

Leicestershire Partnership NHS 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)
RT5KT	Evington Centre	Gwendolen, Coleman, Wakerley wards.	LE5 4QG
RT5KF	The Bradgate Mental Health Unit: Bennion Centre	Kirby and Welford wards	LE3 9DZ

This report describes our judgement of the quality of care provided within this core service by Leicestershire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Leicestershire Partnership NHS Trust and these are brought together to inform our overall judgement of Leicestershire Partnership NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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:

- The wards complied with the Department of Health 2015 guidelines on single sex accommodation.
- Patients reported that they felt safe.
- The use of restraint was low and staff used it as the last resort and if verbal de-escalation had not been successful.
- Managers had a system in place for tracking and learning from safeguarding incidents and other reportable events.
- Managers used a tool to identify and review staff numbers in accordance with need.
- Staff completed detailed risk assessments for patients on admission and reviewed them regularly after incidents.
- Staff were observed to be caring and responsive to patients.
- Staff monitored patients' physical health regularly from the point of admission.
- Care records were up to date and holistic.

- There was a range of treatment and activity delivered by skilled and experienced staff.
- Patients and carers knew how to complain.
- Staff described managers as supportive and approachable.
- Staffs were dedicated, passionate and patient focused.

However:

- Managers did not ensure that staff completed Mental Capacity assessments in line with the Act.
- On Kirby ward there was no evidence of Section 132 rights read on detention in 54% of records reviewed.
- There was minimal evidence of patient involvement in care plans.
- Between August 2015 and July 2016, there were 60 delayed discharges across the service.
- There were no dedicated visiting rooms.
- At times, there were insufficient qualified nurses on shift.
- Clinical supervision was not taking place regularly across the service.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Patients reported they felt safe on the wards.
- Managers completed ligature risk assessments annual for three out of the four wards. They were comprehensive and highlighted the risk areas. Managers mitigated these risks and promoted observation by installing CCTV in all day areas and corridors.
- Most patients had up to date risk assessments, that had been reviewed and in date.
- The use of restraint was low and used only after verbal de-escalation had been unsuccessful. Incidents, such as falls, were investigated and measures put in place to prevent repeat incidents.
- Managers used a tool to identify and review staff numbers.
- Medicines were stored securely and within safe temperature ranges.
- Overall, 91% of staff had received mandatory training across the service

However:

- At times the wards struggled fill all qualified shift that required cover.

Good



Are services effective?

We rated effective as requires improvement because:

- Managers did not ensure that staff completed Mental Capacity assessments in line with the Act.
- On Kirby ward there was no evidence of Section 132 rights read on detention in 54% of records reviewed.
- Managers were not providing regular clinical supervision in line with the trust policy. Staff were not documenting when supervision occurred.
- Appraisal rate across the service was at 73%.
- Care plans were not personalised and there was no evidence of patient involvement.

However:

- Staff completed comprehensive assessments for all patients' following admission in a timely manner.
- Staff monitored patients' physical health regularly from the point of admission.

Requires improvement



Summary of findings

- Staff at the Bennion centre made detailed daily entries in the patients' cases notes.

Are services caring?

We rated caring as good because:

- Patients reported that they were cared for and treated with respect. This was confirmed by family members.
- Staff were positive, supportive and caring in their interactions.
- We observed staff to be passionate and motivated to meet the patients' care needs.
- Staff responded quickly to patients' requests and carers confirmed this.
- The ward had leaflets and guidance displayed for patient information.
- Staff supported patients to develop and maintain social networks. Families could visit and attend reviews.

However:

- Some patients told us that staff did not always knock before entering their bedrooms.
- There was limited evidence of patient participation in care plans.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The facilities and premises were appropriate for the service being delivered. Wards were spacious with several lounges, activity rooms, and quiet spaces.
- Patients had access to spiritual support and were able to visit a place of worship.
- Patients were able to personalise their bedrooms.
- Admissions were planned; some patients had the opportunity to visit the ward prior to their transfer to meet staff and see the environment.
- Staff supported patients in discharge planning.
- Staff provided an appropriate level of activity and therapy across the working week. This was confirmed by patients.

However:

- Patients reported limited activities over the weekend.
- There were no dedicated visiting rooms across the wards for older adults' service.
- There were high numbers of delayed discharges.

Good



Summary of findings

Are services well-led?

We rated well-led as good because:

- Managers and staff knew the trusts visions and values. Staff were aware of immediate managers but less aware of senior managers based outside of their service.
- Managers used key performance indicators to gauge the performance of the team's compliance in key areas such as sickness, supervision, and training.
- Managers ensured that the overall compliance rate with mandatory training was at 91%.
- Managers used bank and agency staff to achieve the required levels of staffing to meet the needs of the patients when required.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks. Staff were engaged with patients and supporting them in daily activities.
- Staff confirmed that they received feedback from incidents and complaints and that lesson learnt from other wards was shared with them at team meetings and via emails.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. Staff consistently reported that managers were supportive and would listen and act on any concerns they raised.
- The service used Dementia Care Mapping as an observational tool to look at the care of patients with dementia.

However:

- Managers on most of the wards reported that supervision was taking place but not always recorded by the individual supervisee. However, only 67% of staff received supervision. This is significantly lower than the trusts target of 85%.

Good



Summary of findings

Information about the service

The wards for older people with mental health problems are part of the trust's services for older people with mental health problems.

The Bennion centre is situated at the Bradgate Mental Health Unit and the older person's service consists of 2 wards, Welford and Kirby. Welford was a mixed sex ward and Kirby was a female ward each with 24 beds. They specialise in the assessment and treatment of patients with depression, anxiety, and psychotic illness.

The Evington centre is situated on the Leicester General Hospital site and consists of 22 beds divided between two

wards (Coleman and Wakerley). Coleman is a male ward and Wakerley is for female patients. Gwendolen ward was closed 18 months ago but provides a four bed overnight stay facility as a contingency against sourcing out of area beds.

The Evington centre and the Bennion centre have been inspected once by the CQC in March 2015 when they were rated as good. There was one requirement notice issued in relation to consent to treatment for those subject to Deprivation of Liberty Safeguards authorisations.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Sarah Duncanson, inspection manager (mental health) CQC.

The team that inspected wards for older people with mental health problems consisted of two inspectors, an expert by experience, a nurse, and a social worker and psychologist.

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.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all four of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 18 patients who were using the service and four carers
- interviewed the managers or acting managers for each of the wards

Summary of findings

- spoke with 34 other staff members; including doctors, nurses and occupational therapist
- attended and observed one handover meetings and one multi-disciplinary meetings
- reviewed at 32 treatment records of patients
- carried out a specific check of the medication management on four 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

- Overall, patients reported good care and treatment across the wards for older people with mental health problems.
- Patients felt safe and well cared for.
- Patients reported clean and welcoming environments and friendly staff.
- Patients described staff and managers as caring and responsive to their needs.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must improve how staff record formal mental capacity assessments and best interest decisions.
- The trust must ensure that all staff receives regular supervision and staff record when supervision has taken place.

Action the provider **SHOULD** take to improve

- The trust should ensure that all patients' rights are read to the patient upon admission.

- The trust should ensure that annual ligature risk assessments take place on Wakerley ward.
- The trust should ensure that patients have access to leave and that staff document when leave occurs.
- The trust should ensure that there are an adequate number of qualified nurses on shift.
- The trust should ensure that patients are involved in their care plans and that these plans are personalised.

Leicestershire Partnership NHS Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Name of CQC registered location

Gwendolen, Coleman, Wakerley wards.

Evington Centre

Kirby and Welford wards

The Bradgate Mental Health Unit: Bennion Centre

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.

- 97% of staff had received training on the Mental Health Act.
- The trust had a policy on the Mental Health Act, which staff were aware of and could refer to if needed.
- Staff on Welford, Wakerley, and Coleman wards informed patients of their rights; we saw copies of paperwork and documentation in case records. On Kirby ward in 54% of records reviewed there was no evidence of Section 132 rights read on detention.
- Section 17 leave forms were signed and in date.
- Information on the rights of detained patients was displayed on all wards.
- Independent mental health advocacy services were available to support patients. Staff knew how to access and support patients to engage with the independent mental health advocate when needed.
- The trust carried out regular audits to ensure that the MHA was correctly applied.
- There was a Mental Health Act administrator, and staff knew how to contact them for advice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 95% of staff working across the wards for older people received Mental Capacity Act training.

Detailed findings

- Between March and September 2016, older adult wards submitted 74 Deprivation of Liberty Safeguard applications. Coleman Ward at the Evington Centre accounted for 35 of these applications.
- The trust had a policy on MCA, which included DoLS, which staff were aware of and could refer to if needed.
- Although the training rates for MCA were high we found that the assessments staff had completed demonstrated a lack of understanding of MCA and the application of the five statutory principles. Staff assessed and recorded patients' capacity to consent to stay and treatment upon admission. However, documentation was not robust. Staff did not record how patients' capacity to consent or refusals of treatment had been sought, of how staff supported patients to make decisions, or how the patients' impaired capacity prevented them from making a decision.
- Where patients were assessed as lacking capacity, there was no best interest paperwork to demonstrate or support decision-making. There was no evidence of family or an Independent Mental Capacity Advocate involvement.
- In four case records, DoLS paperwork had been completed prior to assessment of capacity. We found that another patient had been assessed as having capacity to consent to care and treatment but remained under a DoLS authorisation.

Are services safe?

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

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

Our findings

Safe and clean environment

- The layout of the wards meant that staff could not observe all areas of the wards at all times. The managers had mitigated against this risk and promoted observation with CCTV in communal areas to help monitor patient safety and review incidents.
- Managers completed annual ligature audits to identify ligature points throughout the units. Ligature points had been identified in all ward areas and gardens across the service. A ligature is a place to which patients' intent on self-harm could tie something to harm themselves. Managers mitigated risk by robust risk assessments and nursing observations.
- At the Evington centre, there were three wards. Coleman was a male only ward and Wakerley was a female only ward. At the time of inspection Gwendolen ward was closed. Managers told us that Gwendolen was used on occasions to sleep patients when they admitted above their bed numbers. Managers confirmed Gwendolen ward was used to sleep both male and female patients but not at the same time and therefore it complied with same-sex accommodation guidance.
- At the Bennion Centre, there were two wards. Kirby was a female ward and Welford a mixed gender ward. Welford complied with the Department of Health guidelines on single sex accommodation. We observed that female patients choose to sit in the lounge with male patients.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs. We saw evidence of regular checks of equipment and drugs taking place.
- There were no seclusion rooms within this core service. Wards used low stimulus or separate rooms where patients' could spend time in a quieter environment.
- All wards were clean, tidy, with appropriate furnishings. The wards were free from unpleasant odours and generally well maintained. Carers and patients confirmed that the wards were clean and we observed staff cleaning tables following activities.
- The 2016 PLACE score for condition, appearance, maintenance, and cleanliness at the Bennion Centre was 98% and 99% at the Evington Centre. This was higher than the trust's score of 94.7% and higher than the national average.
- Staff adhered to infection control principles including hand washing. There were handwashing facilities across all wards and good hand hygiene was observed.
- Equipment across wards was well maintained, clean and appropriate checks had taken place and were in date. Access to equipment to support the prevention of, and care of patients with pressure ulcers and a range of continence aids was available.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment. We saw a dedicated team of domestic staff working throughout the service during the inspection.
- Environment risk assessments were completed as required.
- There were call bells in bedrooms and communal areas where staff or patients could summon assistance.

Safe staffing

- The overall leavers' rate for the service was 11% in the last 12 months, which was equivalent to 20 staff; this was higher than the trust wide of 9.1%.
- Sickness across all the wards in this service was higher than the trust average. Coleman ward had the highest at 16% in the last 12 months.
- The qualified nurse vacancy rate for the service was above the trust average at 30%.
- There were set staffing levels on each ward. Managers reported that they were able to adjust staffing numbers as required to take account of case mix and additional observations.

Are services safe?

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

- To cover gaps in the rotas staff were offered additional hours, bank, and agency staff were used to ensure safe staffing. Within the last three months, 45 shifts were not filled by bank or agency. For the months of May and June 2016 Kirby and Welford wards at the Bennion centre had difficulties filling their staffing needs with more than 20% of qualified nurse shifts not covered. In order to maintain staff staffing managers increased the ratio of health care staff to fill the gaps. Staff on Coleman ward reported frequent difficulties filling all staffing needs. To ensure staff staffing numbers managers increased the numbers of health care workers.
 - Managers reported having a pool of bank staff that worked regularly and knew the patients well. Agency staff were more likely to be unfamiliar with the ward environment and patient group.
 - At the time of inspection, there were an appropriate number of staff on the wards and staff were engaged with patients. Patients confirmed that staff were available to them on the wards and that they felt safe.
 - Qualified nurses were visible on the ward and able to spend time with patients on most wards. Staff on Coleman ward reported that there was not always enough staff to spend time one to one with patients.
 - Patients told us that leave or activities were not cancelled due to staffing issues. Staff confirmed this. However, we saw little evidence of regular leave taking place for most patients in care records.
 - The trust provided information on staffing which showed 12 qualified nurse vacancies at Evington and nine at the Bennion Centre. On inspection, we found that staffing had improved at the Evington Centre. At the Bennion Centre, there were 10.7 qualified nurse vacancies, 4.5 on Welford, and 6.2 on Kirby ward. Staff confirmed that additional qualified nurses were required across the service for which there was an ongoing recruitment programme.
 - There was staff available to carry out physical interventions. We saw that routine physical health observations including, weight and blood pressure monitoring was taking place.
 - There was adequate medical cover across the day and night and a doctor was able to attend each ward quickly in an emergency. We saw evidence in care records of doctors reviewing patients' physical health.
 - The service overall compliance rate with mandatory training was at 91%.
- ### Assessing and managing risk to patients and staff
- There were no seclusions reported and the service had no seclusion rooms.
 - Between February and July 2016, there were 68 incidents of restraints on 29 different patients. Coleman ward accounted for 49% of incidents. There were no prone (face down) restraints
 - Restraint was only used after de-escalation had failed and was low-level interventions. Staff referred to restraints as "safe holds" reflecting the gentle approach used within the environment for older people. Carers confirmed witnessing gentle restraints of their relatives.
 - We reviewed 32 care records. Risk assessments were in place for all patients on admission and updated regularly. There were detailed assessments covering all aspects of mental and physical health needs and reflecting changes in risk behaviours. Patients told us that they physical health needs were met.
 - Recognised risk assessment tools were used to assess risk including; nutritional screening, falls, and pressure areas screening.
 - There were no blanket restrictions in place. Informal patients reported that they could leave at will.
 - There were policies and procedures for the use of observation and searching patients. Staff reported that patients would not be search unless risk assessment indicated a need.
 - There was no use of rapid tranquilisation.
 - Overall 93% of staff had received safeguarding training. Staff could describe the safeguarding process, and immediate safeguards they could put in place to protect patients'.
 - We reviewed 40 prescription charts and saw good management of medication. Medication was prescribed within recommended guidance and all documentation was present and in date.

Are services safe?

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

- There was appropriate procedures and management in place of pressure ulcers and falls; including screening, risk assessment and care planning.
- There were no consistent procedures in place to ensure children visiting the wards were safe. There was no formal risk assessment, no dedicated visiting room and children entered the ward environment for visits.

Track record on safety

- Between July 2015 and June 2016 there were six serious incidents requiring investigation across the older people's wards. Four of these incidents were result of slips, trips, or falls.
- The service responded appropriately and in a timely manner when responding to risks, such as falls. Incidents were reviewed and care plans updated to minimise repeated incidents.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents using the electronic reporting system.
- Incidents that should be reported were reported.
- Staff confirmed that they received feedback following serious concerns and were able to describe incidents from other wards. Staff confirmed that de-briefs and support was provided following incidents.
- Managers reported that incidents are discussed at their weekly meetings and lesson learnt where shared across the service and changes in practice implemented where appropriate.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- We reviewed 32 care records. Staff completed comprehensive assessments for all patients' following admission.
- Care records showed that physical health examinations upon admission were completed and there was ongoing monitoring of physical health. Care plans were in place for specific physical health needs and were reviewed and updated regularly. Patients confirmed that their physical health needs were met.
- Care records contained up to date information that was holistic and recovery focused. Although, care plans were not always personalised. Staff at the Bennion centre made detailed daily entries in the patients' cases notes guided by a template. This was not in use at the Evington centre and entries were less detailed.
- Information needed to deliver care was stored securely and available to staff. The service used an electronic records system and some paper based records.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidance when prescribing medication across the service. This included regular reviews and physical health monitoring such as electrocardiograms and blood tests.
- Psychological therapies were available to assess and provide treatment to individual patients based on individual need. Occupational therapy was in place across the wards and staff confirmed there was an appropriate resource level allocated. Patients' reported that they received the therapies and activities they need and were making progress. Carers reported that staff would arrange specific activities upon request.
- There was access to physical healthcare and patients were referred and attended specialist appointments. We saw evidence of Speech and Language Therapy and Dietitian input where required.
- Staff completed assessments of nutrition and hydration and care plans were in place for specific patients.

- Staff completed Health of the Nation Outcome Scales to assess and record severity and outcomes for patients.
- Staff reported participating in clinical based audits on care plans and care records.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, physiotherapists, and a large occupational therapy team across the service. If required patients were referred to Speech and Language Therapists, Dietitians. Pharmacy were also available.
- There was a ranged of experienced and qualified health professionals across the service.
- An induction program was in place for all permanent staff. Managers ensured that bank and agency staff received induction to the wards. The trust supported health care assistants to complete the care certificate standards.
- Overall 91% of staff had received mandatory training across the service. Staff were positive about the training opportunities available to them.
- Between August 2015 and July 2016 only 64% of staff received supervision, this was below the trust target of 85%. Managers on most of the wards reported that supervision was taking place but not recorded by the individual supervisee. The manager on Coleman ward confirmed that supervision was not consistently taking place. However, staff we spoke with confirmed that they were receiving supervision.
- Overall, the appraisal rates for non-medical staff across the wards for older people were 73%. Welford ward was significantly higher at 94 %.
- We saw evidence that regular staff meetings were taking place across the service. Staff confirmed that they attended team meetings and other informal discussions and handovers.
- Staff reported receiving the necessary training for their role and described the training as appropriate and useful.
- Managers addressed poor staff performance promptly. Managers told us of additional supervision, support and

Are services effective?

Requires improvement 

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.

monitoring of staff where required. Since August 2015, there were five cases where staff have been either suspended or placed under supervision due to behaviour. Three of these cases were on wards at the Evington Centre.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team held weekly ward rounds where patients care and treatment were discussed. Staff described supportive working relationships across the multidisciplinary team. Staff spoke very positively of the input from the occupation therapy department across the service.
- Handovers were taking place three times a day across the service. Staff described these handovers as detailed and informative.
- Staff described good links with other agencies, for example, community teams to support patients during discharge. Managers attended bed management meetings and referrals meetings to discuss patients' movements through the service and patients who needed admission or discharge from the service. The service had a small 'extended discharge team' led by occupation therapy that supported the discharge process.
- Managers reported effective working relationships with teams outside of the organisation, for example, local authority social services.

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

- Overall, 97% of staff had received training in the Mental Health Act (MHA) this was above the trust average of 82%. Staff generally understood the MHA and their responsibilities under the act.
- Staff completed appropriate Mental Health Act paperwork upon admission. We saw evidence of this in case records.
- Staff told us that they would contact the Mental Health administrator if they needed any specific guidance. We observed this on one ward in relation to a recent detention.
- Leave forms were in place where required. Those we examined were signed and in date.

- Consent forms and current medication forms were kept together so staff could check patients' consent for medicines.
- On Welford, Wakerley, and Coleman wards staff read patients their Section 132 rights on admission and routinely thereafter. On Kirby ward at the Bennion centre in 54% of records reviewed there was no evidence of Section 132 rights read on detention. One patient's rights were read 9 days after admission and detention.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required.
- Detention paperwork was filled out correctly, was up to date and stored appropriately.
- The trust carried out regular audits to ensure that the MHA was applied correctly.
- Staff reported that patients had access to Independent Mental Health Advocacy (IMHA) services. We saw some evidence in case records of this taking place. There were posters on all wards providing information about this service.

Good practice in applying the Mental Capacity Act

- Overall, 94 % of staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training. This was above the trusts average of 83%.
- The service had made 74 Deprivation of Liberty Safeguards applications within the last 12 months. Coleman had the highest number of application at 35.
- Whilst staff were trained in the Mental Capacity Act, the application of the five statutory principles was poor. Three DoLS application on Wakerley ward and one on Welford ward were completed prior to the assessment of capacity.
- Mental Capacity Act assessments were completed upon admission for every patient. However, there was no evidence of patients being supported to make decisions for themselves at the point of assessment.
- Where a patient was deemed to lack capacity there was no evidence that the best interest decision-making process was applied. There was no documentation of the person's wishes, feelings, culture, or history.

Are services effective?

Requires improvement 

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.

- There was little evidence that staff supported patients to understand the process, no involvement of family or Independent Mental Capacity Act Advocate in the most mental capacity assessments.
- Deprivations of Liberty Safeguards applications were made where required and there was evidence of follow up where they had been a delay in assessment from the local authority.
- The trust had a policy in place that staff were aware of and could refer to.
- On Welford ward at the Bennion Centre one patient managed under DoLS had been assessed as having capacity two weeks previously. Therefore the patient was deprived of their liberties without a relevant legal framework. We informed the manager of this on inspection who took appropriate action. One patient's mental capacity had been assessed without a decision specific question. A third patient had been assessed as having capacity to consent to admission and treatment and reassessed one day later as lacking capacity; there was no evidence that the patient's presentation had changed.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff across the service was observed to be caring and respectful to the patients. We saw staff help patients mobilise and support those that needed assistance to walk around the wards. Staff were warm in their interactions and offered guidance and reassurance when patients presented as agitated and confused.
- Patients reported that staff were kind and caring. Carers reported that they felt patients were safe, cared for and well looked after by staff. One carer told us that they would not want the relative moved due to the quality of care they received on Coleman ward.
- Staff demonstrated understanding of the patients individual care needs. However, not all qualified staff were aware of individual patients' names on Welford ward.
- On Coleman, Wakerley and Kirby wards patients reported that staff did not always knock before entering their bedrooms.
- The PLACE score for privacy, dignity, and wellbeing for Evington Centre was 89% and for Bennion Centre 89% both are above the trusts average score of 82%. However, this fell below the national average of 90%.
- Some patients on Welford ward found it hard to share the environment with patients with dementia. They reported that at times their privacy was invaded, as patients would come into their bedrooms. One carer reported that their relative was in another patient's clothes when they last visited him on Coleman ward.
- Managers reported that patients could visit the ward prior to admission, where appropriate. Wards had welcome packs and patients were usually orientated to the ward, carers confirmed this. Overall patients felt supported upon admission and said that processes and procedures were explained.
- Patients and carers were encouraged and supported to be involved in most aspects of their care. Carers were invited into ward round and to more formal reviews of care and treatment. Carers confirmed contact with nurses and doctors to discuss their relative's treatment and progress. Carers were encouraged to assist with creating memory boxes and 'this is me' documents on the wards for patients with dementia.
- There was little evidence of patient participation in care plans and risk assessments. Some patients reported that they had not seen or been provided with a copy of their care plan. On Kirby ward, patients reported that they were unaware of their care plans. However, they were aware that the staff including Doctors updated their family and were satisfied with this.
- There was access to advocacy services and posters were displayed on all wards providing information for patients and carers.
- Families were welcome to visit and we observed several visits taking place across the service. Visits took place in the main ward and in quieter areas of the wards.
- Staff welcomed feedback both formal and informal from patients' and carers. Case records documented some feedback from families.
- There were advance decisions in place for some patients. We saw copies of paperwork relating to lasting power of attorney.

The involvement of people in the care that they receive

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Between November 2015 and July 2016 the average bed occupancy rate across the wards for older people was 93%.
- The average length of stay in this service was 87 days. Kirby Ward at the Bennion Centre had the highest average length of stay at 115 days, whilst Wakerley Ward at the Evington Centre had the lowest at 57 days.
- There was no out of area placements for this service. However, managers reported that on occasion there was a need to admit patients above their bed numbers. In these incidents, they would admit to beds when patients are on extended leave or sleep additional patients on Gwendolen Ward, which was closed.
- Managers reported that a bed was also available to patients on return from leave.
- Patients were occasionally moved between wards for sleeping when wards admitted above their bed numbers. Managers were unable to provide data on the numbers of patients this affected.
- The clinical team identified patients ready for discharge without delay. However, managers reported frequent delayed discharge whilst new placements were identified externally.
- Between August 2015 and July 2016, there were 60 delayed discharges across the wards for older people.
- We reviewed 32 care records; all had appropriate discharge care plans in place.

The facilities promote recovery, comfort, dignity and confidentiality

- A full range of rooms and equipment to support treatment and care were available across the service, with a variety of activity and quiet lounges in the wards.
- There were no dedicated visiting rooms within the service. We observed visits taking place within the main ward areas.
- There were facilities to make private phone calls and patients could use their personal mobile phones.

- Patients had access to outdoor space when they wished on all the wards. Garden doors were locked during the night.
- Overall patients were happy with the food provided with the exception of the vegetables which they reported was over cooked. We observed one mealtime where a variety of food options were available.
- The PLACE score for food at the Evington Centre was 77% and Bennion Centre 88%. The national average was 88.2%.
- The wards provided drinks and snacks across the day. Patients also had their own snacks.
- Some bedrooms had been personalised. Some carers were supporting staff to personalise bedrooms on the wards for people with dementia. We saw evidence of carers helping to create memory boxes.
- The occupation therapy team provided a reduced activity programme on Saturdays. Patients reported limited activities over the weekend.

Meeting the needs of all people who use the service

- There was access for wheelchairs and handrails to help those with restricted mobility and at risk of falling across the service. We observed staff provide additional support to those who required it to walk around the wards.
- The service provided information leaflets on a variety of subjects including complaints, advocacy, and patients' rights, which were available in different languages.
- An interpreter service was available upon request and with easy access. We saw leaflets displayed on all wards.
- The service catered for specific dietary requirements and we saw patients offered food and drinks outside of the main meal times. On Coleman ward, we observed a patient being supported to eat a sandwich as he walked around the ward.
- Staff reported that specific spiritual support was available to patients and we saw some evidence of this in care records.

Are services responsive to people's needs?

Good 

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

- Patients reported an appropriate activity and therapy level across the week but little over the weekends. Occupational therapy was provided at a reduced level on Saturdays.

Listening to and learning from concerns and complaints

- Between August 2015 and July 2016, there were seven complaints across the wards for older people of which four were upheld. No complaints were referred to the ombudsman. The wards received 78 compliments during the same period.
- Staff and managers told us that they responded to complaints immediately and often concerns were dealt with informally. Manager maintained contact with carers in order to address any concerns swiftly.
- The majority of patients and family knew how to report complaints or raise concerns. Patients reported that they did not have a need to complain. However, they were confident that if they did they would be listened to and the matter dealt with. Families confirmed that there was little need to complain.

Are services well-led?

Good 

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

Our findings

Vision and values

- Managers and staff new the trusts visions and values. Posters were displayed across the service and visions and values were incorporated into individual and team objectives.
- Staff were aware of immediate managers but less aware of senior managers based outside of their service.

Good governance

- The service overall compliance rate with mandatory training was at 91%.
- Overall, 67% of staff received supervision between August 2015 and July 2016. This is significantly lower than the trusts target of 85%. Managers on most of the wards reported that supervision was taking place but not always recorded by the individual supervisee. The manager on Coleman ward confirmed that supervision was not consistently taking place. Staff we spoke with confirmed that they were receiving supervision.
- As of the 1 September 2016 overall appraisal rate for staff was 73 %, Welford ward was significantly higher at 94%. On inspection, we saw evidence of 100% compliance on Coleman ward.
- Managers attempted to staff shifts to the agreed safe level of nurses; they often used bank and agency staff to achieve this. At times wards did not have the appropriate number of qualified nurses. To ensure staff staffing numbers managers increased the numbers of health care workers.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks. Staff were engaged with patients and supporting them in daily activities.
- Staff participated in clinical based audits such as care plans and care records.

- Staff confirmed that they received feedback from incidents and complaints and that lesson learnt from other wards was shared with them at team meetings and via emails.
- The service used key performance indicators to gauge the performance of the team's compliance in key areas such as sickness, supervision, and training.
- The managers reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers. Administration support was provided to the wards.

Leadership, morale and staff engagement

- At the time of inspection, there were no reported cases of bullying and harassment.
- Sickness across all the wards in this service was higher than the trust average this was due to a small number of long term sickness that made the average higher.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. Staff consistently reported that managers were supportive and would listen and act on any concerns they raised.
- Overall, staff reported good moral and were happy in their roles. We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging.
- Staff reported opportunities for professional development and that training was appropriate to their needs. Qualified nurses reported that there was opportunity to progress within the service.

Commitment to quality improvement and innovation

- The service used Dementia Care Mapping as an observational tool to look at the care of patients with dementia.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The trust did not make appropriate arrangements to ensure the consent to care and treatment of all services users.

Procedures required under the Mental Capacity Act were not always followed:

- Not all patients had recorded assessments of capacity
- There was no documentation of best interest decision making.
- Assessments were not always decision specific.
- Some DoLS applications were completed prior to assessment.

This was a breach of Regulation 11.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The trust did not ensure that staff were receiving regular supervision

- Not all staff were receiving regular supervision.
- Not all staff were recording when supervision had taken place.

This was a breach of Regulation 18.