

South London and Maudsley NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Trust Headquarters, 1st Floor Admin Building
Maudsley Hospital, Denmark Hill
London SE5 8AZ
Tel: **020 3228 6000**
Website: www.slam.nhs.uk

Date of inspection visit: 13-15 March 2017
Date of publication: 07/06/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV505	The Bethlem Royal Hospital	Chelsham House	BR3 3BX
RV509	Ladywell Unit	Hayworth ward	SE13 6LH
RV504	Maudsley Hospital	Aubrey Lewis 1 ward	SE5 8AZ
RV5C5	Greenvale Nursing Home	Greenvale Specialist Care Unit	SW16 3BS
RV5A3	Ann Moss Specialist Care Unit for Older Adults	Ann Moss Specialist Care Unit	SE13 6LH

This report describes our judgement of the quality of care provided within this core service by South London & Maudsley 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 South London & Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London & Maudsley 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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	6
Information about the service	11
Our inspection team	11
Why we carried out this inspection	11
How we carried out this inspection	12
What people who use the provider's services say	13
Good practice	13
Areas for improvement	13

Detailed findings from this inspection

Locations inspected	15
Mental Health Act responsibilities	15
Mental Capacity Act and Deprivation of Liberty Safeguards	15
Findings by our five questions	17
Action we have told the provider to take	32

Summary of findings

Overall summary

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

- The wards had addressed the issues that had caused us to rate effective, caring, and responsive as requires improvement following the September 2015 inspection. Although they had addressed issues from the previous inspection under safe, it remained as requires improvement as we identified some new concerns.
- At the inspection in September 2015, we found unpleasant odours by toilet areas at Greenvale and Chelsham House. At the current inspection there was an improvement in the standard of cleanliness, with no lasting odours.
- At the previous inspection in September 2015, we found that risk assessments were not completed in sufficient detail so that they could be used by care professionals supporting patients. At the current inspection there was an improvement in the level of detail recorded in risk assessments.
- At the previous inspection in September 2015, in Greenvale the wheelchairs were not all fitted with footrests and that staff did not always move patients safely. At the current inspection all wheelchairs were intact and well maintained and appropriate hoisting equipment was available for staff.
- At the previous inspection in September 2015, medicines on Greenvale and Ann Moss specialist care unit were sometimes unavailable to use when needed. At the current inspection there was improved medicines management at these units, including dedicated trust pharmacy provision.
- At the previous inspection in September 2015, we found that staff supporting patients with dementia did not have current training in dementia care. At the current inspection, dementia training was being provided both by distance learning and at ward level. Staff displayed a good understanding of meeting the needs of patients with dementia. The trust had also taken steps to recruit to vacancies across the wards, and improved staff cover of shifts.
- At the previous inspection in September 2015, we found that patients and their relatives were not always involved in assessments. At the current inspection there was an improvement in the recording of patients' and carers' involvement in care planning and assessments. Staff were using a new care planning system. Psychologists produced formulations with patients, their relatives and members of the multi-disciplinary ward teams, to develop a better understanding of the best way to support individual patients.
- At the previous inspection in September 2015, we found that staff required support to improve their communication and interactions especially at mealtimes. At the current inspection we observed that the vast majority of staff supported patients in a caring way, including at mealtimes. The meal experience had improved, and some patients were involved in setting tables.
- At the previous inspection in September 2015, we found that care was not always delivered in a manner that considered privacy and dignity, including same gender care and failing to close observation windows on bedroom doors when they were not needed. At the current inspection, care was provided within gender specific areas. Staff closed observation windows when not in use, and further protected patient privacy by closing curtains fitted around them.
- At the previous inspection in September 2015, we recommended an improvement in the accuracy of recording of food and fluid charts for patients assessed to be at risk of dehydration and malnutrition. During the current inspection, there was improved recording to ensure patients' food and fluid intake was monitored accurately.
- At the previous inspection in September 2015, we recommended that, when staff explain to patients their rights under section 132 of the Mental Health Act, this is recorded, and that staff give patients a copy of their section 17 leave form. At the current

Summary of findings

inspection staff kept records of when detained patients' rights were read to them and these were audited. We also found that staff offered patients copies of their leave forms.

- Staff were implementing a number of quality improvement initiatives. These included Four Steps to Safety, a system for safer care with an aim to reduce violence and aggression. On Hayworth ward, the occupational therapy team had developed a 'this is me' booklet that they prepared with patients to go with them when they left the ward. The booklet contained information about the person's life and areas of interest and included photographs. Other quality improvement projects included implementing electronic observations for health monitoring, reductions in enhanced observations, research into the cognitive effects of physical health medicines, and twinning wards with general hospital wards for older people.
- The trust provided a service user and carer advisory group, which involved patients and carers with experience of the trust's older adults' services. The group provided opportunities to review current practice, recruitment, staff training and support each other. The trust's psychologists also offered support to patients' relatives as part of their role on each ward.

However:

- There were gaps in mandatory training for staff in mandatory areas including intermediate life support, basic life support, and fire safety.
- In two cases staff had not recorded patients' vital signs after they had administered rapid tranquilisation to the patients.
- Staff had no records of blind spots on each ward, to ensure that they paid particular attention to these risk areas.
- There were gaps in staff supervision on some of the wards.
- We observed two occasions when staff carried out clinical observations in a communal area, without giving patients the option of doing this in a private area such as the ward clinic room or their bedroom.
- Ward managers were not aware of the issues recorded on the service's risk register, and there was room for further development in links between senior management and ward level.

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:

- Although the trust had addressed all of the issues that had caused us to rate safe as requires improvement following the September 2015 inspection, we identified new concerns.
- Not all eligible staff had completed mandatory training in intermediate life support, basic life support, and fire safety.
- In two cases staff had not recorded patient's vital signs after giving them rapid tranquilisation.
- Managers did not maintain records of blind spots on each ward, to ensure that staff were aware of these risk areas.

However:

- At the previous inspection in September 2015, we found unpleasant odours of urine by toilet areas at Greenvale and Chelsham House. At the current inspection there was an improvement in the standard of cleanliness, with no lasting odours.
- At the previous inspection in September 2015, we found that risk assessments were not completed in sufficient detail so that they can be used by care professionals supporting patients. At the current inspection there was an improvement in the level of detail recorded in risk assessments.
- At the previous inspection in September 2015, we found in Greenvale the wheelchairs were not all fitted with footrests and that staff did not always move patients safely. At the current inspection, all wheelchairs were fully intact and well maintained and appropriate hoisting equipment was available where needed.
- At the previous inspection in September 2015, we found that medicines on Greenvale and Ann Moss specialist care unit were sometimes unavailable to use when needed. At the current inspection there was improved medicines management at these units, including dedicated trust pharmacy provision.
- Bedrooms and bathrooms for male and female patients were in separate areas of the wards. All three acute admission wards had female only lounges. The two special care units had multifunction rooms where female patients could access private female only space. Refurbishment work had been undertaken to improve the appearance of the wards.

Requires improvement



Summary of findings

- Following the previous inspection, we recommended an improvement in the accuracy of recording of food and fluid charts for patients assessed to be at risk. During the current inspection we found improved recording. Staff monitored patients' food and fluid intake accurately.
- The trust had taken steps to recruit to vacancies across the wards, and improved staff cover of shifts.

Are services effective?

We rated effective as **good** because:

Good



- At the previous inspection in September 2015, we found that staff supporting patients with dementia did not have current training in dementia care. At the current inspection, dementia training was being provided both by distance learning and at ward level. Staff displayed a good understanding of meeting the needs of patients with dementia.
- At the previous inspection in September 2015, we recommended that when patients have their rights explained under section 132 of the Mental Health Act that this is recorded, and that patients be given a copy of their section 17 leave form. At the current inspection we found that there were records of when detained patients' rights were read and these were audited. We also found that patients were offered copies of their leave forms, although informal patients were not always given clear information about their rights.
- Staff were using new care plan formats to record patients' plans. These included more detail and more space for recording patients' and relatives' views.
- Psychologists produced formulations with patients, their relatives and members of the multi-disciplinary ward teams. This helped develop a better understanding of the best way to support individual patients. They also provided debrief sessions for the staff team.
- Staff had developed an oral health care recording tool to ensure that patients received appropriate care in this area.

However:

- There were gaps in staff supervision on some of the wards, and monitoring of supervision by ward managers did not identify whether staff had received individual management supervision or group clinical supervision, to ensure that supervision was received in line with trust policy.
- Informal patients on Hayworth ward were not given clear information about their right to leave the ward in the posters on display.

Summary of findings

Are services caring?

We rated caring as **good** because:

- At the previous inspection in September 2015, we found that patients and their relatives were not always involved in assessments. At the current inspection there was an improvement in the recording of patients' and carers' involvement in care planning and assessments, using a new care planning system. Patients and carers were also asked their views and these were recorded at weekly ward rounds. The trust's psychologists also offered relatives support on an individual level on the wards.
- At the previous inspection in September 2015, we found that staff needed to improve their communication and interactions with patients, especially at mealtimes. At the current inspection we observed staff interacting with patients in a caring and supportive way, including at mealtimes. We observed that, despite some variability across wards, mealtimes had improved across the service. The trust had taken steps to improve the meal experience including tables laid attractively (sometimes with support from patients), access to condiments, background music, and where possible at least one staff member eating with patients.
- At the previous inspection in September 2015, we found that care was not always delivered in a manner that considered privacy and dignity, including same gender care and closing observation windows on bedroom doors when they are not needed. At the current inspection we observed that care was provided within gender specific areas, and that staff closed observation windows when not in use. Curtains were fitted around observation windows to further protect patient privacy.

However:

- We observed two occasions when staff carried out clinical observations on patients in a communal area, without giving them the option of doing this in a private area such as the ward clinic room or their bedroom.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- At the previous inspection in September 2015, we recommended that patients with dementia should have access to individual appropriate therapeutic activities across all the wards. There was an improvement in activities for people with dementia at the current inspection.

Good



Summary of findings

- Staff provided Namaste Care, an individualised sensory experience for patients with advanced dementia, at the specialist care units. Journeys of appreciation, supporting patients to visit places of cultural interest were also provided across the wards. Staff were aware of the need for further development of activities on the wards, and further occupational therapy support had been agreed. On one ward activities had been arranged to celebrate Black History Month and World Mental Health day involving patients, relatives and staff.
- At the previous inspection in September 2015 we found that food provided to patients did not always meet their individual needs including their personal choice, physical needs and religious or cultural preferences. At the current inspection there was an improvement in choices provided. Some patients and carers remained dissatisfied with the flexibility of cultural options provided, and this had contributed to the trust's decision to change the contractor for meal provision. There was still room for improvement with no accessible menus provided for patients with dementia, and some inconsistency in ensuring that patients had a choice of meals.

However:

- Not all staff were aware of how to ensure their privacy in a bathroom on Aubrey Lewis 1 ward, by closing the frosted windows. Whilst there was no accessible bath in the female corridor of Aubrey Lewis1, there was an accessible wet room within the female patients' area.
- Patients did not have access to the laundry rooms on the wards, to enable them to maintain their independence skills.

Are services well-led?

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

- Staff felt well supported by their immediate managers, and colleagues, and were aware of how to raise concerns if necessary.
- The trust provided a service user and carer advisory group, which involved patients and carers with experience of the trust's older adults services. The group provided opportunities to review current practice, recruitment, staff training and support each other.

Good



Summary of findings

- Staff were implementing a number of quality improvement initiatives. These included Four Steps to Safety, a system for safer care with an aim to reduce violence and aggression by 50%.
- On Hayworth ward the occupational therapy team had developed a 'this is me' booklet that they prepared with patients to go with them when they left the ward. The booklet contained information about the person's life and areas of interest and included photographs.
- Other quality improvement projects included implementing electronic observations for health monitoring, reductions in enhanced observations at Chelsham House, an electronic doctors' notes handover, research into the cognitive effects of physical health medicines, and twinning wards with general hospital wards for older people.

However:

- Ward managers were not aware of the issues recorded on the clinical academic group (CAG) risk register, unless they were directly involved, and there was room for further development in links between the CAG senior management and ward level.

Summary of findings

Information about the service

The South London and Maudsley NHS Foundation Trust provides wards for older people with mental health problems in five locations covering the boroughs of: Southwark, Lambeth, Lewisham and Croydon. The trust serves a local population of 1.3 million people.

The wards for older people with mental health problems provided by South London and Maudsley NHS Foundation Trust were part of the trust's mental health of older adults and dementia clinical academic group.

Greenvale Nursing Home and Ann Moss Specialist Care Unit are located in community sites and provide care and treatment for older adults with diagnoses of dementia and functional mental health disorders. Greenvale is a 24 bedded unit and Ann Moss a 16 bedded unit.

Hayworth ward has 18 beds and is located at the Ladywell Unit, Lewisham Hospital. The ward is an acute assessment unit that provides care and treatment for older adults with mental health problems as well as people aged under 65 who have dementia.

Aubrey Lewis 1(AL1) is situated at the Maudsley Hospital and has 20 beds. The ward is also an acute assessment unit that provides care and treatment for older adults with mental health problems as well as people aged under 65 living with dementia.

Chelsham House is located at The Bethlem Royal Hospital in Beckenham and has 16 beds. The ward cares for people with acute mental health problems and people with dementia.

Our inspection team

The team comprised four CQC inspectors, an inspection manager, a CQC pharmacist inspector, two specialist advisors with a background in working with older adults

and two experts by experience. The team was led by Susan Shamash (inspector). An expert by experience is someone who has personal experience using a service or caring for someone who has.

Why we carried out this inspection

We undertook this inspection to find out whether South London and Maudsley NHS Foundation Trust had made improvements to their wards for older people with mental health problems since our last comprehensive inspection, which took place on 16 – 25 September 2015.

When we last inspected the trust, we rated the wards for older people with mental health problems as **requires improvement** overall.

We rated the core service as requires improvement for safe, effective, caring, and responsive, and good for well-led.

Following the September 2015 inspection, we told the trust it must make the following actions to improve the wards for older people with mental health problems:

- The trust must ensure there are no unpleasant odours of urine by toilet areas at Greenvale and Chelsham House.
- The trust must ensure that across the wards for older people that risk assessments are completed with sufficient detail so that they can be used by care professionals supporting the patients.
- The trust must ensure that at Greenvale the wheelchairs are all fitted with footrests and that these are used. The trust must also ensure that patients are moved safely with the use of hoists where needed.
- The trust must ensure there are medicine management systems in place to regularly check stocked medication at Greenvale and Ann Moss specialist care unit so they are available to use when needed.

Summary of findings

- The trust must ensure that all staff supporting patients with dementia are supported to access training on dementia on an ongoing basis so they deliver care confidently based on current best practice.
- The trust must ensure that staff are supported to improve their communication and interactions especially at mealtimes.
- The trust must ensure that across the wards for older people that care is delivered in a manner that considers privacy and dignity including same gender care and closing observation windows on bedroom doors when they are not needed.
- The trust must ensure food provided to patients meets their individual needs including their personal choice, physical needs and religious or cultural preferences.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 Person-centred care

Regulation 10 Dignity and respect

Regulation 12 Safe care and treatment

Regulation 15 Premises and equipment

Regulation 18 Staffing

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, and asked other organisations for information.

During the inspection visit, the inspection team:

- visited all five wards and looked at the quality of the ward environment and observed how staff were caring for patients
- carried out observations on each ward of how staff interacted with patients during lunch
- carried out periods of structure observations on four wards, using the short observational framework for inspections tool, which assists us to judge the quality of care
- spoke with 23 patients who were using the service
- spoke with 21 relatives and carers of patients
- spoke with the managers or acting managers for each of the wards and the acting service manager for the wards
- spoke with 39 other staff members; including doctors, nurses, health care assistants, pharmacists, pharmacist technicians, occupational therapists, speech and language therapists, psychologists, an activities worker, and a volunteer
- spoke with the interim service director, interim deputy director of nursing and quality and clinical director of the older people's clinical academic group
- attended and observed four multi-disciplinary meetings and a patient community meeting
- attended a service user and carer advisory group meeting
- looked at 26 treatment records of patients
- inspected 32 prescription charts
- carried out a specific check of the medication management on all five wards and spoke with the lead pharmacist for the clinical academic group
- looked at a range of policies, procedures and other documents relating to the running of the service
- collected feedback from 20 patients using comment cards

Summary of findings

The trust was given one week notice of this inspection.

Following the inspection we spoke with an officer from the London Fire and Emergency Planning Authority regarding Greenvale Nursing Home.

What people who use the provider's services say

Patients gave positive feedback about how staff treated them on the wards. They described staff as very caring and told us that staff supported them with kindness, dignity and respect. Carers visiting patients on the wards were also very positive about the care provided to their relatives.

We carried out periods of structured observations of care on four of the wards. We observed interactions between staff and patients and carers that were almost all positive in nature. Staff were proactive and anticipated patients'

needs. Staff intervened with care and compassion when patients became distressed. They acknowledged patients' feelings and provided appropriate emotional support. Staff treated patients and carers respectfully, listened to what patients wanted and respected their choices. Staff sought out quieter patients to check whether they needed anything. On one ward interactions between staff and patients were more neutral in nature and task focussed and we fed this back to the ward manager to address.

Good practice

- The trust was implementing four steps to safety, a system for safer care consisting of proactive care, patient engagement, team work and the environment, with an aim to reduce violence and aggression by 50%.
- On Hayworth ward the occupational therapy team used the "This is me" document developed by Alzheimer's society. They prepared this with patients to go with them when they left the ward. The booklet contained information about the person's life and areas of interest and included photographs.
- Staff at Greenvale led a project on developing a simple tool to promote good oral hygiene and promote general well being. This was supported by the community dentistry service. This led to the development of a simple dental assessment that was used by staff on the ward to support patients' oral hygiene.
- Greenvale continued to use Namaste Care to provide a structured programme to integrate care with individualised activities for people with dementia.
- Aubrey Lewis 1 ward was twinned with an older people's ward at a nearby general hospital, so that staff could share learning and best practice around older people's physical and mental health between the wards.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all relevant staff complete training in mandatory areas including intermediate life support, basic life support, and fire safety.

Action the provider **SHOULD** take to improve

- The provider should ensure that accurate records are maintained of post dose vital sign monitoring after patients receive rapid tranquilisation.
- The provider should ensure that records are maintained of blind spots on each ward, to ensure that new staff are aware of these risk areas.

Summary of findings

- The provider should ensure that all staff receive regular supervision sessions in line with the trust policy and that this is monitored effectively.
- The provider should ensure that staff provide patients with the option of having clinical observations carried out in a private area such as the ward clinic room or their bedroom.
- The provider should review the policy regarding ensuring that informal patients are given clear information about their right to leave each ward.
- The provider should ensure that staff and patients are aware of how to ensure their privacy in the identified bathroom on Aubrey Lewis 1 ward, by closing the frosted windows.
- The provider should consider the addition of an accessible bathroom within the female patients' area on Aubrey Lewis 1 ward.
- The provider should ensure that patients have access to the laundry rooms on the wards, following a risk assessment, to ensure and they are supported to maintain their independent living skills.
- The provider should ensure that accessible menus are available to patients with dementia, and improve consistency in ensuring that patients have a choice of meals.
- The provider should ensure that ward managers are made aware of the issues recorded on the clinical academic group risk register and further develop links between senior management and ward level.
- The provider should ensure that informal patients on Hayworth ward are given clear information about their right to leave the ward in the posters on display.

South London and Maudsley 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

Mental Health Act responsibilities

There was an improvement in the recording of when patients had their rights explained under section 132 of the Mental Health Act (MHA) and that patients were offered a copy of their section 17 leave forms. Managers undertook monthly audits, and this was monitored in the legal file for each ward. The trust's MHA administrator was available for advice and guidance as needed.

Ann Moss specialist care unit had the highest level of staff who had completed MHA training at 100%. Greenvale had the lowest completion level at 82%. On all units, staff were confident about the use of the MHA and where to find further information or advice if needed.

Each patient was given a leaflet about leaving the ward if detained. Informal patients could leave when they wanted, unless staff assessed them as being at high risk. Units displayed a poster by the doors explaining that patients may not always be able to leave the ward without a quick assessment to check that such patients were fit and well to go at the time.

Patients on all wards had access to an Independent Mental Health Advocate (IMHA). An IMHA supports patients with their tribunals and supports patients to understand their rights under the MHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided training in the Mental Capacity Act (MCA) to staff on all units. The highest proportion of staff trained was on Hayworth ward with 81% of staff trained in the MCA. The lowest rate was on Greenvale unit with 59% of staff trained.

Staff knew the principles of the MCA and when to apply them in practice. They carried out best interest meetings for patients who lacked capacity for certain decisions.

Detailed findings

These were held at ward rounds and involved patients, family and carers as well as the multi-disciplinary team. Staff recorded best interest meetings in the patients' records.

Systems were in place to monitor applications for Deprivation of Liberty Safeguards (DoLS). DoLS allow restrictions to be used if a patient does not have mental capacity to consent but they are in a patient's best interest.

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

- At the previous inspection in September 2015, at Greenvale Nursing Home and Chelsham House there were strong smells of urine by toilet areas. At the current inspection, we did not detect any lasting odours on any of the wards. Staff undertook hourly checks of toilet areas, and hand hygiene and infection control audits on a monthly basis. They had commenced using a new odour killing cleaning product, and included environment checks on the record of daily staff engagement tasks. Staff labelled all equipment with the date of cleaning. On four of the units a contractor employed staff to completed domestic tasks, and managers told us that there had been some staff changes as a result of more rigorous monitoring. On Ann Moss specialist care unit, domestic staff were employed by the trust. Patients and relatives reported that they had no concerns regarding cleanliness on the wards. The trust carried out patient-led assessments of the care environment (PLACE) in 2016. PLACE scores for cleanliness on each ward ranged from 99 - 100%, above the national average.
- At the previous inspection in September 2015, at Greenvale Nursing Home, patients were using wheelchairs without footrests and staff lifted them without the use of the correct equipment. This meant there was a risk of people getting injured. During the current inspection, wheelchairs on all units were fitted with appropriate footrests. An approved contractor serviced and maintained wheelchairs, and staff kept records to demonstrate this. There were mobile hoists available on all units, with servicing records in place. Staff undertook annual training in moving and handling patients. However, at the time of the inspection, only 68% of staff at Ann Moss had completed training in this area. Managers were aware of this, and had scheduled training for the remaining staff to complete. Patients and relatives did not have any concerns about the way staff supported them with mobility issues.
- Staff completed fire safety and environment checks monthly with actions plans devised where required, and checked fire exits on each shift. They were aware of the fire evacuation procedure, and described the process of moving patients to safer zones systematically. During the inspection we were concerned to find that management had not taken action to meet all the requirements needed following a London Fire and Emergency Planning Authority (LFEPA) visit to Greenvale Nursing Home in September 2016. Local managers were not clear about what was being done about these requirements during the inspection. However, following the inspection, the trust provided evidence, confirmed independently by the LFEPA, that the building was exempt from some of these requirements. However, the LFEPA noted that the trust's fire risk assessments were required to make clear the justification for the strategy taken, and this was discussed with senior trust staff.
- The layout in Hayworth Ward and Greenvale and Ann Moss Specialist Care Unit did not provide clear lines of sight to observe patients. There were blind spots, where patients could not be observed at all times despite some convex mirrors in place to improve visibility. There was no record of blind spots available for each unit, but staff showed awareness of where these were. Staff undertook intentional rounding at regular intervals to check on patients. This meant that staff regularly checked on all patients to see if there was anything they needed. Patients at high risk were observed more closely and frequently by staff, and staff could summon assistance when needed using the ward alarm systems.
- Staff completed a ligature risk assessment for each unit. These identified what and where the potential ligature points were and what plans the services put in place to reduce the risk of patients using ligature points. Ligature cutters were easily accessible in the clinic rooms. Two anti-ligature/observation rooms were provided on each unit, both had observation panels in the bedroom doors. Staff recorded risks of self-harm in individual patient risk assessments and observed patients when needed. Managers told us of future plans to provide observation panels in all patients' doors.

Are services safe?

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

- All units/wards complied with same sex accommodation guidance. Male and female patients had separate areas for bedrooms and bathrooms, and female patients had access to female only lounges.
- Each ward/unit had a clean clinic room with hand washing facilities available. They included emergency medicines including adrenaline, diazepam, flumazenil, and naloxone stored in a tamper evident box. Medical devices including an automated external defibrillator, blood pressure meter and blood glucose meter were available, calibrated appropriately and checked regularly. Each clinic room contained a first aid box that was easily accessed by staff for quick medical intervention.
- Patient leave and activities were rarely cancelled due to staff shortages. Patients told us that they received one to one support from their named nurse. The ward managers confirmed that they could increase staffing numbers when required.
- Staff undertook mandatory training, and ward managers reviewed and monitored their progress and completion rates. However, we were concerned to find that only 33% of staff had completed training in intermediate life support at Greenvale. This figure was 43% for Chelsham House and 44% for Ann Moss. In addition only 24% of staff had completed basic life support training at Greenvale. We also found that only 56% of staff had completed fire safety training at Greenvale, and 59% at Ann Moss. Lack of training in these areas potentially placed patients at risk.

Safe staffing

- Each unit/ward had a board displaying the minimum and actual staffing levels for each shift. Numbers of healthcare assistants for each shift varied depending on observation levels and patient need. The trust audited safer staffing levels and records showed that these had largely been achieved across the units visited in the last six months. On each ward the managers used bank or agency staff to cover staff sickness, vacancies, or an increase in patient need. The highest level of unfilled shifts were at Chelsham House with 13% of shifts unfilled by bank or agency, and then Aubrey Lewis 1 and Hayworth wards with 6% unfilled. Where there were not enough staff the wards worked to mitigate this, for example by filling a shift for a qualified member of staff with unqualified staff. The highest proportions of agency staff were used on Greenvale and Chelsham House (filling approximately 50% of shifts). Staff told us that they attempted to use the same agency staff as far as possible to promote consistency.
- Chelsham House had the highest vacancy rate of 19% in the last six months, reduced to 3% at the time of the inspection. Greenvale had 8% vacancies, reduced from 14% in the last six months. The acting service manager told us about how the trust had dedicated resources to improving staffing levels through recruitment and working towards retaining staff on each unit by providing a supportive team and work environment. The highest turnover in the last six months was on Greenvale at 8%, then Hayworth ward at 7%. There had been no staff turnover on Aubrey Lewis 1 ward or the Ann Moss unit.

Assessing and managing risk to patients and staff

- At the previous inspection in September 2015, the staff were not completing patient risk assessments in sufficient detail. This meant that they did not provide all necessary information for other care professionals supporting patients. During the current inspection, the standard of recording of risk assessments was higher, with details of each risk and how these could be mitigated. Staff completed a comprehensive risk assessment on patients when they arrived on the wards. Risk assessments on admission included full body mapping, a falls assessment and physical health assessments. Patients had assessments by a speech and language therapist where appropriate. Risk assessments included detailed risk histories and management plans for staff to follow. Staff were in the process of transferring risk assessments to a new format, which fed through into a new format for care plans to ensure that all risks were addressed.
- At the previous inspection in September 2015, we found that at Greenvale and Ann Moss, medication had run out on occasions causing delays in patients receiving medication. At the current visit these two units were receiving an enhanced service from the trust pharmacy (as of October 2015) including regular stock checks, weekly visits from a pharmacy technician, a pharmacist attending weekly ward rounds, and the lead pharmacist visiting every other week.

Are services safe?

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

- We looked at records of administration of rapid tranquilisation (administered for agitation). In the two cases which we looked at (involving prone restraint) within the last six months, when staff gave rapid tranquilisation, we did not see evidence that patient's vital signs were recorded. However, we did see that when patients were given rapid tranquilisation they were placed on observations by staff. The observation records that we saw recorded hourly observations. The trust policy on rapid tranquilisation had clear guidance of expectations for monitoring after administration, including monitoring every 10 minutes for the first hour, followed by half-hourly monitoring.
- Systems for ordering and receiving medicines and disposing of pharmaceutical waste were robust. Staff stored medicines securely in locked cupboards within locked clinic rooms, and monitored fridge and ambient temperature readings daily. Staff stored controlled drugs (CD) securely and managed them appropriately, with two nurses checking administration doses, and CD stock levels. Where appropriate, documentation regarding legal authority to administer medicines to individual patients was readily available. We saw evidence that a pharmacist had screened all prescription charts, and had made appropriate clinical interventions. Covert administration of medicines (hidden in food or drink without the knowledge of the patient) was handled appropriately and in line with trust policy. Staff undertook mental capacity assessments and formed multi-disciplinary best interest decisions involving family members/significant others. The trust conducted relevant audits including missed doses, CD, use of antibiotics, medicines reconciliation and accurate allergy status recording.
- Staff checked on all patients regularly to see if there was anything they needed. They placed patients assessed as at a higher risk on increased observation levels. Staff also met for a multi-disciplinary white board meeting each day when they discussed and reviewed each patient's risk levels.
- At the previous inspection in September 2015, we recommended that when food and fluid charts were used, they should be completed correctly. Staff told us that they completed food and fluid charts for all new patients in the first 72 hours, following which the clinical team reviewed if continued monitoring was required. At

Greenvale, all patients were on food and fluid charts regardless of risk. The forms were completed accurately with monitoring and input from a dietitian or speech and language therapist as appropriate. Each chart specified the minimum amount required for each patient and a scoring system to inform staff what action needed to be taken each day. Each patient had a care plan to coincide with their food and fluid intake where needed. For example, we saw a care plan completed by a speech and language therapist for a patient who struggled to swallow their food.

- The highest number of incidents of restraint in the last six months was on Hayworth ward, with 59 incidents recorded. On Ann Moss unit, 53 incidents were recorded, compared to only two incidents on Greenvale. Physical restraint is the use of force or control over someone to protect them from harming themselves or others. There are many types of restraint; and prone restraint has particular risks attached to it. In the last six months three restraints (of the 134 restraints recorded across the units) had been in the prone position. Staff did not seclude patients on any of the wards/units.
- Staff were trained in safeguarding vulnerable adults and knew when and how to report concerns of potential abuse of vulnerable adults. We saw examples of when staff had reported safeguarding concerns, and the trust monitored levels of reporting. Staff updated safeguarding concerns in the patients' risk assessments. For example, we saw an incident involving two patients, following which staff updated both patients' risk assessments. The trust reported seven pressure ulcers that patients acquired on the wards in the last six months. None of these was at a severity that would lead to a safeguarding referral.

Track record on safety

- No serious incidents were reported on any of the wards/units in the last 6 months.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what types of incidents to report. The wards used the trust's electronic online reporting system to report incidents. Incidents reported included pressure ulcers, falls, violence and aggression by patients and medicines errors. Managers reviewed incidents to ensure prompt and adequate

Are services safe?

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

responses, and these were then analysed at a senior level. For example, within the trust, medicines incidents were analysed quarterly and presented at the medicines safety committee meetings. The trust medication safety officer took the lead in analysing the medicines incident data.

- The trust sent out monthly bulletins across the wards to inform staff about incidents and action for staff to follow. This ensured learning was shared across the service and allowed for managers to give feedback for staff development. Staff also discussed incidents at handover meetings between shifts and at ward business meetings to share learning. One staff member told us that following an incident with a patient who had become distressed during administration of their depot injection, staff discussion had led to a different

approach to supporting this patient, which was more successful. Staff also told us about learning from an incident involving a patient becoming severely dehydrated. Staff told us that they had the opportunity for a debriefing after an incident occurred. The psychologist on Greenvale told us that they were working on a quality improvement initiative to increase the quality and efficiency of incident recording.

Duty of candour

- Staff understood their responsibilities under the duty of candour. Duty of candour is a legal requirement which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

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

- Nursing and medical staff carried out detailed histories and assessments of patients on admission. These included a mental state examination and malnutrition and obesity risk screening. Staff completed a physical health and mental health assessment within the first 48 hours of admission including blood tests, electrocardiograms and blood pressure.
- Patients' care records were stored within the trust's electronic computer system and readily available when staff needed it. Access to this system was secured to keep information confidential. The trust had recently updated their system so staff were familiarising themselves with the new care plan and risk assessment templates. The new formats facilitated recording by all members of the multi-disciplinary staff team.
- Staff carried out a full body map of patients when they arrived on each ward. This checked for any pressure ulcers that the patient might have. Staff carried out audits for pressure ulcer care to assess what grade and severity the pressure ulcer was. These audits monitored patients at risk of high grade pressure ulcers and ensured staff escalated them to the tissue viability nurse for review. Staff monitored patients' physical health on the ward, carrying out regular physical health observations using the modified early warning score tool. This was a scoring system that monitored patients' physical health observations and triggered a score to guide staff as to what subsequent action was needed. We saw examples of appropriate planning to meet physical health goals, such as provision of physiotherapy and practising active cycle breathing techniques to help with breathing difficulties.
- Care plans were personalised and holistic and included patients' views and how they felt about their admission to the ward. They were current and had been reviewed within two weeks of the inspection. They covered risks identified in risk assessments, physical and mental health needs and preferences for personal care. Patients' progress notes included input from the multi-disciplinary team, for example, details of patients' level of engagement with occupational therapy sessions.

- The psychologists on the wards undertook case formulations with patients involving the full staff team to explain how their problem had developed and facilitate decisions about the best treatment options. These were detailed and personalised.

Best practice in treatment and care

- On each ward and specialist care unit nursing staff were given lead role areas, such as physical health, safeguarding and nutrition. This meant staff each took a lead in a certain area of mental and physical healthcare on the ward to promote good practice. Specific audits were in place to monitor the quality of care and treatment provided including audits of ward round notes, oral health provision, and behaviour management.
- Doctors considered the National Institute for Health and Clinical Excellence (NICE) guidelines when prescribing medicines. The trust was committed to participating Prescribing Observatory for Mental Health United Kingdom (POMH-UK) audits relevant to the mental health of older adults. Staff were collecting data for the audit on prescribing antipsychotic medication for people with dementia at the time of this inspection. In addition, there was an on-going quality improvement programme on 'improving the safety of prescribing in older adults with cognitive impairment'.
- A psychologist was present on each ward, who completed formulations for every patient with input from the patient, significant others, and the ward team. The psychologist provided one to one sessions with patients. Psychological therapies offered on the wards were recommended by NICE, including cognitive behavioural therapy and an anxiety group.
- Staff referred patients to specialist physical health services where required, and Aubrey Lewis 1 ward was twinned with an older people's ward at a nearby general hospital, so that staff could share learning and best practice around older people's physical and mental health between the wards.
- Staff used health of the nation outcome scales to measure the health and social functioning of patients with severe mental health illness.

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.

- The special care units used Namaste Care, a sensory programme that has been developed to meet the spiritual needs of people in the more advanced stages of dementia.

Skilled staff to deliver care

- At the previous inspection in September 2015, we found that not all staff had received training in dementia to feel confident in supporting patients. At this inspection, we noted that the trust had taken action to address this. Online training was provided to staff, but most staff told us they had received face to face training in dementia at ward level. Most recently training had been provided in communication, delirium and person centred care for people with dementia. However, two staff told us that they had not received dementia training for many years. Managers did not keep clear records as to which staff had undertaken specific sessions of dementia training.
- Staff received individual supervision approximately monthly on Hayworth ward, and Aubrey Lewis 1. At Greenvale staff received supervision in a variety of ways. This was either individual supervision, in a group or what the ward manager described as 'live' supervision. Records showed that supervision was linked to the specific roles and responsibilities of individual staff. Records showed that supervision rates were lower at Chelsham House and Ann Moss special care unit, with lows of 42% and 47% of staff supervised in February 2017 respectively. Staff on these wards described good support from their line managers, but told us that individual supervision was not always regular. However, they had access to group supervision. Monitoring of supervision provided across the units was not sufficiently rigorous to ensure that all nurses received supervision in line with the trust policy.
- Staff had a professional development plan that was discussed during supervision and appraisal meetings. Staff had received an annual appraisal on all units. Regular team meetings were held on all units and were well attended. Meetings did not have a set agenda. Minutes of team meetings at Greenvale between January and March 2017 showed that the ward environment, staff shortages and ward activities were typically discussed.

- Staff described good opportunities for their professional development and career progression within the trust. We spoke with nurses who had previously worked as health care assistants, who described support from the trust to progress and qualify.

Multi-disciplinary and inter-agency team work

- All wards had sufficient medical support. For example at Ann Moss specialist care unit a consultant psychiatrist attended the weekly multi-disciplinary team (MDT) meetings. There was the local GP practice to cover during the day and South East London Doctors Cooperative to cover out of hours. A geriatrician from a local general hospital visited Aubrey Lewis 1 ward weekly to provide treatment to patients with physical health needs.
- Ward rounds were held every week on each ward/unit. They included the doctors, psychologists, named nurses, pharmacists and occupational therapists. Physiotherapists, dietitians and speech and language therapists would also attend when possible. We attended a ward round on Hayworth ward. Staff used a projector on the wall as they typed up the patient's information and update so all the staff present had a live account during the discussion. Staff discussed issues including patients' risk, leave and medication reviews.
- Patients' care coordinators attended their care programme approach meetings. Staff sent letters to the patients' general practitioners when they were being discharged and when they completed a seven day follow up. Aubrey Lewis 1 ward shared an entrance with the home treatment team, facilitating collaborative working with them regarding patients. Greenvale also included the care home intervention team office, facilitating work towards patients' discharge. The units also had professional links with local hospice staff to ensure that they provided appropriate palliative care when needed.
- All MDT staff we spoke with described regular supervision provided to them by the trust. The occupational therapist providing support to Greenvale and Ann Moss units noted that an additional occupational therapist post had been agreed. They carried out an activity checklist for each patient including dining, washing and dressing, and considering

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.

if aids were need. The occupational therapist had changed the days they worked at each unit to facilitate joint working with other members of the team, giving the example of a joint MDT decision to provide a new hoist at one unit. They noted the therapeutic value of flexible and personalised activities, rather than a rigid schedule. The trust had supported the occupational therapist to complete an MSc in dementia care which included a dissertation on Namaste care (for people with advanced dementia). The physiotherapists were working on a new falls information leaflet and were reviewing with the occupational therapists the current falls assessment to ensure least restrictive practice. The speech and language therapist told us that they had provided staff on the units with training in feeding and swallowing, to reduce the risk of choking, and contributed to patients' mealtime care plans.

- A psychologist told us they provided staff with brief mindfulness sessions lasting 15 minutes. Evaluations indicated that staff found these sessions helpful. The psychologist also offered debrief sessions after incidents for both staff and patients. They noted that staff were using formulation meetings to help understand the impact that patients' behaviours could have on the staff team and prevent this impacting on their performance. The psychologist was part of a 12 week dementia strategy working group, designing a new matrix for dementia training in the trust.
- Pharmacy staff had access to patient GP records via a shared electronic system. This meant that staff could access medicines records in a timely way. Pharmacy staff were involved in delivering training to doctors and nurses. This was done regularly and as required if an issue was identified.

Adherence to the MHA and the MHA Code of Practice

- At the previous inspection in September 2015, we recommended that when patients had rights explained under section 132 of the Mental Health Act (MHA) that this is recorded, and that patients are given a copy of their section 17 leave forms. At the current inspection we observed that this had improved. Staff maintained records on each unit of when rights were read and patients offered copies of their leave forms. Managers undertook monthly audits, and this was monitored in

the legal file for each unit. In addition staff scanned records and sent them to the trust's MHA administrator electronically. Staff told us that they could access the MHA administrator for advice and guidance as needed.

- Ann Moss unit had the highest level of staff who had completed MHA training at 100%, with the lowest level at Greenvale with 82%. On all units, staff were confident about the use of the MHA and where to find further information or advice if needed.
- Patients detained under the MHA were given copies of their leave forms by staff. Each patient had a leaflet about leaving the ward if detained. Informal patients could leave when they wanted, unless staff assessed them as being at high risk. Hayworth ward displayed a poster by the doors explaining that patients may not always be able to leave the ward straightaway without staff authorisation. Staff told us that they would undertake a quick assessment to check that such patients were fit and well to go at the time, taking an individualised approach. However informal patients on Hayworth ward were not given clear information about their right to leave the ward in the posters on display.
- Patients on all units had access to an Independent Mental Health Advocate (IMHA). An IMHA supports patients with their tribunals and supports patients to understand their rights under the MHA.

Good practice in applying the MCA

- The trust provided training in the Mental Capacity Act (MCA) to staff on all units. The highest proportion of staff trained was on Hayworth ward with 81% of staff trained in the MCA. The lowest rate was on Greenvale with 59% of staff trained.
- Staff knew the principles of the MCA and when to apply them in practice. Staff carried out best interest meetings for patients who lacked capacity for certain decisions. These were held at ward rounds and involved the patient's family and carers as well as the multi-disciplinary team. Staff recorded best interest meetings in the patients' records.
- Patient care and treatment records we looked at contained completed decision specific mental capacity assessments. Assessments were thorough and took patients communication needs into account.

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.

- Systems were in place to monitor applications for Deprivation of Liberty Safeguards (DoLS). DoLS allow restrictions to be used if a patient does not have mental capacity to consent but they are in a patient's best interest. There were long delays in between applying to the local authority for a DoLS and awaiting an assessment. However, the trust has a DoLS coordinator

who reviewed outstanding assessments by the local authority, and sent reminders to the local authority asking for clarity on when these will be completed. Clinical staff were advised to review patients awaiting DoLS assessments to ensure an alternative legal framework did not need to be applied.

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

- At the previous inspection in September 2015, we found that staff interactions with patients at mealtimes were poor with minimal communication. At the current inspection we observed that action had been taken to improve the mealtime experience, although there was some variability in practice. We observed the lunchtimes on all wards/units. When possible staff took time to sit and eat with the patients at meals and involved patients in setting the table. We observed staff speaking with patients in an empathetic and patient way. Staff supported patients with their meals and focused on patients' needs and choices.
- Patients gave positive feedback about how staff treated them on the wards/units. Patients we spoke with described staff as very caring. They told us that staff treated them with kindness, dignity and respect. However, on one ward we observed a patient who was not supported swiftly with continence care needs to protect their dignity. On two other wards we observed staff carrying out clinical observations on patients such as taking blood pressure and pulse, and taking a blood test in the communal lounge. Patients were not offered the opportunity to go to a private area such as the ward clinic room or their bedroom. In one case staff gave the results of the readings obtained to the patient, but it may have been difficult for patients to discuss the meaning of the results in a public area.
- We carried out periods of structured observations of care on four of the five wards for people with mental health problems. We observed interactions between staff and patients and carers that were almost all positive in nature. Staff were kind, considerate and compassionate in their approach on three of the wards. Staff were proactive and anticipated patients' needs. Staff intervened with care and compassion when patients became distressed. They acknowledged patients' feelings and provided appropriate emotional support. Staff treated patients and carers respectfully, listened to what patients wanted and respected their choices. Staff sought out quieter patients to check whether they needed anything. However, on the fourth ward some interactions between staff and patients were more neutral in nature and task focussed.

- During the mealtime at Greenvale staff supported patients who needed assistance to eat and drink. They sat beside patients and spoke with them during the meal. Support was provided at a pace needed or wanted by the patient.
- Staff actively engaged patients in activities on a one to one basis and in small groups.

The involvement of people in the care they receive

- At the previous inspection in September 2015, we recommended that the trust ensure that patients and relatives are involved in assessments. At the current inspection we found that staff were involving patients and carers in decisions about their care. Patients had copies of their care plans in their bedrooms. The new care plan formats were clearer and provided a space for patients and carers to record their views. Patients and carers signed some care records to demonstrate their involvement in care planning.
- All wards/units had boards available so patients and carers could see the names of the staff on shift for the day. They also had pictures posted of each staff member so patients could identify who they were.
- Staff gave patients the opportunity to discuss their ongoing care and treatment at ward rounds. Carers were also invited to these ward rounds. This gave carers the opportunity to ask how to support the patient when they were discharged and be involved in care planning.
- Staff gave patients an induction pack on admission to the ward. This gave patients information on mealtimes, ward routines, available therapy groups, details of advocacy and how to make a complaint.
- Staff warmly greeted carers when they came to the wards and encouraged them to join their relative at mealtimes and when taking part in activities. Carers told us they felt involved in their relatives' care. They described staff as caring and lovely. Two carers of patients on different wards described being helped by staff to celebrate their relatives' birthdays on the ward. Staff had decorated a room on the wards for the families and patient to celebrate the patient's birthday together. Both carers had appreciated the effort of staff to make

Are services caring?

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

the day special for patients and families. Carers felt safe leaving their relative on the wards and were confident they would receive a good standard of care and treatment from staff.

- Staff on the wards supported 'John's campaign', for people with dementia to be supported by their family carers. Carers could ask for a carers passport which enabled them to have access to drinks on the wards, toilet and washing facilities and out of hours visiting.
- Carers could meet individually with a psychologist in order to receive support. Some wards were providing relatives' meetings, although these had been less successful on other wards. For example at Greenvale, instead of meetings, a network of carers was being planned, to be involved in activities, such as gardening.
- Patients and relatives completed surveys approximately monthly, and we observed a survey being completed with patients and relatives during a community meeting on Aubrey Lewis 1. An advocate attended each community meeting on this ward. When patients/carers raised issues relating to a particular area, the appropriate member of staff would be asked to attend the meeting to hear their concerns. For example, the housekeeper attended to address concerns about food provision. There were also feedback boxes available on wards. Comment cards completed by relatives as part of the inspection were very positive about care provided.
- Information was posted on the wards about advocacy services and local support groups. On Ann Moss specialist care unit feedback was provided from surveys in a 'you said, we did' format, although all the feedback provided was positive.

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

- Wards and units took referrals for people with a diagnosis of dementia and/or severe mental health problems. The service was ageless which meant that younger people could be admitted to the ward if they had a diagnosis of dementia. Patients were from the London area.
- Staff discussed referrals in multi-disciplinary ward rounds, and carried out assessments prior to admission.
- The average length of stay in the last 12 months on Aubrey Lewis 1 ward was 44 days, 42 days on Hayworth ward and 36 days at Chelsham House. Lengths of stay were far longer at the special care units. However, the acting service manager told us that there was a move to decrease the lengths of stays of new patients, including joint work with the trust's care home improvement team.
- There were only two out of area placements made within the last six months. Aubrey Lewis 1 ward had 12 delayed discharges in this period, Chelsham House had seven and Hayworth ward had six. There were 13 patients readmitted to wards within the last six months, of which 10 readmissions were because of patients becoming physically unwell and requiring a brief admission to the local acute trusts for physical health care. Three patients were readmitted due to requiring on-going inpatient psychiatric care.
- The Chelsham House bed occupancy level in the last six months was 95%. This was 93% on Hayworth ward and 91% on Aubrey Lewis 1 ward. At the time of our inspection there were vacancies at the two special care units, and overall occupancy on these units was lower in the previous six months, at 78% on Ann Moss unit and 73% at Greenvale.

The facilities promote recovery, comfort, dignity and confidentiality

- At the previous inspection in September 2015, we found that on Hayworth ward observation windows in bedroom doors were continuously open, which compromised patients' privacy and dignity. At the current inspection, where there were observation windows in place, staff kept these shut when not in use.

In addition, curtains were provided over these. Stickers had been placed next to each panel to remind staff to keep them closed after making observations. However, we did observe one bathroom on Aubrey Lewis 1 ward, which had frosted windows that could be kept in an open or closed position. Staff were not all clear that in the open position patients were fully visible from the outside garden.

- Following the previous inspection in September 2015, we recommended that mealtimes should be made pleasant with patients having access to an attractively laid table and choice of condiments. There was an improvement at the current inspection. Staff had made efforts to improve the mealtime environment, although there was some variability across wards. We observed improved interactions between staff and patients during mealtimes. Staff conducted an audit, and set up a pilot project to improve the mealtime experience, overseen by a speech and language therapist, between January and April 2016 at Chelsham House. Following this, learning was circulated to other sites including the need for greater involvement of patients and relatives in mealtimes. Staff produced mealtime folders detailing support to be provided for each patient, and obtained feedback through community meetings and questionnaires after meals. Staff acknowledged that there were still areas for improvement around communication and choice, to make mealtimes less task orientated and more sociable.
- All units/wards had a full range of rooms suitable for patient use, including well-equipped clinic rooms, art rooms, communal areas and rooms that could be used for patients to have individual time with their named nurse to maintain confidentiality. There were separate areas for male and female bedrooms and bathrooms. All three acute admission wards had female lounges. The two special care units had multifunction rooms where female patients could access private female only space. Whilst there was no accessible bath in the female corridor of Aubrey Lewis 1 there was an accessible wet room within the female patients' area suitable for people with mobility problems. Females who preferred a bath would need to use the male bathroom or be offered the option to transfer to another ward.
- Patients could use a kitchen on the wards with an occupational therapist present to support them with

Are services responsive to people's needs?

Good 

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

cooking sessions. Patients had access to garden areas. At Chelsham House patients had two large gardens that they could make full use of. One of the gardens had flower beds and staff planned to start a greenhouse project soon.

- Wards had payphones, which were not in a private space, but patients could use the staff cordless office phone for additional privacy. Mobile phones were allowed on the wards and staff risk assessed patients' ability to manage a mobile phone.
- At Greenvale the unit had been redecorated taking into account the needs of people with dementia and cognitive impairment. Bedroom doors had been painted in a contrasting colour to the surrounding walls and the door surround was painted bright red so that the door itself was clearly identifiable to patients. The flooring at Greenvale had been replaced so that the floors were more even and safe for people with limited mobility. The paving in the unit garden had also been changed to make it safer. Clear signs identified the toilets and bathrooms.
- At Greenvale the service was converting a room into a space that could be used by relatives who needed to stay in the ward for long periods, perhaps when their relative was unwell or at the end of life. The room offered tea and coffee facilities and comfortable seating. At Greenvale the service was also refurbishing a bathroom so that it would be a wet room that was easier for patients to use.
- There was a Namaste room at Greenvale with multi-sensory equipment for the provision of an individualised programme (Namaste Care) for patients with advanced dementia. Five staff had been trained in Namaste Care and provided sessions including therapeutic touch, reminiscence massage, and music massage. Outcomes were assessed by the psychologist. Carers were encouraged to become involved and sometimes attended sessions.
- Patients did not have access to the laundry rooms on any of the wards, and these were for staff use only. This may have prevented some patients from being supported to maintain their independent living skills.
- At the previous inspection in September 2015, we found that meals across the wards for older people did not meet people's individual preferences or cultural needs. Staff advised that although there had been improvements in this area, they remained unhappy with the service provided by the contractor. The trust was changing to a new contractor from April 2017. There were choices available to patients with different cultural needs and preferences, including a range of Caribbean, Asian and vegetarian options. In addition on some wards, family members brought in food for their relatives. The speech and language therapist on Greenvale told us that staff were due to receive training in supporting patients with choice and cultural needs.
- Despite a high proportion of patients with dementia, wards did not have menus available to patients in a pictorial or photo format, to make them more accessible. We saw some variable practices around how staff gave patients choices at mealtimes. On Greenvale, patients had to choose their meals a week in advance, and choices were therefore restricted at the actual mealtime. However, plans were in place to provide a cook fresh system enabling patients to make choices as close to their meal time as possible. Patients on other wards were able to choose their meals on the day or the day before. We observed patients changing their choice during the meal and staff accommodated this.
- At the previous inspection in September 2015, we recommended that patients with dementia have access to individual appropriate therapeutic activities across all the wards. At the current inspection, there had been an improvement in activities provided. These included Namaste care for people with advanced dementia. There were also 'journeys of appreciation' provided aiming to improve social inclusion and encourage patients to leave the wards and be active. Recently staff took patients on day outings including to a local picture gallery and celebrated black history month. Staff at the special care units took patients out in the local area.
- The 'Daily Sparkle' a reminiscence newspaper, was provided at the units, and patients with dementia had personalised care plans entitled 'this is me' from the Alzheimer's Society with details of people's life stories. Life stories can help people with dementia to share their stories and enhance their sense of identity. Staff told us

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Good 

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

about personalised activities for patients on the wards including baking for one patient, and assembling and disassembling items for another patient tailored to their life histories.

- Activities were provided on the wards during the day including walking groups, massage, relaxation, and games. However, there was little provision in the evenings and at weekends other than watching films and playing board games. Patients and relatives were satisfied with the activities provided, but staff including an occupational therapist said that they wanted to develop activities further on the wards.
- The trust had decorated the special care units with the orientation needs of patients with dementia in mind. This included contrasting colours between doors, walls, and hand rails, and signage at eye level. Doors at corridor ends were painted in the wall's colours to provide a sense of containment. At Ann Moss special care unit there were different coloured bedroom doors, with pictures, and door knockers. Doors were also personalised at Chelsham House Patients with decreased mobility could access all wards, with ground floor facilities and lifts available.
- Patients had access to a trust chaplain and imam, and staff accompanied patients to places of worship when requested. Staff on Aubrey Lewis 1 celebrated black history month and world mental health day cooking special foods and holding discussions. Groups took

place where patients could talk about their different cultures, and make jewellery for black history month. All carers and staff were invited to the event. Patients also visited the black history museum in Brixton. As part of world mental health day staff provided support sessions to carers, and held talks about stigma.

Listening to and learning from concerns and complaints

- In the previous six months the wards for older people with mental health problems had received five complaints. These had been addressed appropriately, with responses sent to complainant within the trust's timescales, and learning shared with staff at team meetings.
- Patients said they knew how to complain if they needed to. Family and carers also said they felt comfortable complaining to the ward if they needed to, and said that ward staff were responsive.
- The staff told us that they attempted to address any concerns raised through an informal process initially and signposted patients or carers to the formal process when required.
- Patients could give feedback at weekly community meetings on the wards. Wards also collected feedback from a patient experience data intelligence centre survey using a tablet.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff knew the trust's visions and values, and spoke of their commitment to putting patients and their family members at the centre of care.
- The leads for the older people and dementia clinical academic group (CAG) visited the wards regularly to ensure that care reflected the CAG's ethos.

Good governance

- The ward managers had access to information about staffing levels, audits and levels of incidents. They received regular data on the performance of their wards. The trust used a dataset called quality effectiveness and safety trigger tool (QUESTT). This tool was a scoring system for areas of risk or concern for quality and safety, like staffing levels or the number of beds available. This data was available to the managers at ward level.
- Ward managers reported to the acting service manager, and attended inpatient manager meetings on a monthly basis, which included informal dialogue between the ward managers. The CAG also had nursing, administration and leadership councils to represent different staff.
- There were structures and processes in place to ensure that important information, including lessons learned from incidents, complaints and safeguarding concerns made their way from a senior CAG level to staff on the wards. However, the lack of a standing agenda at staff team meetings, meant that there was a risk that systematic discussion of incidents or complaints might not occur at a ward level.
- Ward managers were not aware of the issues recorded on the CAG risk register unless they were directly affected by the issue. This was a missed learning opportunity.
- Senior managers encouraged staff to report staff shortages on the incident recording system, including details of how care had been compromised. There had been dedicated recruitment for staff on the wards, and the levels of vacancies had reduced significantly in recent months.

- The senior management team had introduced separate serious incident meetings, to ensure that more timely reports of investigations were produced. Minutes of a recent meeting in February 2017 identified learning, recommendations and actions to be taken to achieve each recommendation. Senior managers included all members of the multi-disciplinary staff team in investigation of incidents, with support as needed. They had set targets to bring the number of patients with hospital acquired pressure ulcers, and the number of prone restraints of patients to zero. Senior managers advised that they were working to develop a deeper level of quality assurance, owned by all staff members across the CAG. They had introduced patient They had also changed the timing of governance meetings so that members of the clinical team could be present.
- Quality governance committee meetings took place monthly covering CQC domains of effective and well-led, responsiveness, caring and safe. Standing items included learning from audits, incidents, and complaints. Minutes of recent meetings indicated that the service manager and head of nursing followed up all breaches in staffing and there was a strong focus on recruitment for Greenvale and Chelsham House.

Leadership, morale and staff engagement

- Staff felt able to raise concerns about patient care and safety and were confident they would be listened to. They felt well supported by colleagues and immediate line managers, and said the multidisciplinary team worked well together. They were aware of some senior managers within the CAG but did not always feel that senior managers were visible on the wards.
- We met with the deputy director of nursing, acting service director and clinical director for the CAG. They described strengths on the units including staff motivation and multi-disciplinary working, compassionate and sensitive care, new more person centred care plans in development, and improvements to the ward environments. They noted that there was improved communication around quality and lessons learned within the CAG. Challenges included staffing, staff training, staff supervision in some areas, and embedding the new care plans.
- Senior staff described an aim to be more open, and clear about where decisions were made. We attended a

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.

service user and carer advisory group meeting during the inspection. Two observers from this group were on the CAG's executive committee to ensure transparency. A monthly CAG newsletter was circulated to staff. One of the associate clinical directors of the CAG was a psychologist, in line with the CAG's vision to promote multi-disciplinary working. Senior managers conducted leadership walk-arounds on the wards, and staff were also able to feedback to managers through the staff survey, nursing council and focus groups. Monthly emails to all CAG staff of key information included positive recognition for positive feedback from PEDIC surveys. In February 2017, three staff from Chelsham House were named for having had a positive impact and making a difference. In this email staff were also invited to attend a follow up session to a black and minority ethnic group meeting on Snowy White Peaks, an article written by Roger Kline explaining the workforce race equality standard, chaired by the trust chief executive.

Commitment to quality improvement and innovation

- The CAG encouraged staff to implement a number of quality improvement initiatives. They were implementing Four Steps to Safety, a system for safer care consisting of proactive care, patient engagement, team work and the environment. This quality improvement project was being implemented across the trust with an aim to reduce violence and aggression by 50%.
- On Hayworth ward the occupational therapy team used the "This is me" document developed by Alzheimer's society. They prepared this with patients to go with them when they left the ward. The booklet contained information about the person's life and areas of interest and included photographs.
- Staff at Greenvale had been involved in a project with a dental service at a local acute hospital, which had led to the development of a simple dental assessment that was used by staff on the ward to support patients' oral hygiene.
- A consultant in Southwark was representing the CAG in looking at how the trust and Latin American communities could work together, including providing generic templates for appointment letters in Spanish and Portuguese and developing training to improve staff cultural competencies around the needs of Latin American service users within the CAG.
- Other quality improvement projects included implementing electronic observations for health monitoring, reductions in enhanced observations at Chelsham House, an electronic doctors' notes handover, research into the cognitive effects of physical health medicines, and twinning wards with general hospital wards for older people. The CAG were also planning a pilot of two clinical decision unit beds to be managed by the home treatment team at Aubrey Lewis 1, for short admissions of 48 hours.

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

Treatment of disease, disorder or injury

Regulation

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

The trust had not ensured that care and treatment was provided in a safe way for patients

Insufficient eligible staff had completed training in mandatory areas including intermediate life support, basic life support, and fire safety. Lack of training in these areas potentially placed patients at risk.

This was a breach of regulation 12(2)(b)(c)