 'getting better'.

We heard some negative comments about the quality of meals, particularly on New Haven.

Some relatives felt there could be more information provided at admission and that the service might benefit from getting more information from carers at this stage. These were minor concerns relative to the overwhelming positive responses we had during our visit from people using the service.

Good practice

We saw good practice involving carers and patients in stimulating activities on wards; most notably a 'soup group' at New Haven helped patients with cooking and social skills.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve the wards for older people with mental health problems

- The service should ensure that managers have sufficient staff cover to give regular formal supervision to staff.
- The service should ensure that patient privacy is not compromised by people being able to see into rooms.
- The service should ensure that patients, including those with dementia, have a say in or are benefiting from any music being played.
- The service should ensure action is taken following feedback about the standard of food provided.
- There should be facilities for patients on Athelon ward to make phone calls in private.
- The service should consider the potential negative impacts of placing a patient with dementia on a ward (Athelon) intended for patients with functional mental health problems.

Worcestershire Health and Care 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
New Haven	Princess of Wales Community Hospital
Athelon ward, Elgar unit	Newtown 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.

- There was good assessment, recording and review of mental capacity.
- Eight patients with dementia were detained under the Mental Health Act and seven were subject to DOLs applications. Of those on DOLs two had been authorised and there was a delay due to a backlog at the local authority.
- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles. Staff were well informed about their legal responsibilities under the Mental Health Act and the Mental Capacity Act. This was reflected in practice where

all patients with dementia were either detained under the Mental Health Act or subject to Deprivation of Liberty (DOLS) safeguards. The wards have been diligent in its legal responsibilities towards its patients.

- Consent to treatment forms were signed, either by patients or by carers if capacity assessments required this. Staff were aware that capacity could fluctuate and that lack of capacity in one area did not mean choice or capacity was restricted in other areas.

People had their rights under the MHA explained to them on admission and routinely thereafter. Staff told us patients' rights were explained to them and that patients were able to go out unescorted but often asked staff to accompany them. Patients we spoke with confirmed this. An IMHA (Independent Mental Health Assessment) service was available to patients but some detained patients were unaware of this.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were well informed about their legal responsibilities under the Mental Capacity Act.
- Deprivation of Liberty Safeguards applications were made when required all applications had been submitted but only a minority had been authorised because the local authority had a backlog of cases.
- Staff were aware that capacity could fluctuate and that lack of capacity in one area did not mean choice or capacity was restricted in other areas.
- For patients who might have impaired capacity, capacity to consent was assessed and recorded appropriately.

This was done on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they are assumed to lack the mental capacity to make it.

- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Are services safe?

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

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

Summary of findings

We rated safe as **good** because:

Wards provided safe environments where patients felt secure. Ligature risk management was proportionate to the assessed risk. Male and female areas were separate, with some flexibility to allow for changing numbers. Resuscitation equipment was accessible and was regularly checked. Wards were clean, hygienic and well-maintained.

There was pressure on staffing but this was not detrimental to patient safety or limited freedoms. The main impact was on one manager's 'off ward' time.

Staff showed a good awareness of safeguarding and incident reporting. The service had a good safety record and was able to learn from incidents.

Risks were individually assessed and monitored.

Medicines were managed appropriately.

- The resuscitation equipment was accessible and regularly checked. Records showed regular checks took place which confirmed equipment was working properly.
- There were no seclusion rooms. There was a de-escalation room on one ward. This was used to assist people when they became agitated.
- The wards were well maintained, clean and free from clutter with good furnishings. Patients told us the ward was always clean and well looked after.
- Good hygiene practices were in place with notices and reminders of good practice.
- Call alarms were in place. We witnessed a call bell being responded to promptly when a member of staff required additional support.

Safe staffing

- There were high levels of vacancies on Athelon ward. The ward manager on Athelon was covering some shifts. While this 'hands on' approach was commendable, they acknowledged doing too many had an impact on their management role. For example, staff supervision was taking place less regularly. Agency staff were being used on many shifts. These were regular agency staff that were familiar with the ward. We saw evidence of the plans to reduce staffing shortages with recruiting and new appointments taking place.
- There were agreed staffing levels on wards and these were maintained with the use of agency and bank staff where required.
- There was some long term sickness which had produced shortfalls. There was no indication that short term sickness was an issue. Staff we observed and spoke with showed a high level of commitment to the service.
- Patients we spoke with did not express concerns about not going out with staff because the majority of escorted leave was risk assessed and carried out by relatives.

Assessing and managing risks

Our findings

Safe and clean ward environment

- The ward layouts were appropriate for the needs of patients. There were safe places for patients to mix and to have privacy. There were safe accessible outdoor areas.
- Ligature risk assessments were proportionate. Actions were taken based on individual risk. On the dementia ward bedrooms were ligature free. Taps were electronic. Elsewhere on the ward, such as the assisted bathroom, there were taps which could present a ligature risk but this was minimal because the area was supervised. For other areas, everyone was risk assessed
- Male and female areas were separate with some flexibility to allow for fluctuating numbers.

Are services safe?

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

- Individual risk assessments were in place for patients. We saw risk issues, such as a patient having a cigarette lighter in their bedroom, being managed promptly and effectively. It was evident from observation that safety for others was very well managed. On the dementia ward we were immediately advised when one or two patients became volatile. During the incident we were ushered to one side while the staff managed the situation. We witnessed a prompt response to all alarm calls.
- We saw on Athelon ward the kitchen was open during the day, rather than closed to patients, unless there was a specific individual risk identified.
- Informal patients were able to leave. Staff were aware of individual risks and patients leaving the ward were accompanied by relatives or friends if necessary. Staff told us patients able to go out unescorted would frequently ask a member of staff to go with them.
- Observation levels were adjusted according to need and assessed risk, with clear discussion and reasons for change. There were summaries of observations and progress in the written notes.
- There were no seclusion rooms. One room was used for 'de-escalation' for patients if they were becoming agitated. We observed one patient was being cared for in a specific area of a ward. Staff assured us they were not segregated and were allowed contact with other patients when closely observed by staff.
- Staff were aware of how to report safeguarding concerns.
- Medications were recorded and signed for appropriately. There were clear prescription cards and

any allergies were recorded clearly. Records showed 'as required' medications were not used inappropriately or routinely. Records showed regular overviews and advice from the pharmacy service.

- Staff were aware of the risk of pressure sores and falls and monitored patients proportionately. Records showed pressure sore risks were assessed, monitored and managed.

Track record on safety

- The service has had very few incidents over the past two years. The manager on Athelon told us there had been a suicide attempt over a year ago and this had resulted in a change in the type of window fasteners in use. Safety data provided by the service did not show any concerns.
- The service showed it had learned from past incidents. There had been one reported grade four pressure sore. The manager concerned explained the context of this in detail and was able to show what had been learnt and what changes had been made including improvements in documentation and record keeping.

Reporting incidents and learning when things go wrong

- All staff knew what incidents to report and how to report.
- All incidents that should be reported are reported. Staff confirmed this and evidence shown confirmed this.
- Staff received feedback from investigation of incidents both internal and external to the service. Staff told us they received feedback following incidents and could discuss incidents at team meetings and in supervisions.
- Staff told us they felt confident they would be offered debriefings and offered support after serious incidents.

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:

Comprehensive and timely assessments were completed after a patient's admission. Care records showed that a physical examination had been undertaken and that there was on-going monitoring of physical health problems.

All information needed to deliver care was stored securely. It was available to staff when they needed it and in an accessible form.

There was good physical health care, and good therapeutic treatment and activities. One ward had a temporary shortfall in activity and psychology staff, but staff were pro-active in providing activities to meet patient's needs.

Wards were dementia friendly where appropriate.

Assessed risks were suitably monitored.

- All information needed to deliver care was stored securely and available to staff when they needed it and in an accessible form. Records were kept on paper. Staff told us that when people moved wards, a summary of their notes went with them. The most recently admitted patient to Athelon ward had extensive paper records which helped inform staff of the patient's most urgent needs and the most optimal approach to take towards treating them.

Best practice in treatment and care

- Medication was stored securely and dispensed appropriately.
- Athelon ward was, at the time of our visit, trying to recruit a psychologist. They were not able to offer psychological therapies. Patients were making good progress and were recovering well on the ward within agreed time scales.
- Activities on the dementia ward enhanced the well-being of patients.
- As well as therapeutic activities, patients were supported and encouraged in domestic activities. These helped to maintain and encourage domestic self-care skills such as laundering and cooking. A 'soup group' was a regular event for patients who helped prepare with assistance from their families. This also functioned as a sensory session; at the beginning of each session onions were already being sautéed to create a welcoming aroma.
- There was good access to physical healthcare including access to specialists when needed. One patient told us how helpful staff had been when they had a panic attack and said they had taken them to a general hospital for a check-up.
- Recognised ratings scales were used to monitor risks such as tissue viability, nutritional and hydration needs. We saw staff were aware of individual patient needs and ensured support was given as required. We observed patients eating lunch in the dining room, and noticed staff gently persuaded a man to try an alternative main course when he disliked the one he had ordered. We noticed staff ensuring patients were drinking and eating. The food was delivered chilled.

Skilled staff to deliver care

Our findings

Assessment of needs and planning of care

- Comprehensive and timely assessments were completed after a patient's admission. It was not apparent to what degree relatives and carers were encouraged to give background information about the patient's circumstances after admission. Two carers we spoke with were concerned that no information was given or requested upon arrival. However, staff we spoke with had a good knowledge of the backgrounds of individual patients.
- Care records showed that a physical examination had been undertaken and there was ongoing monitoring of physical health problems. Staff explained and records showed that basic regular checks on blood pressures were carried out and that additional checks were complete for patients presenting with a risk concern. Physical health was proactively discussed with lifestyle advice provided. One patient was being supported in plans to reduce their smoking.
- Care records contained up to date, personalised, holistic and recovery-oriented care plans.

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.

- Recruitment of suitable staff is an ongoing issue. We saw details of new recruitment campaign. There was a suitable mix of qualified and unqualified nurses on duty.
- Athelon ward did not currently have a psychologist. It also did not have an activity organiser. Staff used their initiative to ensure activities took place. There was a well-used activity room used for a variety of craft activities. Several patients told us they found these very stimulating and beneficial. One patient told us "There's always things to do here – arts, skittles, and quizzes."
- Sickness rates reflected the small amount of long term sickness, which made the average higher.
- Staff were experienced and received mandatory training. On Athelon ward staff told us they were well supported, but they had recently not received regular supervisions, owing to the manager's time being prioritised in ward shifts. Nevertheless, staff told us they felt part of a well-functioning team, with support and help available should they need it. Clinicians told us they received regular clinical supervision.
- Staff told us that it was hard to fit training in as they were so busy, but added that on-line training made this more achievable. Staff told us that manual handling training good and was face to face.
- Staff received the necessary specialist training for their role. Staff told us they received dementia training, this applied to staff on wards for patients with functional illness so that they could, if necessary, support people with dementia if needed.

Multi-disciplinary and interagency team work

- We attended two multi-disciplinary team meetings on different wards. Skills and input from a wide range of professionals was provided in order to understand fully the needs of individual patients and how these were going to be best met. The reviews of new patients within these were thorough. All opinions were openly invited. One health support worker told us that although they did not attend MDTs but their views were input. They said "we all work together – they ask our opinions"
- There were effective handovers within the teams with relevant information being handed on in a positive and effective manner. Student and unqualified nurses were represented at handovers. The nurse in charge passed

over information from the night shift, including items that needed to be actioned. This ensured patient needs were being met in a consistent manner and matters that needed addressing were prioritised.

- There were effective working relationships including good handovers with other teams in the organisation. We saw examples of good communication with community teams in preparing support for patients awaiting discharge.
- There are effective working relationships with teams outside of the organisation. Other agencies, notably social workers, worked with the team and were present in MDT meetings to facilitate more effective discharges. We saw good pre-admission information available for a patient who had just been admitted to a ward.

Adhere to MHA and MHA code of practice

- There was good assessment, recording and reviews of mental capacity. For those patients with dementia eight were detained under the Mental Health Act and seven were subject to Deprivation of Liberty (DOLs) applications. Of those DOLs, two had been authorised and the delay was due to a backlog at the local authority.
- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles. Staff were well informed about their legal responsibilities under the Mental Health Act and the Mental Capacity Act. This was reflected in practice where all patients on the dementia ward were either detained under the Mental Health Act or subject to DOLS safeguards. The ward appeared to have been diligent in its legal responsibilities to its patients.
- Consent to treatment forms were signed, either by patients or by carers if capacity assessments required this. Staff were aware that capacity could fluctuate and that lack of capacity in one area did not mean choice or capacity was restricted in other areas.
- Patients' had their rights under the MHA explained to them on admission and routinely thereafter. Staff told us and patients confirmed that rights were explained to them and that they were able to go out unescorted but would often asked staff to accompany them. An IMHA (Independent Mental Health Advocate) service was available to patients but some detained patients were unaware of this.

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.

Good practice in applying MCA

- Staff were well informed about their legal responsibilities under the Mental Capacity Act.
- Deprivation of Liberty Safeguards applications were made when required all applications had been submitted but only a minority had been authorised because the local authority had a backlog of requests.
- Staff were aware that capacity could fluctuate and that lack of capacity in one area did not mean choice or capacity was restricted in other areas.
- For patients who might have impaired capacity this was assessed and recorded appropriately. This was done on a decision-specific basis and people were given every possible assistance to make a specific decision.
- Patients' were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

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:

Staff interacted with patients in a responsive and respectful manner at all times and showed a good understanding of individual needs.

Staff were proactive in ensuring the welfare and well-being of patients and in ensuring suitable activities.

Patients were full of praise for staff and the care and support they offered. Patients and their carers were kept informed and involved in treatment and care.

Patient privacy in New Haven could be improved and the service could do more to ensure patients have more of a say in music being played on the wards.

Our findings

Kindness, dignity, respect and support

- Staff interacted with patients in a responsive and respectful manner at all times. Staff were proactive in ensuring the welfare and well-being of patients. They provided practical and emotional support for patients and were available to meet needs. We observed a patient being supported by staff to move from a wheelchair to another chair. This was achieved with lots of clear advice, re-assurance and support. The patient was then supported and prompted to drink.
- Patients were full of praise for staff and the care and support they offered. A typical comment from a patient we spoke with was “I feel like I get what I need here - the nurses help everyone.”
- There was a good understanding by staff of individual needs of patients. A student nurse told us they had got to know each patient and their individual needs as this was what all staff did on the ward.
- Staff were pro-active in running positive activities for patients. On a ward where there was currently no activity organiser, staff still found time to involve patients in stimulating activities. Patients were very positive about these. On wards with activity organisers, there were very positive activities, including cooking groups which involved patients and carers.

- On one ward in New Haven we found that patients’ bedrooms could be looked into from the ward garden or adjacent public areas which infringed on patients’ privacy and dignity.

Involvement of people in care they receive

- There were information leaflets available about the service. Patients and carers told us they were clearly informed that the stay was a time-limited rehabilitation stay and that it performed this function well. One carer told us they felt a ‘welcome’ pack would have been beneficial. Patients we spoke with told us they had been made to feel welcome and reassured when they first arrived.
- We saw active involvement and participation in care planning and risk assessment. Patients were informed and consulted about their care and treatment through reviews and individual discussions. Patients told us consistently they were kept informed and asked about their treatment.
- There were agreed action plan for patients to help them manage conditions such as anxiety. One patient told us “I like it here and feel safe because they tell me what’s happening as I go along.”
- We saw ward information about advocates including IMHAs and IMCAs. Not all patients were aware of these. Staff were clear about the role of the specialist advocates and when to request their assistance.
- There was appropriate involvement of families and carers. Families and carers told us they were kept informed and involved. “They always let us know what is happening and ask our opinions,” was a typical comment from a carer.
- Patients were able to give feedback in patients’ forums on the service they received.
- We noted music being play on the ward tended to be ‘modern’. Patients did not appear bothered by the music, which did not appear obtrusive, but neither was it something any patient appeared to relate to positively.

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 service enabled patients to be treated and discharged within clear timescales and responded to patient need promptly and effectively.

Patient satisfaction was high and complaints were responded to and learnt from.

Patients benefited from the care, support and treatment provided during their stay.

Patients told us they felt safe and in a secure environment that was helping them. In particular, patients with functional illnesses felt the wards and staff were helping them get better in a very supportive and positive manner.

There was a range of rooms and equipment to support treatment and care. The dementia ward was 'dementia friendly' was a lot of suitable décor and items that helped the well-being of people with dementia.

Having a patient with dementia on a functional ward sometimes required additional staffing and could divert staff away from their roles of supporting patients with functional illnesses.

On one ward patients had limited privacy when making calls via the ward phone.

settings. Staff on New Haven told us there were currently three patients where discharge was delayed. We met the registered nurse who dealt with delayed discharges. She told us she regularly 'chased' the community teams and the hospital and the community teams worked well together. She told us she had weekly tele-conferences with others working on delayed discharges across the trust.

- We discussed discharge with the ward manager on Athelon, who told us there were no discharge delays caused by a lack of places. They told us there may sometimes be delays in the process of getting funding arranged, but that patients were still able to be discharged within the agreed timescales. There were two patients who had been on this ward for longer than the agreed times, but this was related to clinical and personal issues, rather than funding issues.
- We saw no evidence of patients not having access to a bed after returning from leave. People were on a time scale to be discharged within 4-6 weeks, therefore prolonged leave was not seen as an issue.
- One person had just been admitted to a functional ward with an initial diagnosis of dementia and challenging behaviour. Staff on this ward told us there was often one bed used for this purpose. We saw this was managed safely. Staff told us that the main problem was that such admissions often required additional staff to meet that patient's needs properly. We saw staff responding promptly, discreetly and effectively to that person's needs. Some patients commented that such admissions could be disruptive in that they used up extra staff time and affected activities and support available for them. One patient had submitted a complaint regarding this.

Our findings

Access, discharge and bed management

- Beds were available to people living within the catchment area. The trust has invested in community support teams to help keep people out of hospital unless there was a need or benefit from them receiving treatment as an inpatient.
- Patients were generally being discharged within agreed time limits. Two patients on Athelon had been there longer than the usual time limits. There were clinical and individual reasons for this. There were some small delays in discharges reported owing to delays in finding suitable placements, but overall, once ready for discharge patients were able to move promptly to other

- Patients were moved or discharged at an appropriate time of day. One patient was aware their discharge was imminent and was confident that this would be at a time convenient for them and their carer.
- We saw all admissions being managed, treated and supported successfully.

Ward optimises recovery, comfort and dignity

- Patient and carer feedback on the support and care offered by wards was extremely positive. There were lots of positive reactions, verbal and non-verbal, from patients. Patients indicated that they felt they were in a

Are services responsive to people's needs?

Good 

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

safe, secure environment that was of help. In particular patients with functional illnesses felt the wards and staff were helping them get better in a very supportive and positive manner. Patients on New Haven told us "they (staff) are marvellous. They are really very good and kind. They do wonderful things." Another said "staff are exceptionally kind, no one loses their temper."

- There were a range of rooms and equipment to support treatment and care. The dementia ward was 'dementia friendly' with a lot of suitable décor and items that helped the well-being of people with dementia.
- There were activity rooms and quiet rooms and a clinic room. There was no couch in the clinic room we observed. We were told a patient would be seen on the bed in their room if needed. We saw patients using a variety of areas. On Athelon, a small alcove was very popular with a small group of ladies, who saw it as a private space but one which also allowed them to see the comings and goings in the rest of the ward.
- There were phones available for patients to make calls. On Athelon ward, the landline phone for patients was in an alcove, offering limited privacy. The manager was aware of this shortcoming and told us of plans to have the phone moved to a more private area.
- There were accessible pleasant garden areas. These were not used on the cold day of our visit, save by a smoker. Staff told us they were well used in warmer weather.
- The food was brought in by outside contractors and heated on the premises. One patient on Athelon was very scathing about its quality, but other patients were more positive. The patient who was critical of the food told us every other aspect of the ward was 'brilliant'. Patients on the functional ward on New Haven were critical about the food. One patient told us "the vegetables were horrible and the food did not taste like fresh food." She said "the NHS was wasting money as so much food was thrown away." Another patient described the food as "mush" and said "some of us can chew you know!"
- Patients had facilities to make hot drinks and snacks throughout the day. The service saw this, and open access to the laundry, as essential components to

patient recovery and rehabilitation. We saw open access to a patient kitchen throughout the day; staff explained this would only be modified if a specific risk to a patient was identified.

- Patients were able to personalise bedrooms. Patients personalised their bedrooms where they wished, predominantly with photos and items on shelves. Patients were aware their stay was generally only a few weeks and this limited the amount of personalisation they wished to do.
- Patients had somewhere secure to store their possessions. On Athelon ward the manager acknowledged that patients did not have anywhere secure in their rooms to store valuables. They said this had not been an issue. It had not been raised with us by patients. The manager told us there were secure storage facilities on the ward if required and they were investigating possible lockable storage in each patient's room.
- There was access to activities; including at weekends. Although there was currently a shortage of activity organisers, staff were pro-active in leading and facilitating activities wherever the opportunity arose. Where activity organisers were in post there was an impressive range of therapeutic and skill-building activities available.

Meeting needs of all those who use service

- There was information available on a range of issues including, relevant treatment, local services, patients' rights, how to complain. Two carers both commented the lack of information available upon arrival and thought that a 'welcome pack' would be very helpful. The ward welcome leaflet contained brief details of the service. We were told that patients could bring into their bedrooms personal items such as televisions and photos for the wall. A carer was unaware that this was possible.
- Staff advised us that interpreters and/or signers could be made available if required. We did not see evidence of any unmet need during our visit.
- We were told spiritual support was available and that food choices to meet any religious or cultural beliefs were available.

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Listening to and learning from concerns and complaints

- Patients told us they knew what to do and who to talk to if they had concerns and complaints. One person had complained about the food, but was clear this was about the overall quality of 'cook/chill food', rather than specific meals.
- Staff were clear on managing complaints, including what could be handled locally and what would need to

be dealt with at a corporate level. Staff and managers told us they received very few complaints. This was consistent with the positive responses we had from patients, relatives and carers.

We asked about complaints leaflets on Athelon ward. The manager went confidently to fetch one, but found there were none there and apologetically said he would order some more.

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 showed high levels of motivation and morale. They all felt part of a positive team and felt well supported and trained. This included staff on Athelon, who had not received formal supervision recently, but still felt well-supported by their manager.

Staff were positive in their outlook and maximised their time in direct activities with patients.

Wards were staffed safely, but staff were kept very busy meeting patient need and the manager of Athelon did a high number of care shifts which limited their time to give formal supervision to staff. Further recruitment of staff was taking place, to ease the pressure on existing staff and the use of agency staff.

Staff expressed some concern about the use of a bed for patients with dementia on a functional ward when there were no dementia beds available elsewhere caused additional pressures for staff.

- Staff maximised shift-time on direct care activities and were proactive and patient-focused in ensuring needs were met and recovery and treatment were the focus. This was particularly noted in positive patient responses and the range of meaningful activities available.
- The service showed it learned from incidents, complaints and service user feedback
- Safeguarding, MHA and MCA procedures were followed.

Leadership, morale and staff engagement

- The management and leadership culture reflected a patient-centred approach that could be evidenced by the quality of record keeping, the observed delivery of supportive care and the positive comments of both staff and patients. The ward manager on Athelon, for example, was open and honest about constraints but equally determined to lead the team in delivering a quality service. They gave examples of flexibility in budgetary decisions, room allocations and approaches to alleviate clinical pressures. They commented on the importance of patient and family involvement, offering examples such as the feedback from the regular 'Residents Forum' and the learning from incident and complaints. They valued the input of student nurses, their tutors and the accreditation process, which helped to monitor the team's effectiveness.
- We were consistently told by staff that they were part of a good team and that everyone worked together. This was echoed by the student nurses who were equally positive about leadership and teamwork on the wards.
- Staff felt able to raise any concerns without fear of victimisation.
- Staff we spoke with were clear on what to do if they had concerns to the extent of needing to whistleblow. Staff told us they had used the whistleblowing policy to raise concerns about staffing with the trust.
- Staff showed high levels of motivation and morale. There was expressed concern regarding the need to recruit additional staff to ease the pressure on existing staff and the use of agency staff. Staff also expressed some concern about the use of a bed for patients with dementia when there were no dementia beds available

Our findings

Vision and values

- Staff on the wards were exemplary in showing their dedication to patient-centred care. They were all aware of the focus on patient recovery and helping patients move on within reasonable time scales.
- Staff felt themselves to be part of the trust and supported by it.

Good governance

- Staff felt well supported although on some wards recognising that supervision had not taken regularly in recent months.
- Staff received mandatory training.
- Wards were staffed to a safe level. Recruitment and other associated staffing issues are discussed elsewhere in the report.

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elsewhere. The act of caring for patients with dementia did not disturb them, but the fact that it could take up more time on already hard-pressed staff was a concern expressed by some staff.

- A student nurse told us “they always include me and encourage me to learn new things.” Another nurse was very positive about the leadership on the ward.

Commitment to quality improvement and innovation

- The manager on Athelon told us the ward was preparing for AIMS accreditation. They saw this as a positive and beneficial move.
- The service was committed to enhancing the well-being of patients and helping their recovery or transition within a given timescale. Innovative practices such as the ‘soup group’ and the successful implementation of dementia friendly activities were in progress.