Good

Cheshire and Wirral Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXA19	Bowmere Hospital	Cherry Ward	CH2 1UL
RXA54	Clatterbridge Hospital	Meadowbank Ward	CH63 4JY
RXAAE	Millbrook Unit Macclesfield District General Hospital, Victoria Road, Macclesfield	Croft Ward	SK10 3JA

This report describes our judgement of the quality of care provided within this core service by Cheshire and Wirral Partnership 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.

Summary of findings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Cherry ward, Meadowbank ward and Croft ward were all located in different areas and had completely different layouts. However, all three wards were clean, tidy and were free from odours. We found that staff were delivering care that was safe, effective, caring, responsive and well led. Staff were passionate about caring for older adult patients and they ensured the privacy and dignity of them.
- Action was taken to mitigate all ligature points on the wards following environmental ligature risk assessments.
- All three ward managers had sufficient authority to increase staffing levels if they required extra nursing care and there were always enough staff to carry out interventions safely.
- All of the clinic rooms were clean and tidy.The wards had good medicine management practices. There was good storage, dispensing, reconciliation and destruction of medication.
- The wards followed many national guidelines related to the care and treatment of the older adult. The advancing quality dementia measures were in place. This quality standard covered care provided by health and social care staff in direct contact with people with dementia in hospital, the community, home-based, group care, residential or specialist care settings. This standard was recommended by national institute for health and care excellence. There was also a dementia specific e-learning package in place that staff working in older adults services had to undertake.
- Staff knew and agreed with the organisation's values. Ward managers were engaged in the organisational values and staff felt supported by their immediate line manager. There was a sense of teamwork in the wards and staff reported close teams that supported each other while on shift, recognising that they were working with a challenging patient group.
- Resuscitation equipment including automated external defibrillators was available and checked regularly. All equipment was in date and had clearly identified expiry dates on them.
- There were ligature points on windows and some doors. However, over the door alarms had been fitted in bedroom areas that would be activated if pressure was put on the door. Action was taken to mitigate all ligature points on the wards following environmental ligature risk assessments.
- All patient notes had up to date risk assessments in place and care plans generally showed the involvement of patients and carers.

However:

- The trust's target for bed occupancy was 85%. All three wards exceeded this target. Leave beds were sometimes used but usually following consultation with the multi-disciplinary team.
- Cherry ward had two delayed discharges in the last six months, Croft and Meadowbank had none.
- We did find inconsistencies in practices around reading detained patients their rights.
- Overall compliance rates for all mandatory training were 65% for Cherry ward 80% for Meadowbank ward and 85% for Croft ward. Both Cherry ward and Meadowbank wards rates were below the trust's target of 85%.
- Appraisal data supplied by the trust for the three wards showed varying rates of compliance with the trust's target of 85%. Cherry ward was 84% compliant, Meadowbank ward was 17% compliant and Croft was 60% compliant. Ward managers informed us that these rates had now increased significantly since the submission of this data and Meadowbank had now appraised all staff who were currently at work. Croft and Cherry ward had also significantly increased their compliance.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- There were always enough trained staff to carry out interventions safely and all staff were trained in management of violence and aggression.
- Cherry ward asked new bank staff to come and spend some time on the ward to familiarise themselves with the area before commencement of a shift.
- All three ward managers had sufficient authority to increase staffing levels if they required extra nursing care.
- We reviewed 20 sets of care records across the three wards. They all had up to date risk assessments in place and these were completed to a high standard.
- Resuscitation equipment including automated external defibrillator were available and checked regularly. All equipment was in date and had clearly identified expiry dates.
- There were good medicine management practices in place and all of the clinic rooms were clean and tidy. There was good storage, dispensing, reconciliation and destruction of medication.
- There were ligature points on windows and some doors; however, over the door alarms had been fitted in bedroom areas and all ligature points had been mitigated on the environmental ligature risk assessment.

However

- Overall compliance rates for all mandatory training were 65% for Cherry ward 80% for Meadowbank ward and 85% for Croft ward. Both Cherry ward and Meadowbank wards rates were below the trust's target of 85%.
- We found there was a shortfall of staff on some shifts but this was because they had reviewed safe staffing levels and calculated that they needed more staff for each shift. This was being addressed by recruiting further staff.

Are services effective?

Good

We rated effective as good because:

- We reviewed 20 care records over three wards. They all showed that a comprehensive assessment took place on admission. This included a five-day nutritional screen on admission, which assessed their nutrition, eating and drinking.
- Care records all contained personalised care plans and some showed the involvement of carers.

Summary of findings

- The wards followed many national guidelines related to the care and treatment of the older adult. The advancing quality dementia measures were in place.
- Staff working in older adults services had to undertake a dementia specific elearning package.
- All staff undertook supervision. Supervision figures for Cherry ward were 83%, Croft ward 71% and Meadowbank 100%.

However

- The reading of patients' rights appeared to be inconsistent across the older adults' wards.

Are services caring?

Good

We rated caring as good because:

- On all three wards, we observed kind and caring staff. They treated patients with respect and dealt with them in a calm manner, even when patients were becoming agitated.
- The robust admission process successfully orientated patients to the ward.
- We spoke to six carers who were on the wards visiting relatives. They all reported that the ward staff looked after the carers as well as the patients.
- Cherry ward developed a carers and relatives questionnaire to complete when their relatives were discharged. The wards clerk collated the feedback and displayed it in the entrance to the ward.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Cherry ward used space at the end of each corridor, furnishing it with seats and calming pictures on the wall, so that patients could move to a quieter place away from the main day area.
- All patients' rooms were accessible by patients and they could walk around safely.
- All three wards had access to outside space.
- Croft ward had an interactive activity or snoezelen room (a multi sensory room) attached to the ward. It had fibre optic lights, interactive boards, bubble tubes and projectors within it, where patients could relax.
- All wards had disabled access and all rooms could accommodate access if a wheelchair or hoist was required.

However

Summary of findings

- The trust's target for bed occupancy was 85%. All three wards were above this target.
- When patients were on leave from the ward, leave beds were sometimes used for new admissions but only with the consultation of the multi-disciplinary team.
- Cherry ward had two delayed discharges in the last six months, Croft and Meadowbank had none.

Are services well-led?

Good

We rated well led as good because:

- Staff knew and agreed with the organisation's values. Ward managers were engaged in the process of embedding the values into their daily work. Staff felt supported by their immediate line manager.
- There was a sense of teamwork on the wards and staff reported a close team that supported each other whilst on shift, recognising that they were working with a challenging patient group.
- Sickness rates were slightly higher than the national average on Meadowbank ward and Croft ward. Sickness rates were; Cherry ward 5.3%, Meadowbank ward 7%, and Croft ward 10%. Ward managers reported that since the introduction of the resource managers the sickness levels of staff had been managed well and within policy.

Summary of findings

Information about the service

Cheshire and Wirral Partnership NHS Foundation Trust provides inpatient services for older men and women with mental health conditions. These services are provided to people who are admitted informally and patients compulsorily detained under the Mental Health Act.

All three wards admitted patients with an organic illness. This type of illness is usually caused by disease affecting the brain. Such as Alzheimer's disease.

Croft ward – is a 14 bed mixed gender ward for people with an organic illness based at the Millbrook Unit in the grounds of Macclesfield District General.

Meadowbank ward – is a 13 bed mixed gender ward for people with an organic illness based at Springview Hospital.

Cherry ward – is an 11 bed mixed gender ward for people with an organic illness based at Bowmere hospital.

Our inspection team

Our inspection team was led by:

Chair: Bruce Calderwood, Director Mental Health, Department of Health (retired)

Head of Inspection: Nicholas Smith, Care Quality Commission

Team Leaders: Sharon Marston, Inspection Manager (mental health), Care Quality Commission

Simon Regan, Inspection Manager (community health services), Care Quality Commission

The team that inspected this core service comprised of a CQC inspection manager a CQC inspector an expert by experience, a junior doctor, a social worker and two mental health nurses.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all three of the wards at the three hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with six patients who were using the service.
- Spoke with five carers.
- Spoke with the ward managers for each of the wards.
- Spoke with 38 other staff members; including doctors, nurses and social workers, occupational therapists, housekeepers, student nurses, an advocate, an apprentice, a speciality grade doctor and clinical support workers.
- Attended and observed a multi-disciplinary meeting.

Summary of findings

- Attended a focus group for doctors in training.
- Looked at 20 treatment records of patients.
- Carried out a specific check of the medication management on all three wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

The patients and carers we spoke with told us that staff treated them well and respected their privacy. They told us they were able to speak to staff and raise any concerns.

Patients and staff told us they felt safe on the wards and they received enough support.

Areas for improvement

Action the provider SHOULD take to improve

- Cherry ward and Meadowbank ward should ensure compliance with mandatory training and meet the trust's target of 85%.
- The wards should ensure that all staff have an annual appraisal.

Cheshire and Wirral Partnership NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Croft Ward	Macclesfield District General Hospital, Victoria Road, Macclesfield
Cherry Ward	Executive Suite, Countess of Chester Health Park
Meadowbank Ward	Clatterbridge Hospital, Clatterbridge Road, Bedington

Mental Health Act responsibilities

- In the case files that we reviewed, all of the care plans showed that consideration had been given to minimum restrictions being placed on patients' liberty. There was also evidence that consideration was given to patients' individual support needs and care plans were re-evaluated where appropriate.
- Patients could be referred to the independent mental health advocate (IMHA)
- In the records that we reviewed, all medication was being given under an appropriate legal authority and records were in good order. Capacity assessments were both time and decision specific and the RC had made a record of their discussions with patients when assessing capacity.
- Staff were trained in Mental Health Act. Compliance rates were 74% Cherry ward, 74% Meadowbank ward and 79% Croft ward.

However:

- Approved mental health practitioners (AMHP) reports were not available in all detained patients files.
- On Croft ward, care plans included sections in the proformas for patients' comments and signatures to record that the information had been explained to them. These were not completed in the files that we reviewed nor were reasons given for the omissions.
- The reading of patients' rights appeared to be inconsistent across the older adults wards.

Detailed findings

- Doctors have recently been advised to include and document capacity to consent for all of their patients.
- On Meadowbank ward, the responsible clinician had not recorded their assessment of the patient's capacity to consent at first administration of treatment for their mental disorder.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had training in the Mental Capacity Act. Compliance rates were Cherry Ward 65%, Meadowbank Ward 74% and Croft Ward 85%.
- Croft ward had made 29 Deprivation of Liberty Safeguard (DoLS) applications in the last six months.
- Meadowbank had made no DoLS applications in the last six months.
- Cherry ward had made 19 DoLS applications in the last six months.
- An assessment of capacity form was in development and this would form part of the electronic patient care notes. This would ensure that for those who have impaired capacity, their capacity to consent was assessed and recorded appropriately. However at the time of the inspections these assessments were recorded in care notes.

Good

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

Our findings

Safe and clean environment

All three older people's wards were mixed gender wards. These wards complied with national guidance on mixed sex accommodation and care had been taken to risk assess patients when considering bedroom allocations. These gender specific bedrooms were either a full corridor of same sex bedrooms or located on different parts of the ward. We were told at night, staffing is always available in all corridors. This meant that patients of the opposite gender could not wander into other bedrooms. All bedrooms on all three wards had ensuite facilities apart from two bedrooms on Meadowbank Ward, which shared a bathroom. These were for two male patients.

None of the wards had seclusion facilities and we were only told of one episode when patients had to be transferred to a psychiatric intensive care unit. All of the wards had quiet areas available should patients become distressed. On Cherry ward we found that a quiet seating area had been created at each end of the corridors.

There was good use of fish eye mirrors within the corridor areas, which mitigated any blind spots. There were ligature points on windows and some doors. However over the door alarms that would be activated if pressure was put on the door had been fitted in bedroom areas and all ligature points had been mitigated on the environmental ligature risk assessment.

All three wards had fully equipped clinic rooms and two had examinations couches within the clinic apart from Cherry ward which was the exception. Here we were told that patients had to be examined in their bed space. Resuscitation equipment including an automated external defibrillator were available and checked regularly. All equipment was in date and had clearly identified expiry dates.

Cherry ward, Meadowbank ward and Croft ward were all located in different areas and had completely different layouts. However, all three wards were clean, tidy and were free from odours. We saw housekeepers maintaining the environment and there were cleaning schedules available.

Infection control was a priority on all wards. Alcohol hand gel was available at the ward entrances and throughout the wards.

All wards had alarm systems and all staff carried these whilst on duty.

Safe staffing

Cherry Ward

Establishment levels: qualified nurses (WTE) 13.5 (1 vacancy)

Establishment levels: nursing assistants (WTE) 10.9 (0 vacancy)

Staff sickness rate in 12 month period 9%

Staff turnover in the past 12 month period two people have left the team

Croft ward

Establishment levels: qualified nurses (WTE) 17 (1.5 Vacancies)

Establishment levels: nursing assistants (WTE) 22 (2 vacancies)

Staff sickness rate in 12 month period 10%

Staff turnover in the past 12 month period 11 people have left the team

Meadowbank ward

Establishment levels: qualified nurses (WTE) 13 (0 vacancies)

Establishment levels: nursing assistants (WTE) 20 (3 vacancies)

Staff sickness rate in 12 month period 7%

Staff turnover in the past 12 month period two people have left the team

Good

Are services safe?

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

In November 2013, the National Quality Board published new guidance to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability. Taking on board this guidance, Cheshire and Wirral Foundation NHS Trust reviewed the staffing establishment levels on the older adults' wards. Following this they increased the staffing, which contributed to the number of vacancies within the wards and the higher levels of bank staff usage identified prior to our inspection by the trust.

Bank staff wore uniforms, as all staff did in the older adult services, and they all received an induction to the wards. Cherry ward asked new bank staff to come and spend some time on the ward to familiarise themselves with the area before commencement of a shift.

All three ward managers were clear that they had sufficient authority to increase staffing levels if the ward required extra nursing care.

Communal areas had sufficient staff available and they assisted with ward based activities on all three wards. There was an available timetable of activities and these were appropriate to the patient group. Such activities included "daily sparkles", a short reminiscence newspaper printed off for daily use, pets as therapy dogs and music groups.

There were always enough trained staff to carry out interventions safely and all staff were trained in management of violence and aggression. Within all of the buildings where these wards were located there was an identified psychiatric emergency team, This team ensured there was a response if alarms were sounded. On Croft ward they also had a crisis support team that responded to alarms.

We spoke to doctors in all three areas and they all described a system of daytime and on-call cover. Doctors were available in the ward areas and, apart from Croft ward, all wards had substantive responsible clinicians. We were informed that the current responsible clinician on Croft ward had suddenly taken leave and was not available to the ward. The clinical director put immediate cover arrangements in place.

Staff attended three yearly mandatory training that included conflict resolution and breakaway, Mental Capacity Act, Mental Health Act, safeguarding family level 1 and safeguarding level 2. Compliance rates were 65% Cherry Ward, 80% Meadowbank Ward and 85% Croft Ward.

Staff also attended yearly updates that included fire and evacuation, infection prevention and control, moving and handling, MVA including rapid tranquilisation and information governance. Compliance rates were 58%, Cherry Ward, 83% Meadowbank Ward and 78% Croft Ward.

Overall compliance rates for all mandatory training were 65% for Cherry ward 80% for Meadowbank ward and 85% for Croft ward. Both Cherry ward and Meadowbank wards rates were below the trust's target of 85%.

Assessing and managing risk to patients and staff

There were no incidents of seclusion and we were told that if seclusion was required then the clinical team would refer to the psychiatric intensive care unit. There had only been one referral for this in the last year.

On Cherry ward there were 26 episodes of restraint between 01 October 2014 and 31 March 2015. Six of these episodes were prone (face down) restraint and all six required the use of rapid tranquilisation. Croft ward had 35 incidents; three of these were prone restraint and all three resulted in the patient receiving rapid tranquilisation. Meadowbank had 16 episodes of restraint, two of these were prone restraint and one resulted in rapid tranquilisation. Meadowbank also had one episode of long-term segregation, which lasted from 18 March 2014 to 07 April 2014. Patients had physical intervention care plans in place should they require to be restrained.

We reviewed 20 sets of care records across the three wards. They all had up to date risk assessments in place and these were completed to a high standard. We saw evidence that these were being regularly reviewed following incidents. Risk assessments included falls risk, risk of dehydration, risk to self and others and the malnutrition universal screening tool a five step screening tool to identify adults that are malnourished or at risk from malnourishment. Patients also had a five-day nutritional screen on admission, which assessed their nutrition, eating and drinking.

Good

Are services safe?

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

Due to the vulnerability of the patient group, we found that all main entrances to the wards were locked. We did find signs on these doors explaining how people could leave if they were not detained under the Mental Health Act.

There was good observation of all patients and staff knew where their patients were. Many were on enhanced levels of observation. Due to the high numbers of staff following the safer staffing review, patients were not left alone for long periods. Apart from Meadowbank ward, the wards had an office located where staff could observe the day areas, which also enhanced observations.

All staff we spoke to were able to describe the safeguarding process. All safeguarding was reported on the datix electronic reporting system and the trust's safeguarding team were made aware of each incident. Staff said that it was paramount to ensure that the patient was safe and would take immediate action if necessary.

All clinic rooms were clean and tidy. There were good medicine management practices in place. There were good storage, dispensing, reconciliation and destruction of medication. Controlled drugs were stored and recorded as per trust guidelines and the controlled drug key was stored separately to the main drugs bunch. The clinic fridge temperature was within safe limits and this was recorded and checked daily on all three wards. All covert medication administration was subject to the correct checks and all patients had care plans in place. Covert medication usually involves disguising medication by administering it in food and drink.

All patients were assessed for pressure areas on admission. There were good links with the tissue viability team. If a patient was admitted from another area with a pressure sore, this would be immediately reported on datix and as a safeguarding alert. Correct treatment would then be given as well as obtaining specialist mattresses and cushions.

All wards had child visiting procedures in place and these usually took place off the ward areas to ensure the safety of children.

Track record on safety

Meadowbank had one serious incident reported in January 2014. A patient fell and subsequently died in the general hospital. The root cause analysis was completed and lessons learnt from this incident were cascaded to wards. Some learning points were about the adequacy of the risk assessment. However, the falls risk assessment had been completed in accordance with the trust's guidelines. There was also a delay in informing the relatives as the incident occurred in the middle of the night. All three wards now routinely ask on admission who they should contact and whether they wish to be contacted during the night.

Reporting incidents and learning from when things go wrong

All staff knew how and when to report incidents. All incidents were reported via the datix online incident reporting system. All staff had access to this system and staff told us that they were offered support to complete this task if needed. Shared learning from incidents and post incident reviews occurred via email.

Staff also discussed incidents in supervision and how things could be done better. There was a debrief process in place where more serious incidents could be discussed. The trust also offered counselling should it be felt necessary.

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

Our findings

Assessment of needs and planning of care

We reviewed 20 care records over three wards. All showed that a comprehensive assessment had taken place on admission. Care records all contained personalised care plans and some showed the involvement of carers.

A full physical examination was carried out on admission and this included falls risk assessment, risk of dehydration, risk to self and others and the MUST tool. Patients had a five-day nutritional screen on admission that assessed their nutrition, eating and drinking.

Most information was contained within the trust's electronic patient noting system. However all Mental Health Act paperwork was still contained in paper files. This system was easy to navigate and staff did not identify any problems with running of the two systems in tandem.

Best practice in treatment and care

The wards followed national guidelines related to the care and treatment of the older adult. The advancing quality dementia measures were in place. This quality standard covered care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings. This standard was recommended by national institute for health and care excellence.

Patients also had a cognitive assessment, sometimes the cognitive and self-contained part of the Cambridge examination for mental disorders of the elderly (CAMCOG). The CAMCOG is a standardised instrument used to measure the extent of dementia, and to assess the level of cognitive impairment. The measure assesses orientation, language, memory, praxis, attention, abstract thinking, perception and calculation. Other assessments included the brief activities of daily living and Middlesex elderly assessment of mental state. Occupational therapists carried out these assessments and did them within different time scales from admission. Health of the nation outcome scales were completed on admission by the nursing staff.

Patients had good access to physical healthcare. We were aware that some appointments were taking place on the ward during our inspection and some patients had been escorted to other appointments in the general hospitals.

We also saw staff actively encouraging patients to drink fluids and sat with them whilst they did so. Staff offered drinks hourly on all the wards we visited. Staff recorded cumulative fluid intake for patients within some care notes.

Staff engaged in clinical audits. Feedback from these audits was communicated to all staff on the wards. All wards participated in a safety matrix audit, which was completed by a ward manager from a different ward. These looked at falls, medication and safeguarding. If any of the audit scores fell below 100% then an action plan was developed to show improvement in this.

Skilled staff to deliver care

Wards had input from a full range of disciplines. This included nurses, occupational therapists and assistants, consultant psychiatrists, junior doctors and art therapists. In addition, wards had regular visits from pharmacists. Referrals could also be made to other professionals such as speech and language therapists, physiotherapists and psychologists.

There was a dementia specific e-learning package in place that staff working in older adults services had to undertake. Cherry ward staff had extra training from the Alzheimer's society and the ward manager had recently bid for extra training through the association for psychological therapies for a course about "behaviour that challenges". Meadowbank ward was developing a more bespoke training package for staff with the director of nursing around dementia and physical health. Some staff from this ward had also attended Liverpool university to undertake further dementia training.

Appraisal data supplied by the trust for the three wards showed varying rates of compliance with the trust's target of 85%. Cherry ward was 84% compliant, Meadowbank ward was 17% compliant and Croft was 60% compliant. When speaking to the ward managers they informed us that these rates had now increased significantly since the submission of this data and Meadowbank had now appraised all staff who were currently at work. Croft and Cherry ward had also significantly increased their compliance.

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.

Supervision was undertaken by all staff and senior member of staff would supervise more junior ones. Supervision figures for Cherry ward were 83%, Croft ward 71% and Meadowbank 100%.

Meadowbank ward had recently appointed a nurse to undertake all patient seven day post discharge from the ward visits. This nurse was part of the ward team and worked closely with the ward and community older adults' team.

Multi-disciplinary and inter-agency team work

There were regular and effective multi-disciplinary meetings. The wards also reported good working links with the older adults community team. They ensured that these community teams were kept updated with the progress of all patients under their care. Care programme approach meetings were also multi-disciplinary led.

Doctors reported good working relationships with the wards and that they felt supported within the teams.

Handovers occurred at every change of shift and other professionals as well as nursing staff were encouraged to attend.

Adherence to the MHA and the MHA Code of Practice

In the case files that we reviewed, all of the care plans showed that consideration had been given to minimum restrictions being placed on patients' liberty. There was also evidence that consideration was given to patients' individual support needs and care plans were re-evaluated where appropriate.

Patients could be referred to the independent mental health advocate (IMHA)

In the records that we reviewed, all medication was being given under an appropriate legal authority and records were in good order. Capacity assessments were both time and decision specific and the RC had made a record of their discussions with patients when assessing capacity.

Staff were trained in Mental Health Act and compliance rates were 74% Cherry ward, 74% Meadowbank ward and 79% Croft ward.

However:

Approved mental health practitioners (AMHP) reports were not available in all detained patient's files.

On Croft ward, care plans included sections in the proformas for patients' comments and signatures to record that the information had been explained to them. These were not completed in the files that we reviewed nor were reasons given for the omissions.

The reading of patients' rights appeared to be inconsistent across the older adults wards.

Doctors have recently been advised to include and document capacity to consent for all of their patients.

On Meadowbank ward, the responsible clinician had not recorded their assessment of the patient's capacity to consent at first administration of treatment for their mental disorder.

Good practice in applying the MCA

Staff had training in the Mental Capacity Act. Compliance rates were Cherry Ward 65%, Meadowbank Ward 74% and Croft Ward 85%.

Croft ward had made 29 Deprivation of Liberty Safeguard (DoLS) applications in the last six months.

Meadowbank had made no DoLS applications in the last six months.

Cherry ward had made 19 DoLS applications in the last six months.

An assessment of capacity form was in development and this would form part of the electronic patient care notes. This would ensure that for those who have impaired capacity, their capacity to consent was assessed and recorded appropriately. However at the time of the inspections these assessments were recorded in care notes.

The trust had a Mental Capacity Act policy.

Good

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

On all three wards we observed kind and caring staff. They treated patients with respect and dealt with them in a calm manner, even when they became agitated. They anticipated their behaviour and allowed them to move into different areas that were less stimulating to allow them to calm. The design of all three wards allowed flexible spaces that patients could move to them.

Staff were knowledgeable about patients and we observed good interactions between patients and staff and carers.

The involvement of people in the care they receive

The robust admission process helped to orientate patients to the ward. Due to the nature of the patient group this was sometimes difficult but we saw that staff encouraged the patient group to maintain their independence as far as possible.

All wards referred patients to the advocacy services and it was reported that there were good links. The independent mental health advocate was based in the same building as Meadowbank and Cherry ward. They were usually able to responded to a request for support within 24 hours.

We spoke to six carers who were on the wards visiting relatives. These carers all reported that the ward staff looked after the carers as well as the patients.

Cherry ward had open visiting arrangements and carers could come in to assist their family member to get dressed in the morning or sit with their relative and have breakfast. The ward recognised that relatives would find it quite hard to accept that their loved ones had gone into hospital and that spending time with them at the hospital was positive. Cherry ward also offered carers the opportunity to have Sunday dinner on the ward with their family members. Families were encouraged to join in with activities being provided on the wards. Family members said “the staff are aware of a patient’s personality and their likes and dislikes. They are very well respected”; “dignity is very high on the agenda”; “staff are absolutely superb”; “they see mum as a person not a patient”; “they talked through medications, how they were reviewed and the care pathway”. Patients told us “my dog comes in to see me when my relatives come to visit”; “staff are always helpful”; “there is a lady from Age UK coming; I have met her before, she is my advocate”.

Cherry ward developed a carers and relatives questionnaire to be completed when their relatives were discharged. Feedback was then collated by the ward clerk and was displayed in the entrance to the ward.

Meadowbank ward received a national award in 2013 for their life story work with patients. This was the Ken Holt memorial award for life story work, sponsored by the life story network, at the national dementia care awards. This formed an important part of care on the ward. These life story summaries and photos were then displayed in the patients rooms. Life story work was a technique designed to enable older adults to recognise their past, present, and future. Life story books can be built into this work, to give a visual aid and reminder of important events or feelings.

On Meadowbank ward, some patients showed us these in their rooms and enjoyed discussing their family, children and interests.

The ward encouraged carers to attend monthly drop in sessions on the ward. They also invited carers to attend care programme approach meetings.

Are services responsive to people's needs?

Good

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

Summary of findings

Our findings

Access and discharge

Bed occupancy for the three wards were:

Cherry ward 93% (including leave) 88% (excluding leave)

Meadowbank Ward 109% (including leave) 94% (excluding leave)

Croft 88% (including leave) 88% (excluding leave)

The trust's target for bed occupancy was 85%. All three wards exceeded this target. Leave beds are sometimes used for new admissions but usually following consultation with the multi-disciplinary team.

Cherry ward had two delayed discharges in the last six months, Croft and Meadowbank had none. One of these delayed discharges on Cherry ward was attributed to the need to find a bespoke package to manage severe aggression. Meadowbank had two readmissions within 90 days, the other two wards had none.

The facilities promote recovery, comfort and dignity and confidentiality

The older adult wards had a full range of rooms and equipment to support treatment and care.

Two wards had fully equipped clinic rooms and all had examinations couches within the clinic the exception was Cherry ward, where we were told patients had to be examined in their bed space.

All wards had a range of activity rooms, quiet rooms, day rooms and dining rooms. They all had quiet spaces where visitors could visit or, if they preferred, visits could take place on the main ward area.

Cherry ward used space at the end of each corridor and furnished this with seats and calming pictures on the wall. This meant that patients could move away from the main day area, which could be noisy.

All patients' rooms were accessible by individual patients and they could wander around safely.

All three wards had access to outside space. Cherry ward had an outside space despite this being on the first floor. The King's Fund, in collaboration with the trust, had funded the conversion of an outside space, which essentially used a space that was not there previously. This space had ceiling height safety glass as a barrier and had added a seating area and waist level planters. Meadowbank and Croft wards also had access to outside space, which enhanced patients' stay on the ward and allowed them a safe space to spend time in.

Croft ward had an interactive activity or Snoezelen room attached to the ward and it had fibre optic lights, interactive boards, bubble tubes and projectors within it, where patients could relax.

Patients and carers reported that food was good. The catering department were able to cater for a wider range of tastes as well as those who needed specialist diets as prescribed by speech and language therapists after swallowing assessments. Cherry ward encouraged carers to stay and have Sunday dinner with their relatives.

The ward had phones available for patients to use and encouraged patients to bring in their own telephones. However, staff explained that most carers rang via the office phones.

We observed staff making drinks for patients frequently throughout the day, both hot and cold. All three wards also offered snacks throughout the day to patients when they had drinks. Snacks were often part of a care plan if the patient was assessed as requiring extra food.

All bedrooms we viewed were personalised and most contained pictures of relatives and family, as well as activities they may have previously undertaken. One patient showed us their golfing photos and explained how much he had enjoyed golf before becoming unwell.

All three wards had a full activity programme. We observed a reminiscent quiz and a reminiscence group on Meadowbank ward. The nursing staff and occupational therapy staff actively encouraged patients to participate. They were able to view pictures and touch and look at objects and they were supported to remember what they were. There was a "music in hospitals" group performing in Cherry ward and a female and male singer sang songs that many of the patients joined in with. An art therapist was making a living garden with the assistance of patients on

Are services responsive to people's needs?

Good

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

Croft ward. Those who did not want to join in with the activity, or could not join in, were encouraged to participate by the therapist going to patients individually and inviting them to touch and smell the objects.

Meeting the needs of all people who use the service

All wards had disabled access and all rooms could accommodate access if a wheelchair or hoist was required.

We found that information leaflets were available in different languages and in large print or braille. There was easy access to interpreters.

All patients and carers were given welcome packs to the ward that contained information about the ward and leaflets about the Mental Health Act 1983 and their rights under this.

We observed chaplains visiting two of the wards when we were inspecting. Staff supported patients to meet their spiritual needs. In the building that housed Cherry ward there was a chapel that patients could attend if they wanted to. Staff were able to make contact with other faith leaders if needed.

Listening to and learning from concerns and complaints

There were very few complaints raised in the last six months. Cherry ward and Croft ward did not have any and Meadowbank ward had two. All ward managers could describe the complaints process and how they tried to resolve complaints locally, with the assistance of their line manager. If this was unsuccessful then they referred these complaints to the patient advice and liaison service.

Nursing staff knew how and when to raise complaints and how they could assist patients or carers to do so. Staff also knew how to deal with them.

Staff received feedback on the outcome of investigations and complaints at staff meetings, in supervision and by email from their line managers.

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

Our findings

Vision and values

Staff knew and agreed with the organisation's values. Ward managers were engaged in the process and staff felt supported by their immediate line manager.

Not all junior staff knew who the chief executive was or who the members of the board were.

Good governance

Supervision was undertaken on a cascading process. Supervision figures for Cherry ward were 83%, Croft ward 71% and Meadowbank 100%.

Overall compliance rates for all mandatory training were 65% for Cherry ward 80% for Meadowbank ward and 85% for Croft ward. Both Cherry ward and Meadowbank wards rates were below the trust's target of 85%. Ward managers were aware of the shortfalls in training and had developed plans to address this.

Ward managers had sufficient authority to increase staffing levels should nursing care require this and they all felt supported by their immediate line manager.

Ward managers were responsible for feeding into the local and trust risk registers. A ward clerk was allocated to each ward, to undertake administrative tasks. Cherry ward had also recently appointed an administrative apprentice to help with these tasks. All three wards had been allocated a band six resource manager on a part-time basis. This manager was responsible for recruitment of staff, sickness administration and HR issues.

The wards implemented and followed procedures such as safeguarding, Mental Capacity Act and Mental Health Act.

Leadership, morale and staff engagement

Staff reported that they could raise concerns via their manager who listened to these concerns. One staff member reported "I enjoy my job and couldn't imagine doing anything else". There was a recognised process in place for whistleblowing and staff knew the process and felt comfortable to follow this when required. Staff also felt able to raise concerns without fear of victimisation.

Sickness rates were slightly higher than the national average on Meadowbank ward and Croft ward. Sickness rates were Cherry ward 5.3%, Meadowbank ward,7% and Croft ward 10%. Ward managers reported that since the introduction of the resource managers the sickness process had been managed well and within policy.

There was a sense of team work in the wards and staff reported a close team that supported each other while on shift, recognising that they were working with a challenging patient group.

Commitment to quality improvement and innovation

Staff engaged in clinical audits. Feedback from these audits was communicated to all staff on the wards. All wards participated in a safety matrix audit which was completed by a ward manager from a different ward. The audit looked at falls, medication and safeguarding. If any of these fell below 100% then an action plan was developed to show improvement in this.