

## Sheffield Health and Social Care NHS Foundation Trust

# Wards for older people with mental health problems

### Quality Report

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Date of inspection visit: 14-17 November 2016  
Date of publication: 30/03/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
TAHFC	Michael Carlisle Centre	Dovedale Ward	S11 9BF
TAHXP	Grenoside Grange	G1 Ward	S35 8QS

This report describes our judgement of the quality of care provided within this core service by Sheffield Health and Social Care NHS Foundation 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 Sheffield Health and Social Care NHS Foundation Trust and these are brought together to inform our overall judgement of Sheffield Health and Social Care NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

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

- Patients' records contained comprehensive risk assessments, which staff regularly reviewed. These included falls and dysphagia risks. There was falls prevention equipment in both wards. The environment was clean and well maintained.
- Multidisciplinary team meetings included all the professionals involved in the patient's care. Patients could attend if they wished. Wards had psychologists who supported staff and patients, including formulation meetings. There was good access to dieticians, tissue viability nurses and continence nurses.
- Mental Health Act documentation was in order. There was a good system in place to ensure the timely review and renewal of patients' detention documentation. Patients were regularly informed of their rights. Decision specific mental capacity assessments were carried out and recorded.
- Patients were at the heart of their care and treatment and staff clearly knew patients well. Staff involved patients, where possible, and carers in care planning. A new system had been developed to show where patients had been able to engage in the process. Carers and relatives were kept updated. Community meetings were inclusive.
- There was a very good programme of meaningful activity. Innovative ways of communicating with patients had been developed. These included, utilising electronic technology, a 'paro seal', an interactive tablet and simulated presence therapy. Outside space was used to enable patients to take part in gardening and growing fruit and vegetables. Patients were involved in baking for themselves and others. There were breakfast groups and various discussion groups. Activities were tailored to individual patient needs. The local community and external organisations were involved with services. Staff were supported in developing new ways to engage with patients.

- There were no complaints and a large amount of compliments.
- Governance systems were robust at G1 ward, Grenoside Grange. There was a locally developed monitoring system which included, incident monitoring, training, supervision, length of stay and discharge.
- Staff reported good morale across both wards and managers felt supported by senior managers. Staff had been involved in research and a new way of measuring outcomes for patients living with dementia had recently won an award.

However:

- Dovedale ward at the Michael Carlisle Centre did not comply with guidance on eliminating mixed sex accommodation. Male patients were allocated bedrooms in areas of the ward designated as female areas. Female patients had to walk through the areas designated for male patients to access communal facilities.
- G1 ward at Grenoside Grange had a seclusion room which did not comply with the Mental Health Act Code of Practice. There was no two-way intercom, no externally controlled heating and blind spots in the room.
- Mandatory training compliance was not within trust targets.
- On Dovedale ward patients' privacy and dignity was compromised due to there being clear glass on the doors leading from the public area of the hospital into the patient bedroom corridor. This meant that patients could be seen by members of the public walking by to other areas of the hospital. The trust rectified this on the day of our inspection.

# 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:

- Dovedale ward at the Michael Carlisle Centre did not comply with guidance on eliminating mixed sex accommodation. Male patients were allocated bedrooms in areas designated as female areas. There was a lounge designated as female only, however, this was at the end of the male bedroom corridor. Female patients had to walk through the areas designated for male patients to access communal facilities.
- G1 ward at Grenoside Grange had a seclusion room which did not comply with the Mental Health Act Code of Practice guidance. There was no two-way intercom or externally controlled heating and blind spots in the seclusion room.
- Mandatory training compliance was not within trust targets.

However:

- Patients' records contained comprehensive risk assessments, which were regularly reviewed. These included falls and dysphagia risks. There was falls prevention equipment in both wards.
- The environment was clean and well maintained.
- Staffing levels were within establishment levels. Where there were vacancies, sickness or any other absence, bank staff were used.

Requires improvement



### Are services effective?

We rated effective as good because:

- Multi-disciplinary team meetings included all the professionals involved in the patients' care. Patients could attend if they wished.
- Wards had psychologists who supported staff and patients, including formulation meetings. There was good access to dieticians, tissue viability nurses and continence nurses.
- Mental Health Act documentation was in order. There was a good system in place to ensure the timely review and renewal of patients' detention under the Mental Health Act. Patients were regularly informed of their rights.
- Decision specific mental capacity assessments were carried out and recorded.

Good



# Summary of findings

## Are services caring?

We rated caring as good because:

- Patients were at the heart of each of the wards and staff clearly knew patients well.
- Patients, where possible, and carers had been involved in care planning. A new system had been developed to show where patients had been able to engage in their care planning.
- Carers and relatives were kept updated. Community meetings were inclusive.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- There was a very good programme of meaningful activity. Innovative ways of communicating with patients had been developed. These included, utilising electronic technology, a 'paro seal', an interactive tablet and simulated presence therapy. Outside space was used to enable patients to take part in gardening and growing fruit and vegetables. Patients were involved in baking for themselves and others. There were breakfast groups and various discussion groups. Activities were tailored to individual patient needs. The local community were involved with services. Staff were supported in developing new ways to engage with patients.
- Staff at Grenoside worked closely with external agencies.
- There were no complaints and a large amount of compliments.

However:

- On Dovedale ward, patient privacy and dignity was compromised due to there being clear glass on the doors leading from the public area into the patient bedroom corridor. This meant patients could be seen by members of the public walking by to other areas of the hospital. The trust rectified this on the day of our inspection.

Good



## Are services well-led?

We rated well-led as good because:

- Governance systems were robust at G1 ward, Grenoside Grange. There was a locally developed monitoring system which included, incident monitoring, training, supervision, length of stay and discharge.
- Staff reported good morale across both wards and managers felt supported by senior managers.

Good



# Summary of findings

- Staff had been involved in research and a new way of measuring outcomes for patients living with dementia and had recently won an award.

However:

- Managers had not ensured staff had completed all mandatory training.

# Summary of findings

## Information about the service

The wards for older people with mental health problems were based on two hospital sites. Dovedale ward is based at the Michael Carlisle Centre and ward G1 at Grenoside Grange Hospital.

- G1 ward is a mixed-sex mental health ward for the assessment and treatment of patients who have dementia. Patients admitted to G1 ward have behaviour that is highly complex and unstable and which presents a significant challenge.
- Dovedale ward is a mixed-sex inpatient mental health assessment, treatment and rehabilitation ward for adults aged 65 years and over.

We last inspected the services provided by Sheffield Health and Social Care NHS Foundation Trust in October 2014. At the time, wards for older people with mental health problems were found to be not compliant with two regulations. These were:

- Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 15 Health and Social Care Act (Regulated Activities) Regulations 2014 Safety and suitability of premises

The ratings were:

- Safe: Requires improvement
- Effective: Good
- Caring: Good
- Responsive: Good
- Well-Led: Good

The service received two requirement notices following the inspection in 2014. In response to our requirement notices, the trust provided an action plan setting out what actions they were taking to address these shortfalls. At this inspection, we found that sufficient action had been taken to address the concerns raised at the last inspection.

## Our inspection team

**Chair:** Beatrice Fraenkel,

**Head of Inspection:** Jenny Wilkes, Care Quality Commission

**Team Leader:** Jenny Jones, Inspection Manager (Mental Health) Care Quality Commission

The team inspecting wards for older people with mental health problems comprised one inspector and one nurse specialist advisor.

## 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?



# Summary of findings

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

During the inspection visit, the inspection team:

- visited the two wards for older people at two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven carers of patients who were using the service
- spoke with five patients who were using the service
- spoke with the managers for each of the wards
- spoke with eight other staff members including: doctors, occupational therapists, support workers and nurses
- attended and observed two hand-over meetings, one formulation meeting and one multi-disciplinary meeting
- collected feedback from eight patients using comment cards
- looked at 10 care and treatment records of patients
- carried out a specific check of the medication management on two wards
- looked at 18 medication records of patients
- 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

We spoke with five patients and seven carers of patients across the two wards for older people with mental health problems. Everyone we spoke with spoke highly of the care they received.

Patients said wards were clean and comfortable. They told us that they were always treated with dignity and respect. Patients said they felt safe and staff treated them very well. The patients who were able to told us they knew why they were in hospital and said staff were supporting them to get better.

Relatives told us they thought the facilities were very good, gardens were nice and the wards were always clean. Most carers said they thought staffing numbers were good, although one relative thought that maybe it would be better with more staff at night time.

Carers told us staff kept them informed and they felt included with decisions about their relatives' care. Carers said they were invited to multidisciplinary team meetings. Future plans were explained to relatives and again this was done in conjunction with the patient and their carers.

## Good practice

Staff had researched and developed innovative ways of communicating with patients living with dementia.

Staff at Grenoside Grange had developed a tool to monitor various aspects of patients' care which were not covered on the trust's dashboard. This enabled the ward manager to monitor for themes and trends emerging.

Volunteers were working with patients on Dovedale ward to develop a more user friendly patient satisfaction survey.

The consultant psychiatrist along with the team at G1 ward, Grenoside Grange had won an award for research they had undertaken using the Neuropsychiatric Inventory clinician rating scale.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that Dovedale ward complies with mixed sex guidance.
- The trust must ensure that the seclusion room on G1 ward complies with the Mental Health Act Code of Practice with regard to seclusion room facilities.
- The trust must ensure that staff are up to date with all required areas of mandatory training.

## Sheffield Health and Social Care 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
Dovedale Ward	Michael Carlisle Centre
G1 Ward	Grenoside Grange

#### 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.

- A total of 53% of staff on G1 ward and 67% of staff on Dovedale ward had been trained in the Mental Health Act. Despite this, staff that we spoke with had a good understanding of the Mental Health Act and the Code of Practice.
- Staff adhered to consent to treatment and capacity requirements, copies of consent to treatment forms were attached to medication charts where applicable.
- Patients had their rights read and explained by staff upon admission and routinely thereafter. Staff evidenced this in case records.
- A dedicated team provided staff on the ward with administrative support and legal advice on implementation of the Mental Health Act.
- Staff ensured that detention paperwork was completed correctly, up to date, stored appropriately and were scanned onto the patients' care records.
- Staff completed regular audits to ensure that the Mental Health Act was being applied correctly.
- Patients had access to the independent mental health advocacy services.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

As part of our inspection we reviewed the adherence to the Mental Capacity Act. The Mental Capacity Act is a piece of legislation which, is aimed at maximising an individual's potential to make informed decisions for themselves. Where individuals are unable to make informed decisions the Act and the Mental Capacity Act Code of Practice provides processes to be followed. These ensure that decisions made on behalf of an individual are in their best interests and are the least restrictive on their rights and freedoms.

- Staff training in the Mental Capacity Act and Deprivation of Liberty Safeguards was below the trust target of 75%. However, staff we spoke with had a good understanding of Mental Capacity Act.
- Managers told us that Deprivation of Liberty Safeguards applications were made when required. There were nine Deprivation of Liberty Safeguards applications received relating to wards for older people with mental health problems between 1 March 2016 and 31 August 2016.
- The trust had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards, which staff were aware of and could refer to.
- Staff recorded capacity assessments in patients' case records for patients who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.
- The trust had a Mental Health Act administrator who staff would go to for advice regarding Mental Capacity Act, including Deprivation of Liberty Safeguards if required.

# 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

Both wards had areas that had blind spots. G1 ward was laid out in a quadrant, which was around an outside area. When patients were at either end of the quadrant they were not visible to staff unless there were staff in the area. However, staff told us that this was mitigated by increased observation levels dependent upon patients' individual risk assessments. On Dovedale ward, the bedrooms were situated on one long corridor with a central area and a further bedroom area at one end of the corridor in an L shape. There were two bedrooms in that area with a further dormitory style bedroom containing four beds. There were blindspots in this area however, staff said these were mitigated by observation levels.

Each ward manager had carried out an annual assessment of ligature risks on their ward. Most ligature risks were mitigated by observation levels.

Bedrooms on G1 ward at Grenoside Grange were en-suite. Patients were allocated bedrooms to meet with guidance on eliminating mixed sex accommodation. Dovedale ward did not comply with guidance on eliminating mixed sex accommodation. There was a male patient occupying a bedroom on the female section of the ward. Bedrooms were not en suite therefore male and female patients were using communal bathrooms. Staff told us that the male patient had agreed to use the bathroom on the male section of the ward. However, this still meant that female patients may be in a state of undress whilst travelling from their bedroom to the bathroom. During our inspection we observed this to be the case. This meant that the privacy and dignity of patients was not protected by staff. However, there was a lounge designated as female only although this was at the end of the male side of the corridor.

Seclusion facilities at Grenoside Grange were not fit for purpose. The facility was built before the revised Mental Health Act Code of Practice 2015. Managers told us there were plans to renovate the room in 2017. There was no two-way intercom which meant staff could not communicate with the patient when the door was locked. The room did not have externally controlled lighting and did not have the facility to be subdued at night-time. Doors

to seclusion rooms should be robust and should open outwards; the door was not robust and opened inwards. The room contained a two seat sofa on legs fixed to the floor with screws, lockable cupboards, three individual chairs around the room fixed to the floor on legs with screws, electric heaters and electric sockets on walls. Seclusion rooms should have limited furnishing. Seclusion rooms should have externally controlled heating and/or air conditioning which enables those monitoring the patient to monitor the room temperature. This was not possible. Seclusion rooms should not have blind spots and alternative viewing panels should be available where required. There was a window in the door however, this did not allow staff to see the whole of the room and there was no way of seeing into the bathroom if the door was shut whilst it was in use. A clock should be visible to the patient from within the room to enable them to be orientated to time. However: there was no clock. There were external windows so the room did provide natural light; however, there was no privacy as you could see into the room from the outside. This meant that patients' privacy and dignity was not protected by staff.

The clinical rooms were clean, tidy and equipped with examination equipment, resuscitation equipment and emergency drugs, which staff had checked weekly and labelled as being in date for use.

Both locations scored above the England average for cleanliness, condition, appearance and maintenance, dementia friendly and disability in the 2016 patient led assessment of care environment assessments.

Patient Led Assessments of Care Environment assessments are self-assessments undertaken by NHS and private/ independent health care providers, and include teams with at least 50 per cent members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided including cleanliness, condition, appearance and maintenance, dementia friendly and disability. The trust scored above the England average for all Patient Led Assessment of Care Environments categories for both sites in the core service.

Dovedale ward, Michael Carlisle Centre:

- Cleanliness 99%

# Are services safe?

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

- Condition Appearance and Maintenance 95%
- Dementia Friendly 93%
- Disability 82%

G1 ward, Grenoside Grange:

- Cleanliness 100%
- Condition Appearance and Maintenance 100%
- Dementia Friendly 97%
- Disability 97%

Wards were clean and well maintained. The trust employed their own housekeeping staff who worked to a cleaning schedule. Staff were provided with personal protective equipment, this included gloves and aprons and we observed staff using them appropriately.

Staff on G1 ward at Grenoside Grange had access to panic alarms throughout the ward and carried pagers. Patients had call buttons in their bedrooms. Patients on Dovedale ward had wireless bracelets which patients could activate if they fell or otherwise need assistance. Where necessary and appropriate, pressure mats and bed sensors were available.

## Safe staffing

Staffing numbers provided by the trust for wards for older people with mental health problems were as follows:

Dovedale Ward had an establishment level of 21 qualified nursing staff and 10 nursing assistants. There were vacancies for six qualified nursing staff which equated to a 28% vacancy rate. There were three nursing assistants over the establishment level. There were 113 shifts filled by bank staff and 38 covered by agency staff in the three months prior to our inspection. These were to cover sickness absence or vacancies.

G1 ward at Grenoside Grange had an establishment level of 16 qualified nursing staff and 15 nursing assistants. There were minimal vacancies. There were 904 shifts filled by bank staff and 51 covered by agency staff in the three months prior to our inspection. These were to cover sickness absence or vacancies.

Managers told us that they planned ahead for the use of bank and agency staff to ensure continuity.

Staff fill rates compare the proportion of planned hours worked by staff to actual hours worked by staff day and

night. Mental health trusts are required to submit a monthly safer staffing report and undertake a six-monthly safe staffing review by the director of nursing. This is to monitor and in turn ensure staffing levels for patient safety.

We looked at a sample of planned hours worked by staff to actual hours worked by staff and found Dovedale ward was operating below the lower fill rate (less than 90%) for qualified nurses during the day in June and July 2016. G1 ward was operating above the upper fill rate (more than 125%) for daytime qualified nurses in both June and July 2016. Both wards were operating below the lower fill rate for night time qualified nurses in June and July 2016.

During our inspection we observed that there were enough staff available to assist patients when required to do so. Staff told us there were enough staff to assist patients safely. Patients and their carers told us that generally there were enough staff, however on Dovedale ward some carers said they thought there could be more staff at night time.

The trust target for compliance with mandatory training was 75%. In October 2016 the combined compliance rate for the two wards was 60%. Autism awareness training compliance was very low on both wards for older adults with mental health problems. Managers told us that autism awareness was a new course and that they were booking their teams onto the training. Mental Capacity Act Level 1 had a low compliance on both wards as did the Mental Health Act. There were 12 of 23 mandatory training subjects across both wards that did not meet the trust compliance rate of 75%. These included immediate life support, equality and diversity and human rights, Deprivation of Liberty Safeguards and rapid tranquilisation.

## Assessing and managing risk to patients and staff

Staff had completed comprehensive patient risk assessments. The trust used the detailed risk assessment and management plan which was completed when a patient was admitted to the ward and then reviewed daily. The risk assessment was completed by speaking with patients, their carers and included information from other professionals involved in the patients' care. The risk assessment helped staff decide on the appropriate level of observation.

There had been six incidents of seclusion between March and August 2016 on G1 ward at Grenoside Grange and 42 incidents of restraint involving 13 patients, none of which had been prone restraint. Dovedale ward did not have a

# Are services safe?

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

seclusion room and therefore there had been no incidents of seclusion. There had been 13 incidents of restraint involving four patients. There were no blanket restrictions at the time of our inspection.

The trust had reviewed rapid tranquilisation monitoring as detailed in National Institute for Health and Care Excellence guidance. The trust had reviewed and updated the policy for post administration observations. The trust had undertaken a comprehensive programme to ensure all inpatient nursing and medical staff were aware of the monitoring requirements. However, both wards had compliance rates under 75% for training in rapid tranquilisation.

Some patients had periods of seclusion on G1 ward at Grenoside Grange. We reviewed two seclusion records and found that one record had been fully completed. The other did not fully record the observations of the patient whilst in seclusion. This was not in line with the Mental Health Act Code of Practice Guidance.

Staff had a good understanding of what constituted abuse. Staff were able to get advice from the trust's safeguarding lead. Any incidents requiring a safeguarding referral or alert were recorded on the trust's electronic patient record system

Pharmacists attended multidisciplinary team meetings and provided clinical input to the ward, checking prescription cards and making interventions to support medicines optimisation. The trust used electronic prescribing and care records so the pharmacy team could also review and update records remotely. Where necessary, appropriate arrangements were in place for the use of covert (hidden) administration of medication.

We observed part of the morning medication round on Dovedale ward. Patients were supported to attend the clinic room for their medicines. This afforded patients some privacy if they wanted to discuss their medicines or other matters with the nurse. Although there were chairs outside the clinic, patients were not seen to queue for their medicines when we visited.

One of the records we looked at was for a patient living with dementia who was prescribed antipsychotic medication. We saw that the pharmacist had drawn attention to the risks and benefits of antipsychotic medication for patients living with dementia.

Medicines were stored securely in the clinic rooms and checks of the room and fridge temperatures were completed to ensure they were suitable for medicines storage. Advice had been sought from pharmacy and medicines quarantined when the fridge temperature was out of range.

Staff we spoke with understood the need for monitoring pressure areas. Staff said that there had been no recent incidents of pressure area damage. Staff on G1 ward at Genoside recorded the number of patients who had been screened for the risk of falls.

## Track record on safety

No serious incidents were reported on the trust's serious incidents requiring investigation data or on the NHS strategic executive information system regarding the service between 1 April 2015 and 31 March 2016.

## Reporting incidents and learning from when things go wrong

Staff reported incidents using the trust's electronic incident reporting system. There were no incidents that were regarded as serious and requiring further investigation on wards for older people with mental health problems.

As a result of some patients being able to find out the code for exiting the ward, the trust had introduced a staff identity badge which, was swiped in and out of wards along with a keypad code. Patients who were not detained under the Mental Health Act were able to leave the ward however, they needed to ask staff to unlock the doors.

Staff understood their responsibilities under the duty of candour. Staff said that when something went wrong that they had a responsibility to be open and honest and involve the patient.



# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

Patients' needs were assessed and care was delivered in line with their individual care plans. Where patients had been transferred from another hospital or care facility a copy of their assessment transferred with them. All records we reviewed contained a comprehensive assessment of the patients' needs. Staff at both wards started to consider discharge and compile discharge plans as soon as patients were admitted.

Patients had a 'This Is Me' document to provide staff with an insight into their life and skills. Staff told us these documents were written where possible in conjunction with patients and where communication was difficult relatives and carers would be involved.

Staff used the trust's electronic patient records to store and access patient information. They all had individual logins and passwords to maintain confidentiality.

### Best practice in treatment and care

Staff at both wards told us there was good access to psychological therapies. Staff told us and we saw evidence in patient care files of formulation meetings which were chaired by a psychologist. Staff used the five p's formulation model, which looked at predisposing, precipitating, presenting, perpetuating and protective factors. We attended a formulation meeting for a patient that had been involved in an incident. The meeting looked at all the factors leading up to the incident including the patient's life history.

Patients' care records contained information about physical health needs. Staff carried out physical health checks which were recorded in care plans. Staff at Grenoside Grange told us there were excellent links and support from the local district nurse team. The physical health assessments included specific assessments of infection risks, skin integrity, risk of falls and nutritional risks. Continence assessments were carried out when a patient was first admitted and these were monitored throughout their stay in hospital. Venous thromboembolism assessments were completed on admission to wards to identify any patient who may be at risk of developing blood clots. This was to enable appropriate steps to be taken to reduce this risk. Care plans were in place to support patients with long-term conditions

such as diabetes and chronic obstructive pulmonary disease. Wards had smoking cessation champions to support patients and patient leaflets "Nicotine Management and Smoke Free" were available.

Staff had completed the health of the nation outcome scales for each patient. The tool looked at a wide range of health and social domains such as: psychiatric symptoms, physical health, functioning, relationships and housing.

Each relevant area was scored when a patient was first admitted to the ward from zero to four, zero being no problem and four being severe to a very severe problem. This tool enabled staff to monitor the patients' progress. Where patients were able to engage it helped patients to see their progress.

Clinical staff participated in clinical audits which included: reducing restrictive practice, Mental Health Act status, an audit of the detailed risk assessment and management against trust wide standards and to ensure National Institute for Health and Care Excellence guidance was followed when prescribing for substance misuse: alcohol detoxification.

### Skilled staff to deliver care

The staff team included for example, a consultant psychiatrist, mental health nurses, psychologists, health care assistants and occupational therapists. Staff received a range of training specific to wards for older people. Some staff had undertaken training sessions in specific areas such as risk assessment and management process training and the recently introduced dementia awareness and autism awareness. Other courses included: training on new syringes, ligature cutter training, named nurse pathway and care planning sessions. Managers told us if there were changes in policy they delivered a continuous personal development session on it.

The pharmacist had delivered learning sessions to nursing staff about medicines commonly used in mental health and led on a prescribing observatory for mental health UK audit looking at the prescribing of antipsychotic medication for patients with dementia by the trust. The results were due for publication at the time of our visit.

There was a comprehensive induction in place. The substantive staff induction sheet, included for example information about fire exits, ward familiarisation and identity badges. There was a specific induction for agency workers and a temporary pass key.

# 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.

Ward managers told us they tried to ensure that staff received supervision every six weeks which was above the trust's target of six a year. Some staff received supervision every three weeks to support their development and preceptor nurses received supervision weekly.

As at 31 July 2016, the overall appraisal rates for non-medical staff within the service was 81%.

- G1 ward reported 76% of non-medical staff having had an appraisal
- Dovedale ward reported 90% non-medical staff having had an appraisal

The trust's average appraisal compliance for medical staff was 95%. As at 31 July 2016, the overall appraisal rates for medical staff within the service was 100%.

Wards for older people with mental health problems had one doctor revalidated as of 31 July 2016. The trust indicated that in total 41 whole time equivalent doctors had been revalidated overall which equated to 100%.

Staff performance issues were addressed through on going supervisions. There were no staff performance issues reported at the time of our inspection. Regular staff meetings were held and staff were encouraged to attend these.

## **Multidisciplinary and inter-agency team work**

There were a range of multidisciplinary team meetings; these were held once or twice weekly. There was evidence these had been designed effectively to not only deliver good care, but also to maximise good use of staff time. Information was provided directly from the detailed risk assessment and management plan and used by the multidisciplinary team to make decisions about patients' on-going treatment. Staff reported that the different professionals worked well together. Care records and ward round records evidenced multidisciplinary input. The multi-disciplinary team comprised of psychiatrists, psychologists, doctors, nursing staff, support workers and other professionals involved in the patients' care. These could include physiotherapists, speech and language therapists and dieticians. Patients and relatives could attend if they wished to do so. We observed one multi-disciplinary team meeting where the staff team discussed the progress of patients and plans to enable timely and appropriate discharge from the ward.

We observed a handover between shifts. There was good discussion of patients' risks to themselves and others and actions required to minimise these risks, as well as a holistic discussion of the patients' needs. Staff demonstrated a high level of care and compassion for patients through their interactions and behaviour in the handover.

The hospital had identified and maintained contact with care co-ordinators, who were invited to care programme approach meetings.

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

As at 13 October 2016, the overall compliance rate for Mental Health Act training in the service was 60%.

Staff showed a good understanding of the Mental Health Act, Code of Practice and guiding principles. Staff recorded in patients' care records that their rights were explained to them promptly. If patients did not engage in the process after three occasions, staff would discuss this in a multi-disciplinary team meeting. There was a standardised system for authorising leave and leave authorisations clearly identified any specific conditions that applied. Records of capacity and consent to treatment were located on each patients care records. When patients were detained under the Mental Health Act, the appropriate legal authorities were in place for medicines to be administered.

Administrative support and advice on the implementation of the Mental Health Act and the related Code of Practice were available onsite through the Mental Health Act office. Detention papers were correctly filled in, up to date and appropriately stored. Staff scanned detention papers onto the system and the originals were kept in a box in the office. There were regular audits completed by the deputy manager of each ward. The audit was to ensure that patients were having their rights read in a timely fashion and checks to ensure paperwork was completed correctly. This included documents completed by the approved mental health practitioner.

Patients had access to an independent mental health advocacy service. Where patients were able, they could contact the independent mental health advocacy service or staff would make a referral on their behalf. Information on the rights of patients who were detained was displayed on the ward notice board and details of the independent mental health advocacy services which were available to



# 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 patients. Staff were aware of the need to explain patients' rights to them. There was information for patients and relatives in the patient and relative information booklet about the rights of patients who were detained under the Mental Health Act. This information also included information for patients who were informally admitted to wards about their legal rights while in hospital.

There was one Mental Health Act reviewer visit between 01 September 2016 and 27 September 2016 which was unannounced. The visit highlighted a consent to treatment issue on Dovedale ward. We did not have any concerns with regard to consent to treatment during this inspection.

## Good practice in applying the Mental Capacity Act

In October 2016 the wards achieved the following compliance for Mental Capacity Act and Deprivation of Liberty Safeguards training sessions with only one subject being within the trust's target of 75%:

G1, Grenoside Grange

- Mental Capacity Act Level 1 0%
- Mental Capacity Act Level 2 95%
- Deprivation of Liberty Safeguards 31%

Dovedale Ward, Michael Carlisle Centre

- Mental Capacity Act Level 1 25%
- Mental Capacity Act Level 2 25%

- Deprivation of Liberty Safeguards 60%

Ward staff were aware of how to engage an independent mental capacity advocate through the local authority if required.

There were nine Deprivation of Liberty Safeguards applications received relating to the service between 01 March 2016 and 31 August 2016. The Deprivation of Liberty Safeguards provides a legal framework to protect patients who lack capacity to consent and need to be deprived of their liberty in their own best interests.

Staff displayed a good understanding of the Mental Capacity Act and its guiding principles. Staff knew where to get advice regarding the Mental Capacity Act. The trust had a policy relating to the Mental Capacity Act that staff were aware of and could refer to.

For day-to-day decisions relating to their care, patients were presumed to have capacity and supported to make decisions. Where capacity was in question, this was assessed and recorded on a decision specific basis. We saw in care records where decision specific capacity assessments had been completed. For example capacity assessments were seen regarding patients' ability to understand their detention and with regard to the covert administration of medication.

# 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

We spoke with 11 patients or their carers. Patients and carers made positive reports about how staff treated them or their relative. We observed responsive, respectful interactions between staff and patients. Staff demonstrated compassion and genuine feeling about the patients they supported. The whole of the staff team, including the consultant psychiatrist knew the patients and their holistic needs very well.

In relation to privacy, dignity and wellbeing, the 2016 patient led assessment of care environment score wards for older people with mental health problems were above the England average of 84.2%.

G1, Grenoside Grange

- Privacy, dignity and wellbeing 88%

Dovedale ward, Michael Carlisle Centre

- Privacy, dignity and wellbeing 85%

### The involvement of people in the care they receive

We reviewed nine care and treatment records. These showed that where possible patients were involved in their care planning. The trust used a colour coding system to indicate the level of involvement the patient had in his or her own care plan. Five colour codes corresponded to a key. The colours indicated involvement from 'I do not want to be involved in this goal at the moment' to 'I feel I am taking a lead on my goal'. Each area of need that was identified on the care plan commenced with the statement attached to the corresponding colour code.

Wards had a weekly community meeting. These were well attended by staff and patients and decisions were made about the day-to-day running of the service. The minutes from these meetings were available and typed up with clear evidence of discussions, actions and issues being taken forward and resolved. A summary of actions from community meetings was displayed on notice boards around the hospital. We observed a community meeting on Dovedale ward. The majority of patients attended the meeting. The meeting was attended by the service user governor and two service user volunteers. Items discussed included the flu vaccination, externally facilitated drop in sessions, the suitability of the exit questionnaire which was being piloted by the service user volunteers, the Christmas party and housekeeping matters. The meeting was inclusive and every patient had the opportunity to give their views.

We attended a carer's group meeting at Grenoside Grange. The meeting was chaired by the psychologist and there was a guest speaker from an external organisation. There were discussions about a local Dementia Involvement group and details of the five dementia cafes situated around the city. Carers were given the opportunity to talk about their experience of caring for relatives living with dementia. The meeting was very supportive.

Leaflets were available and discussed with patients who were prescribed lithium and clozapine to explain the regular testing needed when taking these medicines and any cautions they needed to be aware of. There was a separate leaflet explaining important messages about stop/start smoking for patients taking clozapine, this included the pharmacy telephone number for further advice and support.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

Bed occupancy ranged between 85% and 101% for wards for older people with mental health problems. Dovedale reported the highest figures during the period 1 February to 31 July 2016 with 101%. As at 31 July 2016, the average length of stay for the wards ranged between 103 days and 123 days for discharged patients and between 75 days and 119 days for current patients. There were no out of area placements relating to wards for older people with mental health problems.

There were a total of three readmissions within 90 days reported by the trust between 1 February 2016 and 31 July 2016. In the same period there had been 23 delayed discharges - 20 on G1 and three on Dovedale. Staff on G1 ward at Grenoside monitored delayed discharges. Figures provided showed that the reason for delayed discharge was that patients were waiting for 'enhanced care' beds. The average for patients ready for discharge but awaiting 'enhanced care' beds was 57 days. Staff told us they worked closely with other professionals to facilitate as quick a discharge as possible.

Staff told us there was always a bed available for patients when they returned from leave. As both wards were specialist wards they were never moved between wards during an admission. However, patients may have moved to either G1 or Dovedale from other acute wards within the trust. This was only done when patients had been assessed as requiring the type of treatment offered by the wards for example: someone over 65 with dementia or with a functional mental health disorder. Admission and discharge always took place at appropriate times of the day.

### The facilities promote recovery, comfort, dignity and confidentiality

The trust scored above the England average for all patient led assessments of care environments categories for both wards for older people with mental health problems, these were recorded as follows:

G1, Grenoside Grange

- Food 95%
- Dementia friendly 97%
- Disability 97%

Dovedale ward, Michael Carlisle Centre

- Food 89%
- Dementia friendly 93%
- Disability 82%

Dovedale and G1 wards had various rooms for patient use. There were several quiet areas on both wards where patients could meet visitors. On G1 ward at Grenoside there was a small homely dining room where staff, patients and their visitors could eat together. Patients were able to have and use their own mobile phones and there were also payphones for patients' use which enabled them to make calls in private.

There was safe and accessible outside space for patients' use. There were raised planting beds at the Michael Carlisle Centre and Grenoside Grange to enable and encourage patients who were able to take part in gardening.

Patients and their carers spoke highly of the quality of good. Food was prepared and cooked on each of the wards. Patients were able to assist in some food preparation tasks. There was access to hot drinks and snacks throughout the day. Patients were able to make their own drinks.

Patients were able to personalise their bedrooms, however, this was difficult in the dormitory area of Dovedale ward. Lighting in the dormitory area of Dovedale ward was either on or off, with no overhead bed lighting. Patients were able to access their bedrooms throughout the day.

The occupational therapy teams on the wards were very proactive in the work they did with patients. Activities were meaningful and available seven days a week. On G1 ward patients went out picking apples, others then peeled and chopped the apples. Everyone who wanted to be was involved in making an apple crumble. Staff told us that the main emphasis of any activity was to try to reduce the stress of patients from when they were first admitted. Staff worked with patients and carers to celebrate where they were now. Staff on G1 ward told us they had tried poetry with a new patient who had dysphagia and through poetry; the patient was far more able to speak. Other ways of engaging was to do painting, sanding and other repetitive type roles which gave patients a sense of achievement and wellbeing.

# Are services responsive to people's needs?

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

Staff had developed a horticulture group; some of the patients had grown their own tomatoes and strawberries. Patients had access to what staff called a 'man shed' and a greenhouse with some basic gardening tools.

There was G1's got talent which took place every two months, which staff and patients could take part in. There had been a Buddy Holly night and an Elvis night. Carers and patients from other services had been invited to attend.

Staff on G1 ward used simulated presence therapy which had been reported to reduce levels of anxiety and challenging behaviour amongst patients with dementia. The intervention consisted of playing a recording or video of patients' friends, carers or relatives. Staff said playing this to patients often helped to soothe them. There was reader champion whose role it was to read to patients.

Staff at G1 had been supported to visit Denmark to be trained on the ethical delivery of 'paro seal'. The 'paro seal' was a therapeutic robot baby harp seal, which was intended to be very cute and to have a calming effect on and elicit emotional responses in patients. Students had visited the ward to see the 'paro seal' in action by staff. This meant students learnt about dementia and helped to reduce the stigma. Empathy dolls were used well on the ward. Empathy dolls have been found to reduce the stress in some dementia patients. During our visit, one patient kept an empathy doll in their bedroom and staff said this had helped the patient.

We saw technology in the form of a large tablet being used on the ward. There were applications on the tablet to enable karaoke, quizzes and calming images. On the day of our inspection the tablet was displaying a flickering candle with calming music.

On Dovedale ward, occupational therapy staff said they had a holistic person centred approach, which was in line with the recovery agenda. Staff said programmes were set each week and they could bring in what was appropriate for patients. They would identify goals and steps with patients. Staff did an initial screening to get an idea of what patients were aiming for in the future.

On one of the days of our inspection there had been a baking group. Staff worked with patients to increase their fitness levels by using gentle exercise. There were discussion groups, reminiscence, a quiz, health awareness sessions which involved psychologists, dietician and a

physiotherapist. These groups also covered falls awareness, footwear and eyesight. Staff told us a reading group had been set up by volunteers. This was as a result of research by a local university which had shown these groups had good outcomes for patients. There was a group with the chaplain called 'time for me' which was recovery focussed helping patients to understand how they could get a sense of hope and peace during difficult times. There were breakfast groups which had a social element and an assessment element. These included functional assessments from eating through to home visit assessments, meal preparation and shopping. Occupational therapists on both wards told us they did joint home visits and worked closely with family and carers.

On Dovedale ward at the Michael Carlisle Centre there were double doors leading into the bedroom corridor from the public area of the hospital. The doors had clear glass in them and we were concerned about patients' privacy and dignity. We spoke with the trust about this and a film was added to the glass by the end of the day, which resolved the concern.

## Meeting the needs of all people who use the service

The wards had rooms that were suitable for patients requiring disabled access. There were specialist baths which were height-adjustable reclining sit baths designed to improve efficiency in the assisted bathing and showering of patients. Staff used a 'bonnet' with dry shampoo inside for patients who did not want to get wet.

There was an information booklet given to patients when they were first admitted to the ward. This booklet was available in other languages and in large print. Staff told us there was easy access to interpreters and where necessary signers.

Patients had a good choice of food and these met patients' dietary requirements, for example, gluten free, diabetic and those specific to patients' religious needs. Patients who needed assistance with eating could have plates with a guard, suction plates and there were special beakers with a raised edge, straws and weighted knives and forks. Patients with swallowing difficulties had thickened fluids and dietary supplements were available.

A chaplain visited G1 at Grenoside Grange and Dovedale ward at the Michael Carlisle Centre. Staff supported patients to practice their faith.

# Are services responsive to people's needs?

Good 

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

## **Listening to and learning from concerns and complaints**

Staff we spoke with understood the process for making complaints. Staff said us they would support patients and their carers to make a complaint. Staff were confident if there was a complaint that it would be dealt with effectively. They said they would receive feedback on the outcome of any investigation that took place. We saw there was information about complaints displayed in the ward as well as being included in the ward information booklet.

The service had received one complaint during the 12 months from 1 September 2015 to 25 August 2016 which, was not upheld. We saw the trust had responded to the complainant with explanations as to why the complaint had not been upheld. Wards for older people with mental health problems received 261 compliments during the last 12 months.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

The service was delivered by Sheffield Health and Social Care NHS Foundation Trust which had, at trust level, adopted a vision, values and a purpose.

The trust wide vision was for “Sheffield Health and Social Care NHS Foundation Trust to be recognised nationally as a leading provider of high quality health and social care services and recognised as world class in terms of co-production, safety, improved outcomes, experience and social inclusion. We will be the first choice for service users, their families and commissioners”.

The trust had six values:

- Respect
- Compassion
- Partnership
- Accountability
- Fairness
- Ambition

The trust purpose was “to improve people’s health, wellbeing and social inclusion so they can live fulfilled lives in their community. We will achieve this by providing services aligned with primary care that meet people’s health and social care needs, support recovery and improve health and wellbeing”.

Staff we spoke with had an understanding of the trust’s visions and values. Managers we spoke with told us the visions and values were discussed and included as individual objectives in staff personal development reviews. Visions and values were discussed in team meetings.

Staff told us senior managers visited their service; some said that senior managers had worked on wards as support workers.

### Good governance

The wards provided data for the 12 month period ending 31 July 2016 regarding levels of supervision. This showed that G1 ward had achieved 69% and Dovedale ward 60%, which was below the clinical supervision target of 80%. We saw evidence that managers followed policies and procedures to address performance issues.

The wards failed to meet the trust's target, in several topics, for the proportion of staff who had received mandatory training. Staffing levels were generally maintained at establishment level although there were times particularly during night shifts where staffing levels were below establishment.

Incidents were reported via the trust incident reporting system. There were no incidents that were regarded as serious and requiring further investigation on wards for older people with mental health problems. The trust had a violence reduction policy and a restrictive intervention reduction programme. Safeguarding was good across both wards.

Overall, we found good systems in place to ensure that the Mental Health Act was being adhered to on wards for older people with mental health problems. Staff took part in trust and local clinical audits.

Staff on G1 ward at Grenoside Grange had developed an audit, which looked at areas not monitored by the trust’s dashboard. This included for example:

- Average length of stay with 'delayed' results excluded (days)
- Number of falls
- Number of patients admitted from home
- Number of patients admitted from accident and emergency
- Number of patients admitted from a nursing home
- Number of patients admitted from a general hospital ward
- Number of patients admitted from another source
- Number of patients that were discharged to their admission address
- % physical health assessment within 72 hrs
- % falls screen within 72 hrs
- % malnutrition universal screening tool figures within 48 hrs

At a glance the ward manager was able to see how G1 ward was performing and if there were any themes and trends emerging.

The ward managers reported they had sufficient authority to manage their own wards and had support from their locality managers. Ward managers were able to escalate items to be added to the trust risk register.



# Are services well-led?

Good 

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## Leadership, morale and staff engagement

Staff explained their understanding of the trust's whistleblowing policy and stated they felt confident in raising a concern and that this would be addressed. There had been no whistleblowing concerns reported.

Staff morale was good. Staff said that they enjoyed their role and spoke positively about the difference they could make in people's lives. Staff told us that they felt supported by their colleagues and managers.

Managers and staff were able to give feedback on the service and make suggestions for improvements. Staff were actively involved in service development and were given the opportunity to give feedback at team meetings. Staff said they felt confident in raising any concerns and were able to do so without fear of victimisation.

## Commitment to quality improvement and innovation

In partnership with an external organisation, the trust had established the Sheffield Dementia Involvement Group

(SHINDIG). This was a city-wide forum that met four times a year and aimed to provide opportunities for people living with dementia in Sheffield. Staff at G1, Grenoside Grange told us they had a lot of involvement with the group. During a carers group meeting we observed this project being discussed.

The consultant psychiatrist along with the team at G1 ward, Grenoside Grange had won an award for research they had done using the Neuropsychiatric Inventory clinician rating scale.

The team at Dovedale ward at the Michael Carlisle Centre had involved people that had the 'lived experience of mental health'. The Sun:Rise group had been formed across the Michael Carlisle Centre. Volunteers from the Sun:Rise group had begun to visit wards and were involved in the development of a new patient satisfaction survey. Volunteers would then carry out the survey with patients to ensure it was independent.

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
The trust did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This is because:

Mandatory training figures were below the trusts target of 75% with 12 of 23 mandatory training subjects across both wards not meeting the required level of compliance.

This is a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The trust did not ensure that all premises and equipment used by the service provider was suitable for the purpose for which they are being used.

This was because:

The seclusion room on G1 ward at Grenoside Grange was not fit for purpose as it did not comply with guidance in the Mental Health Act Code of Practice. There was no two-way intercom, no externally controlled heating/cooling. There were blind spots.

This is a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The trust did not ensure that patients were treated with dignity and respect and their privacy was maintained.

This was because:

Dovedale ward did not comply with the Mental Health Act Code of Practice on mixed sex accommodation.

There was a male patient in a bedroom designated as a female area. Bathrooms were communal which meant female patients in a state of undress might be seen by the male patient.

This is a breach of Regulation 10 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014