

Outstanding

Northamptonshire Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Sudborough House, St Mary's Hospital
77 London Road
Kettering
Northamptonshire
NN15 7PW
Tel: 01536 410141
Website: www.nht.nhs.uk

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Berrywood Hospital	RP1V4	Brookview Unit and Riverside Unit	NN5 6UD
Hospital St Mary's Hospital	RP1A1	Forest Unit - Orchard Ward and Spinney Ward	NN15 7PW

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

Outstanding 

Are Wards for older people with mental health problems safe?

Good 

Are Wards for older people with mental health problems effective?

Good 

Are Wards for older people with mental health problems caring?

Outstanding 

Are Wards for older people with mental health problems responsive?

Outstanding 

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

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Background to the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

Summary of findings

Overall summary

We rated Northamptonshire Healthcare NHS Foundation Trust Older People Mental Health Inpatient Services as Outstanding because:

- Patients told us they felt safe and there were good care plans and risk assessments in place.
- Different professions worked effectively together to assess the needs of patients.
- There was an active training plan in place for staff to enable them to keep up to date with their clinical skills and to develop these further.
- There were close links with an independent advocacy service that supported patients with making decisions.
- There was an active occupational therapy and physiotherapy team on site in both locations and they developed individual plans and therapeutic activities with patients.
- Patients and their carers told us that staff treated them with kindness, dignity and respect.
- Patients were involved in the running of their wards and felt listened to when they had ideas and suggestions.
- There was an active chaplaincy service on both sites which supported patients with their spiritual needs and helped them to engage with faith groups in the community if they wanted to.
- Staff showed a clear understanding of the Mental Health Act and the mental capacity act including deprivation of liberty safeguards.

- Staff told us they felt valued and supported by the trust and felt confident they could report their concerns and believed these would be acted upon.
- There were robust systems in place to allow managers to monitor the quality of the service they provided and to respond to changing patient need.

However:

- Some doctors felt undervalued by the service and did not feel nursing staff trusted them to make medical decisions.
- The trust used a different computer system to the local acute trust and some medical staff told us they could not easily access test results, which caused delays in treating some patients.
- Staff also told us it took four years to get new hand rails and to move essential hygiene equipment on Brookview and Riverside units.
- Some outdoor garden areas are not easy for patients to use because they have uneven floors.
- There were some gaps in the cleaning rota for one of the clinic rooms.
- Experienced staff found it difficult to locate some important records on the computer system because information might be stored in different places by different staff.

Summary of findings

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

Are services safe?

We rated the older people mental health wards as good for safety because:

- Patients said that they felt safe and staff knew how to protect patients from harm.
- Staffing numbers were in line with the trust's "Safe Staffing" tool and contained a mix of staff from different professions.
- Staff vacancies were actively being addressed and recruited to.
- Ward matrons were able to request additional staff when they needed to and when things had gone wrong, patients received a timely apology.
- There were appropriate risk assessments in place to keep patients and staff safe.
- Staff were proud of their ability to keep patients safe from developing pressure ulcers.
- Staff felt confident and safe to report errors, near misses and incidents because there was an open culture that listened to staff.

However:

- There were gaps in the cleaning of a clinic room.

Good



Are services effective?

We rated the older people mental health wards as good for effective because:

- Patient assessments were carried out in a timely manner,
- Each patient had a physical health care check when they were admitted.
- Care Plans were up to date, showed involvement of patients and their families or carers and were regularly reviewed.
- "Live" handover documents ensured new and temporary staff had a good understanding of patients' needs.
- Staff had good opportunities for training and development.
- Staff received regular supervision and training to help them keep up to date with their skills and to learn new skills.

Good



Summary of findings

- Staff had a good understanding of the Mental Health Act and mental capacity Act including mental capacity assessments and deprivation of liberty safeguards.
- Mental Health Act legal paperwork was stored well and staff could access it easily.

However:

- There was limited access to psychological therapies which caused delays for some patients.
- Some records were difficult to find on the trust's computer system.

Are services caring?

We rated the older people mental health wards as outstanding for caring because:

- Patients told us they felt staff were caring and treated them with dignity and respect.
- Relatives and carers told us that staff were caring and treated patients with dignity and respect.
- We saw positive interactions between staff and patients.
- Staff told us how they meet the needs of patients and showed us that they knew them well.
- The independent advocacy service was easily accessible and staff routinely referred patients who were not able to decide for themselves if they might need an advocate.
- Systems were in place to encourage and enable patients to have an active say in the running of their wards.
- The trust enabled the accommodation of relatives who wanted to stay with patients during end of life care.
- They made excellent use of the "My Life" tool to enable staff to make individual patient care meaningful by working collaboratively with relatives and patients.
- There were lots of "Thank you" cards displayed from relatives and patients which mentioned the quality of treatment and care received

Outstanding



Are services responsive to people's needs?

We rated the older people mental health wards as outstanding for responsiveness because:

Outstanding



Summary of findings

- Patients and relatives told us staff responded quickly to their needs.
- Staff listened to them when they made suggestions.
- Ward areas were designed to benefit the patient experience and equipment was installed to care for patients with complex needs.
- Assistive technology was used to monitor patients' safety and enable staff to respond quickly.
- Patients had regular access to physiotherapy and occupational therapy with individual therapy programmes.
- Other therapeutic activities were bought into the service from local resources, such as "Singing for the Brain" and drama therapy.

Are services well-led?

We rated the older people mental health wards as good for well led because:

- Patients told us they felt the service was well-led.
- Staff felt supported and felt confident to raise concerns and escalate them.
- Staff were clear on the organisation's vision and values.
- Staff received annual appraisals to help them keep up to date with their clinical skills.
- There were robust systems were in place for leaders of the service to monitor the quality of care provided and manage risk.

Good



Summary of findings

Background to the service

- Assessment and treatment for older people with mental health problems was provided across four wards based on two sites.
- Brookview and Riverside Units at Berrywood hospital in Northampton.
- Spinney and Orchard Wards on the Forest unit at St Mary's hospital Kettering.
- There was a total of 60 beds.
- Spinney Ward – 8 beds for older people with conditions such as anxiety and depression.
- Orchard Ward – 16 beds for older people with conditions such as dementia.
- Brookview Unit – 20 beds for older people with conditions such as anxiety and depression.
- Riverside Unit – 16 beds for older people with conditions such as dementia.
- Northamptonshire Healthcare NHS Foundation Trust Older People Mental Health Inpatient service was last inspected in August 2013 and no regulatory breaches were identified.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett - Consultant Psychiatrist Oxleas NHS Foundation Trust

Team Leader: James Mullins - Head of Hospital Inspection (mental health) CQC

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this service consisted of a CQC inspector, a mental health act reviewer; a consultant in old age psychiatry; a registered nurse; a pharmacist; and an expert by experience that had experience of using mental health services.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health hospitals 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?

Before visiting, we reviewed a range of information we hold about Northamptonshire Healthcare NHS Foundation Trust and asked other organisations to share what they knew.

We carried out an announced visit between 03 and 05 February 2015.

During the inspection visit the inspection team:

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

Summary of findings

- Spoke with sixteen patients who were using the service
- Met with five relatives of patients who were using the service
- Interviewed two service managers and three Ward Matrons
- Spoke with six Nurses, five Doctors, and seven other staff from a range of backgrounds.

We also:

- Looked at eighteen prescription charts and five medication cards.
- Reviewed the legal records of five patients detained under the Mental Health Act 1983.
- Examined three individual patient medication cabinets.
- Reviewed 13 care and treatment records in detail
- Reviewed the arrangements for the medication management on each ward.

- Met with the local advocacy service
- Examined a range of policies, procedures and other documents relating to the running of the service
- Reviewed staff training and staff performance records
- Reviewed the recent draft “Peer Reports” from the Royal College of Psychiatrists and College Centre for Quality Improvement “Accreditation for Inpatient Mental Health Services” (AIMS) for these wards.
- Observed interactions between patients and staff.
- Observed a meal time.
- Attended a therapy session.
- Examined the relevant clinic rooms, emergency equipment and ward facilities.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

What people who use the provider's services say

- We spoke with patients and some of their relatives. They were satisfied with the quality of care they received.
- Patients told us their care was delivered with respect, dignity and care and they had privacy.
- They felt safe on the wards, there were plenty of staff to help them and they knew how to complain if they wanted to.
- Relatives felt there was enough staff but one said it might be better if there could be more staff available on weekends, though still said they were very satisfied with the quality of the service.
- Planned therapies and leave from the ward was almost never cancelled because they had support from the occupational therapy team. They told us that staff responded to their needs very quickly.
- Most patients told us that the food was very good, there was plenty of it and there was always a choice from the menu.
- They thought the staff were kind and the service was well-led. They liked their rooms and thought the wards were very clean.
- Patients who could understand their care and treatment plans told us they were getting better and felt listened to by staff. They generally felt there were enough staff and that if they complained they would be listened to and taken seriously. Senior managers were often seen on the ward. They told us that they liked their doctors.
- Patients they could get extra things such as blankets if they wanted to and there was plenty of food and drinks available when they needed them.

Good practice

- The use of innovative design specifications that made the Forest unit particularly accessible for patients with dementia.
- The design and layout of the building was built in line with latest research and incorporates significant innovation for the care and treatment of patients living with dementia.

Summary of findings

- The trust also provided specialist therapies from external providers including: Alzheimer's Society "Singing for the Brain"; drama therapy; and pat dog therapy.
- Forest unit used Kotter's Change Model as part of a project to improve the care and treatment provided.

Northamptonshire Healthcare 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
Forest Unit – Orchard and Spinney Wards	St Mary's Hospital
Riverside Unit	Berrywood Hospital
Brook View Unit	Berrywood Hospital

Mental Health Act responsibilities

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

As part of the inspection, we carried out a review of Forest Unit's Mental Health Act responsibilities. This was the first MHA monitoring visit to Forest Unit, which opened in March 2014.

- Staff showed a good understanding of the Mental Health Act and the code of practice.
- The use of the MHA was good across the service. The documentation we reviewed in detained patients' files was recorded and stored effectively and securely. For example processes were effective for managers' hearings and reviewing consent to treatment procedures.

- Staff knew how to contact the MHA office for advice when needed.
- Information on the rights of people who were detained was displayed in wards and independent advocacy services were readily available to support patients. Staff were aware of the need to explain people's rights to them and attempts to do this were recorded.

However:

- Gaps in the recording of information about rights being explained to individual patients were identified.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Deprivation of Liberty Safeguards (DoLS) processes were underway for a total of 10 patients; three patients on Orchard and seven on Spinney. CQC had been informed when these DoLS authorisations were requested.
- Staff showed a clear understanding of the Mental Capacity Act. Capacity assessments were routinely carried out and recorded for people who were assessed as lacking capacity and best interests' decisions were recorded.
- Staff routinely involved the patient, families and independent advocates in decision making.
- The independent advocacy service received regular referrals from the service.
- Staff showed a good understanding of what might constitute a deprivation of liberty. They were well supported by the trust's mental capacity team.
- A notice giving information about informal patients' right to leave the ward was displayed by the doors, as were booklets with information for patients.
- Leaflets and posters displaying the local independent advocacy service were displayed in reception and communal areas.

Are services safe?

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

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

Summary of findings

We rated the older people mental health wards as good for safety because:

- Patients said that they felt safe and staff knew how to protect patients from harm.
- Staffing numbers were in line with the trust's "Safe Staffing" tool and contained a mix of staff from different professions.
- Staff vacancies were actively being addressed and recruited to.
- Ward Matrons were able to request additional staff when they needed to and when things had gone wrong, patients received a timely apology.
- There were appropriate risk assessments in place to keep patients and staff safe.
- Staff were proud of their ability to keep patients safe from developing pressure ulcers.
- Staff felt confident and safe to report errors, near misses and incidents because there was an open culture that listened to staff.

However:

- There were gaps in the cleaning of a clinic room.

- All bedrooms were ensuite and there were toilets in communal areas too. There were areas designated as female only quiet areas on Brookview unit.
- Assessments of ligature risks were routinely carried out. Staff felt that individual patient risk assessments alongside the safe design of furniture and fittings kept patients safe.
- The wards were well-maintained and the corridors were clear and clutter free. Patients told us standards of cleanliness were good. Single use mops were used. Hand gel was available on all wards at reception for visitors to use.
- Equipment was maintained and serviced appropriately.
- Staff conducted regular audits of infection control and prevention, and staff hand hygiene to ensure that patients and staff were protected against the risks of infection.
- Cleaning rotas were seen and there was active cleaning take place on each of the wards when we visited.
- Emergency equipment, including defibrillators and oxygen, was in place. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency.
- Alarms were available in each room in the wards and staff said that when the alarm was used, staff responded very quickly.

However:

- There were gaps in the cleaning of a clinic room.

Our findings

Berrywood and St Mary's Hospitals

Safe and clean ward environment

- The ward layouts enabled staff to observe most parts of the ward. Nursing stations gave good general views of the wards. Communal areas were open plan and provided good observation points. The seated corridor areas on Forest unit could potentially provide a hiding place but when asked about this staff said they had never experienced any such incidents.
- Staff said repairs were usually carried out in a timely manner.

Safe staffing

- The Trust had a "safe staffing" team which calculated staffing requirements for each ward. All wards inspected exceeded the minimum staffing levels recommended by the Trust.
- We reviewed the staff rotas for the weeks prior to our inspection and saw that staffing levels were in line with the levels and skill mix determined by the Trust as safe.
- Staff told us they could get additional staff when required and did not need senior manager approval. Staffing was increased in relation to individual patient need for additional observations when required to keep patients safe.
- There were some vacancies which were being actively recruited to.

Are services safe?

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

- Temporary staff, who had not worked on a ward before, were given a brief induction to the wards. This included orientation to the layout of the ward.
- “Live Handovers” were used to ensure all staff were made aware of patient issues on the ward. Live handovers included information on things like patient hydration, nutrition, mental capacity and behaviour.
- Ward managers told us that they experienced some difficulty recruiting qualified staff who met their expected standards. They were considering more innovative ways of recruiting, including Recruitment Fairs and Open Days.
- Staff and patients told us that planned escorted leave from the wards was almost never cancelled.
- Medical staff told us that there was adequate medical staff available day and night to attend the ward quickly in an emergency. At night each of the hospital locations had a doctor available on site.

Assessing and managing risks to patients and staff

- All patients and staff we spoke to told us they felt safe on the wards. One patient told us that they had felt safe from harming themselves since being admitted to the ward.
- Individual risk assessments had been carried out for all patients on the wards. Staff told us how they managed individual risks.
- Risk assessments were routinely and regularly updated. There was evidence of antecedent behaviour consequences (ABC) charts to support this process.
- If patients needed additional staff to keep them and others safe, staffing levels were increased.
- Staff had received training in safeguarding vulnerable adults and children.
- Staff showed a good understanding of how to identify and deal with potential safeguarding concerns. They could give us examples of safeguarding issues and what had been done to mitigate them in the past.
- Safeguarding was discussed at ward team meetings and it was a standing item on the agenda for ward based meetings.
- Child visiting policies and facilities were available.

Track record on safety

- The latest available figures for serious untoward incidents (SUIs) across the service were from 3rd October 2013 to 28th September 2014. There were eleven SUIs reported during that period. Eight of the SUIs were patient falls and three were medication errors.
- Two of the medication errors were on Riverside unit and one was on Brookview unit.
- Three falls took place on Forest unit, three on Riverside unit and two on Brookview unit.

Reporting incidents and learning from when things go wrong

- Staff we spoke to knew how to recognise and report incidents. They were confident that they could report incidents without fear of recrimination.
- Staff showed an awareness of the trust’s “whistleblowing” procedures and felt confident they would use the use procedure if they felt it was necessary.
- The trust used a risk register to record and address local and trust wide risk.
- Ward matrons maintained an overview of all incidents reported on their wards and incidents were investigated by a manager from another ward.
- Staff demonstrated an awareness of incidents that had taken place on other wards and what learning had been made as a result.
- Staff were made aware of incidents in team meetings, handovers, by email and in newsletters which were available via email and on the internal intranet.
- In response to patient falls the service had jointly set up a Falls Governance Meeting in January 2015
- Staff were confident that they could access support and “de-briefs” if they were involved in an incident.
- Staff attended supervision, training, appraisal and reflection (STAR) days. These incorporated a team meeting, peer and clinical supervision, training, appraisal and performance. These days were incorporated into the staff rota so all staff could attend.

Are services effective?

Good 

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

Summary of findings

We rated the older people mental health wards as good for effective because:

- Patient assessments were carried out in a timely manner.
- Each patient had a physical health care check when they were admitted.
- Care Plans were up to date, showed involvement of patients and their families or carers and were regularly reviewed.
- "Live" handover documents ensured new and temporary staff had a good understanding of patients' needs.
- Staff had good opportunities for training and development.
- Staff received regular supervision and training to help them keep up to date with their skills and to learn new skills.
- Staff had a good understanding of the Mental Health Act and Mental Capacity Act including mental capacity assessments and deprivation of liberty safeguards.
- Mental Health Act legal paperwork was stored well and staff could access it easily.

However:

- There was limited access to psychological therapies which caused delays for some patients.
- Some records were difficult to find on the trust's computer system.

- All wards made excellent use of the multidisciplinary assessment formulation tool called "MyLife".
- Brookview and Riverside units were trialling the use of a "One Page Profile" which was a single sheet of essential information document for patients, which highlighted the most important things for care planning with individual patients.
- Care plans were in place that addressed patients' assessed needs. We saw that these were reviewed on a regular basis and updated.

However:

- Some records were difficult to find on the trust's computer system.

Best practice in treatment and care

- NICE guidance was followed prescribing medication. Antipsychotic medication prescriptions for patients with dementia was in line with good practice guidelines.
- Health of the Nation Outcome Scales (HoNOS) and Mini Mental State Examination (MMSEs) were carried out in line with the NICE Pathway.
- Addenbrookes Cognitive Examinations (ACE) were carried out.
- Patients could access some psychological therapies as part of their treatment and psychologists were part of the ward team.
- The service had two specialist physical health nurses who provided training programmes to mental health colleagues and direct assessment and interventions to patients when required.
- The service used a number of measures to monitor the quality and effectiveness of the service provided.
- Staff conducted a range of audits and actively use the electronic dashboards.
- Riverside unit and Brookview unit have received positive accreditation from AIMS. Forest Unit let their accreditation lapse when the unit was being built but planned to apply again in the near future.
- Some staff were undertaking AIMS training currently.
- Appropriate arrangements were in place for the effective management of medicines.
- Wards audited medicine records to ensure recording of administration was complete
- Pharmacists and ward staff discussed changes to patients' medicines. Most patients we spoke with knew what their medication was and the reason it was prescribed.

Our findings

Berrywood and St Mary's Hospitals

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that risks to physical health were identified and managed effectively.

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.

However:

- There was limited access to psychological therapies which caused delays for some patients.

Skilled staff to deliver care

- Staff working in the service came from a range of professional backgrounds and worked together effectively.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken additional training relevant to their role
- Records showed that most staff were up-to-date with their mandatory training.
- Staff liked the system of "block training". This allowed them to be booked away from the ward for a week to undertake their mandatory training.
- Ward matrons had designated responsibility for separate managerial roles within the service.
- Staff told us they received clinical and managerial supervision every month.
- There were regular team meetings in the STAR days.
- Ward managers demonstrated how they dealt effectively with issues of staff performance and sickness absence.

Multi-disciplinary and inter-agency team work

- Assessments on wards were multidisciplinary in approach. People's records showed that there was effective multidisciplinary team (MDT) working taking place.
- Care plans included advice and input from different professionals and relatives / carers involved in patient's care. Some patients were aware that they had support from different professionals in the team.
- MDT meetings and ward rounds were effective in sharing information about patients and to review progress.
- Different professionals were seen to be working together effectively to assess and plan patients' care, treatment and discharge.
- Staff told us that they were concerned about the effect on attendance of a re-organisation in the community mental health teams for older people.
- Staff said referrals to other services such as speech and language therapy were accepted and dealt with in a timely manner.

Adherence to the MHA and MHA Code of Practice

- Staff showed a good understanding of the Mental Health Act and the Code of Practice.
- The use of the MHA was good across the service. The documentation we reviewed in detained patients' files was recorded and stored effectively and securely. For example processes were effective for Managers' Hearing and reviewing consent to treatment.
- Completed consent to treatment forms were attached to the medication charts of detained patients.
- Any covert medication plans were agreed involving all relevant parties, such as the pharmacist, medic, nurse and relative. These were well recorded and had review dates.
- Information on the rights of people who were detained was displayed in wards and independent advocacy services were readily available to support patients.
- Staff were aware of the need to explain people's rights to them and attempts to do this were recorded. However, we found that there were some gaps in attempts.
- Staff knew how to contact the MHA office for advice when needed.

Good practice in applying the MCA

- Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of recent legal decisions relating to the MCA and the impact of this on the service and patients.
- Staff knew who to contact for further advice and guidance about issues relating to the MCA.
- DoLS authorisations were applied for when relevant and records showed the status of the authorisation, noting if there was a delay resulting from the Local Authority acting upon the request.
- The Mental Health Act Responsibilities section of this report details actions that the service need to address in relation to the MHA.

Are services caring?

Outstanding



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

Summary of findings

We rated the older people mental health wards as outstanding for caring because:

- Patients told us they felt staff were caring and treated them with dignity and respect.
- Relatives and carers told us that staff were caring and treated patients with dignity and respect.
- We saw positive interactions between staff and patients.
- Staff told us how they meet the needs of patients and showed us that they knew them well.
- The independent advocacy service was easily accessible and staff routinely referred patients who were not able to decide for themselves if they might need an advocate.
- Systems were in place to encourage and enable patients to have an active say in the running of their wards.
- The teams made excellent use of the “My Life” tool to enable staff to make individual patient care meaningful by working collaboratively with relatives and patients.
- There were lots of “Thank you” cards displayed from relatives and patients which mentioned the quality of treatment and care received.

- Staff discussed patients in a respectful manner and showed a good understanding of their individual needs.
- Staff could give examples of the type of person centred support that individual patients needed to help them to feel safe and comfortable.
- Relatives told us that they felt the staff were caring and respectful to the patients and to visitors.
- Relationships between staff, patients and relatives were strong, caring, responsive and supportive.
- Staff appeared to genuinely care about the emotional wellbeing of their patients and were keen to ensure that when patients moved on from the wards they moved on with the best possible start, either back to their own homes or to a new care environment.
- Staff were keen to help patients maintain links and connections with their family, friends and communities.
- One visitor told us that her relative had been discharged and the quality of care given had been instrumental in helping her relative to regain a good life again.

The involvement of people in the care they receive

- When patients were admitted they were orientated to the ward.
- There was a “welcome pack” for them giving them information about the service and the local facilities.
- Relatives were given information about visiting and how to get to the units using public transport.
- Patients were involved in developing their own care plans and knew what the care plan was.
- Patients could involve relatives and close ones in developing their care plan if they wanted to. Records showed that this was routinely happening. Patients could have their relative present in the MDT meeting and discharge planning meeting.
- For the patients less able to actively engage in their care planning, there was evidence that their relatives had been involved.
- If they had no relatives to support them or if there was a conflict of interest, the independent advocacy service would appoint an advocate. Referrals to the advocacy service were made by staff.
- The advocacy service told us that they routinely received referrals from Brookview and Riverside units.
- Details of the local advocacy service were displayed in all the wards.

Our findings

Berrywood and St Mary's Hospitals

Kindness, dignity, respect and support

- Patients told us that staff treated them with respect.
- Staff interacted with patients in a caring and compassionate way. They responded to people in distress in a calm and respectful manner.
- They de-escalated situations by listening to and speaking quietly to people who were frustrated, upset or angry. Staff were engaged in providing good quality care to patients.
- We saw staff engaging in positive interactions with patients.



Are services caring?

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

- Some patients brought their own mobile telephones onto the wards. Staff supported them to charge their mobile phones safely. There were also patient pay phones available.
- Brookview unit and Forest unit held weekly “Community Meetings”. These meetings involved patients in the running of the wards.
- The trust paid attention to the feedback from patients. Minutes from the meetings were shared with managers so that changes could be made where possible. Patients were actively involved in making suggestions. Both administration and nursing staff assisted patients and encouraged them to make comments and give feedback.
- The views of patients and relatives were also gathered through the use of comment cards called “I want great care”. Staff paid attention to the comments and prided themselves on demonstrating that they listened and acted upon them.
- Feedback from patients and relatives was continually positive.
- There was a strong person centred culture on the wards. Staff demonstrated their understanding of their patients and seemed to genuinely care about making their patients comfortable and aiding their recovery.
- Staff demonstrated that they understood their patients and were keen to promote both their cultural and spiritual needs. The chaplaincy service was routinely and actively involved in the care provided on the wards.

However:

- Locating records relating to a patient’s advance wishes proved difficult in one record we viewed.

Are services responsive to people's needs?

Outstanding



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

Summary of findings

We rated the older people mental health wards as outstanding for responsiveness because:

- Patients and relatives told us staff responded quickly to their needs.
- Staff listened to them when they made suggestions.
- Ward areas were designed to benefit the patient experience and equipment was installed to care for patients with complex needs.
- Assistive technology was used to monitor patients' safety and enable staff to respond quickly.
- Patients had regular access to physiotherapy and occupational therapy with individual therapy programmes.
- Other therapeutic activities were bought into the service from local resources, such as "Singing for the Brain", pet therapy and drama therapy.

Our findings

Berrywood and St Mary's Hospitals

Access, discharge and bed management

- There were eight bed vacancies on Riverside unit, none on Brookview unit and two bed vacancies on Forest unit. So patients could access the service when they needed to.
- Discharge planning was discussed from the admission stage. Patients and relatives were given a letter advising them about discharge planning soon after they were admitted.
- Staff said they did not have an ongoing problem with delayed patient discharges.
- Staff said there was one patient delayed discharge because a provider of housing had withdrawn their offer of accommodation.
- We saw no evidence of patients having to move wards because of non-clinical reasons.
- The inclusion of physical health care nurses in the teams and the additional training available to mental health

staff meant that patients with complex physical health care needs could usually be cared for on the wards. This provided continuity of care and a flexible, responsive solution for patients.

- Staff on Forest unit had talked to relatives about what would be important to them when planning for patient end of life care. They were told that being able to sleep in their relatives room would be important to them, so staff made sure that this could happen. Relatives had said they wanted reclining chairs and not beds so staff bought these chairs.

The ward optimises recovery, comfort and dignity

- The wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment.
- There were rooms for patients to meet relatives who could also spend time with patients in their bedrooms.
- Each ward had access to a patient telephone and staff helped patients to make calls if required.
- All the wards offered access to an outside space, which included a smoking shelter for patients.
- Health care assistants had won £1000 by making a presentation to Trust managers and planned to use the money to redevelop their garden areas on Brookview and Riverside. They were enthusiastic about the benefit this could bring to their patients.
- Snacks and drinks were available when patients wanted them.
- Patients had a choice of meals and told us there was plenty of food and it was generally very good / excellent.
- Menus that complied with specific religious, cultural and dietary needs were available for patients.
- Weekly and monthly activity programmes were advertised on all wards. There was a wide range of activities for patients from cream teas and daily walking groups to pet therapy, drama therapy and "Singing for the Brain".
- Staff were keen to buy therapies from external specialists because they felt this would benefit patients.
- Patients told us they enjoyed their therapeutic activities and we observed activities that were inclusive, fun and therapeutic.
- Wards had dedicated occupational therapy staff that developed individual therapy plans for patients. Activity

Are services responsive to people's needs?

Outstanding



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

sessions were based around individual and group therapeutic benefit and were provided throughout the week, not just when occupational therapy staff were there.

- Patients and staff told us that activity and therapy sessions were almost never cancelled due to a lack of staff.
- Patients did not have keys to their rooms. However, each patient had a lockable space in their rooms to store important items.
- Patients could manage their own laundry if they wanted to and were able to.
- Patient bedrooms had viewing hatches which could only be opened by a key, optimising their privacy.
- "Self Soothe" boxes were available on Riverside unit. These contained important items such as a book, photograph or music which could help to calm a patient who was anxious, distressed or agitated. These boxes followed the patient throughout the unit.
- Staff paid attention to the feedback from patients. For example, the toaster was moved from the kitchen to the dining area on Forest Unit because patients wanted their toast to be hotter. Their Community Meeting was moved to a Saturday at the request of patients.
- Forest unit had a physiotherapy treatment room which included an array of equipment to support full assessment and recovery.
- Hearing amplifiers were available for patients who needed them while referrals were being made to audiology.
- Staff showed that they understood how important routine and individual choice was to patients and made sure they bought in continence products for patients so they could continue to have what they were used to. They would get these from the all night supermarket until their ordering system could be updated.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. Clear attempts were made to meet patients' individual needs including cultural, language and religious needs.
- Learning materials were available for staff on the wards to support them with promoting patients' cultural and diversity needs.
- The chaplaincy service supported patients with a diverse range of spiritual and religious needs.

- Interpreters were available to staff to help assess patients' needs and explain their rights, as well as their care and treatment if required.
- A choice of meals was available to suit patients' religious, cultural and personal choices.
- One patient could not remember if they needed vegetarian or halal meals so staff always ordered both meals and enabled the patient to choose on a meal by meal basis. The patient and family were very happy with this arrangement.
- All units were well equipped to support patients with multiple physical health and mobility needs. Some rooms had ceiling tract hoists installed. Specialist assisted bathrooms were available if patients wished to use them.
- On Brookview unit one patient wanted to use the telephone room as a quiet space. Staff accepted this an important part of recovery but this prevented other patients from using the telephone. So staff ensured that other patients could use an alternative telephone when they wanted to.
- Staff involved patients in the choosing of furniture when they were designing Forest unit.
- Staff were keen to demonstrate how they had developed their plans for Forest unit over many years and used the most up to date evidence based research to provide the best facilities they could for their patients.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards, as well as information about the independent advocacy service and the patient advice and liaison service (PALS).
- Patients could also raise concerns and complaints in the weekly community meetings or directly with staff.
- Patients knew how to make complaints and were confident they would be listened to and their views would be taken seriously and dealt with.
- Staff said that learning from comments and complaints was discussed at team meetings and positive changes had taken place as a result. The moving of the community meetings and toaster were given as examples.
- There was six complaints and ninety five compliments received across Spinney, Orchard and Brookview unit. Brookview unit displayed around fifty "Thank You" cards in the dining area.

Are services well-led?

Good 

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

Summary of findings

We rated the older people mental health wards as good for well led because:

- Patients told us they felt the service was well-led.
- Staff felt supported and felt confident to raise concerns and escalate them.
- Staff were clear on the organisation's vision and values.
- Staff received annual appraisals to help them keep up to date with their clinical skills.

There were robust systems in place for leaders of the service to monitor the quality of care provided and manage risk.

Our findings

Berrywood and St Mary's Hospitals

Vision and values

- Staff showed a clear understanding of the trust's vision and values.
- Staff told us that they felt valued by the trust and believed that they could express views without recrimination.
- Ward managers had regular contact with their head of hospital service and felt supported by them.
- Staff could recognise the chief executive and knew them by name. Most staff could describe a visit to their ward by the chief executive.
- Patients and staff told us that senior managers often came to the wards.

Good governance

- The service had robust systems of governance in place such as the electronic incident recording system. These allowed staff to manage and monitor the ward environment.
- Trust-wide teams such as safe staffing and safeguarding were available for individual and ward support when required.
- Performance data was captured and used to address quality and staffing issues.

- Patients told us they thought the service was well-led.
- Ward managers had enough time and autonomy to manage the wards effectively. When necessary, concerns could be escalated to their line manager.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and more senior level. Ward managers were visible on the wards during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support.
- The culture on the wards was open and encouraged staff to identify and voice ideas for improving care.
- Staff we spoke with were enthusiastic and engaged with the running of their wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers.
- Staff were kept up to date about developments in the trust through regular emails, team meetings and newsletters.
- There were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment. The last NHS Staff survey reported a drop in such incidents within the Trust.
- Staff were aware of the whistleblowing process and told us they felt confident to use it.
- The core service operated a staff "stress monitor" system on every shift, so staff can anonymously rate how they were feeling.
- Ward managers told us they had access to leadership training and development opportunities. Some managers were accessing external training opportunities supported by the trust.
- Staff on Forest Unit were involved in the design and planning of their unit from the earliest stage.

Commitment to quality improvement and innovation

- Brookview and Riverside units had received AIMS accreditation. Forest unit planned to reapply now the new building had been operating for almost a year.
- The service was signed up to "the triangle of care", a carers trust and Royal College of Nursing initiative to improve the experience of people with dementia by ensuring carers and professionals collaborate with the person who has dementia.
- Forest unit's ward matron has been invited to the Kings Fund to discuss the unit's falls analysis system.

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.

- Riverside unit was the first in the Trust to offer a placement to an Open University student. They hoped to continue this opportunity and share the learning with other departments.
- Brookview unit planned to introduce a “Safer Wards” programme whereby patients became even more involved in the running of the ward.
- Forest unit used Kotter’s Change Model as part of a Change Project The current challenge is for the staff to take ownership of a project to develop and introduce a gold standard in personal care within the mental health ward environment.