

Good 

Central and North West London 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)
RV329	Beatrice Place	3 Beatrice Place	W8 5LW
RV3AN	Hillingdon Hospital Mental Health Centre	Oak Tree Ward	UB8 3NN
RV383	Northwick Park Mental Health Centre	Ellington Ward	HA1 3UJ
RV320	St Charles Mental Health Centre	Kershaw Ward Redwood Ward	W10 6DZ
RV3Y2	TOPAS Waterhall Care Centre	TOPAS	MK2 3QH

This report describes our judgement of the quality of care provided within this core service by Central and North West London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

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 Central and North West London NHS Foundation Trust. and these are brought together to inform our overall judgement of Central and North West London NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Following this inspection, we rated wards for older people with mental health problems provided by Central and North West London NHS Foundation Trust as **good** because:

- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate effective, caring and responsive as requires improvement following the February 2015 inspection. The provider had made many improvements since the last inspection and had addressed all previous breaches of regulation and almost all of the previous recommendations.
- The wards for older people with mental health problems were now meeting Regulations 9, 10, 12, and 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014
- Wards were clean and well maintained. The risks for individual patients were identified and managed to ensure that patients were safe.
- Staffing levels supported the delivery of care. Escorted leave and activities were rarely cancelled due to staffing levels although some staff said they did not always manage to complete one to one sessions with patients or to take a break during their shift.
- Patients' needs were comprehensively assessed upon admission. Care records reflected patient's individual needs, choices, preferences, and staff had the knowledge and skills to meet these.
- Patients had good access to physical healthcare including access to specialists when needed.

- Staff told us that they were supported with their work, training and professional development to effectively meet patients' needs.
- Patients described staff as caring and kind and told us they were treated with dignity and respect. Where patients were unable to tell us, we saw staff treat patients with kindness and compassion. Relatives and carers told us staff appropriately involved them in planning and reviewing patient care.

However:

- However, there were findings at this most recent inspection that led to a continuation of rating safe as requires improvement.
- Staff at St Charles MHC were not clear about the reporting of incidents of restraint when used to deliver personal care.
- Environmental risks such as plastic bags and some blind spots had not been considered on Kershaw and Redwood wards. There was no overall environmental risk assessment and the ligature risk assessment for the garden at TOPAS ward was insufficient.
- Staff at Beatrice Place did not receive clinical supervision in line with the trust policy.
- Two capacity assessments at Beatrice Place contained very brief information, lacked detail about any assessment or discussions that had taken place. The legal status of one patient on Kershaw ward regarding their DoLS application had been incorrectly recorded.

Summary of findings

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

Are services safe?

We rated safe as **requires improvement** because:

- Staff at St Charles MHC were not clear about the requirements for reporting of incidents of restraint when used to deliver personal care.
- Environmental risks such as plastic bags and some blind spots had not been considered on Kershaw and Redwood wards. There was no overall environmental risk assessment on Kershaw and Redwood wards and the ligature point risk assessment of the garden was brief on TOPAS ward.
- Staff were able to give us examples of incidents on their wards and within their own services and the shared learning. However, there were no arrangements in place to share learning across all the wards for older people to improve and inform practice.
- Staffing levels on Ellington ward did not always allow staff enough time to take breaks from their work
- Prescription charts used for the administration of medicines did not include a time for the administration of medicines.

However,

- In February 2015, we found that Oak Tree and TOPAS wards did not comply with the guidance on same sex accommodation, at this inspection we found that improvements had been made. At Oak Tree ward there was gender separation for five single bedrooms. On TOPAS ward, we found that, as far as possible, men and women had bedrooms on separate corridors. Where this was not possible, we found that the provider was grouping bedrooms together according to gender.
- In February 2015, we found that medicines used for emergency resuscitation were not kept in one place on Redwood ward. At this inspection, we found that improvements had been made. Emergency medicines and equipment were available and checked regularly to ensure they were within date, accessible and fit to use.
- In February 2015, we found that the medicine trolley on Redwood ward was left unlocked, medicine had been left where a patient could have picked them up and drugs to be

Requires improvement



Summary of findings

used for emergency resuscitation were not stored together. At this inspection, we found that improvements had been made. Medicines were stored securely across the trust in locked cupboards within locked clinic rooms.

- In February 2015, we found that staff at the TOPAS centre did not have access to a record of safeguarding alerts. At this inspection, we found that improvements had been made. The service had introduced a safeguarding log which clearly showed all the incidents that had been reported, the progress of any investigation and the outcome of completed investigations.
- The wards were clean, tidy, well maintained and good infection control arrangements were in place.
- Staffing levels were planned and reviewed regularly to ensure an appropriate skill mix to provide safe care and treatment for patients. Knowledgeable and skilled staff who received training relevant to the needs of the people who used the service supported patients.
- Risks to patients were assessed, well managed and reviewed in a timely manner to protect people from harm.
- Appropriate arrangements were in place for the management of medicines which kept patients safe.

Are services effective?

We rated effective as **good** because:

- In February 2015, we found that on Redwood ward ongoing physical health checks were not always taking place. At this inspection, we found that improvements had been made. Regular physical health observations were carried out and staff used national early warning scores (NEWS) to identify if the patients physical health was deteriorating.
- Staff completed a comprehensive and timely assessment of the patient's needs following their admission.
- Staff supported patients with ongoing physical health needs and referred them to specialist services and professionals where required.
- Patients' care records contained up to date, holistic and where appropriate recovery orientated care plans, that were regularly reviewed.

Good



Summary of findings

- Clinical staff delivered care and treatment in line with current guidance.
- The wards had good multi-disciplinary teams that met regularly and had a comprehensive understanding of patients' needs. Staff were appropriately skilled to deliver care and treatment.
- Most staff had regular supervision and an up to date appraisal. Staff were supported to access specialist training for their roles.
- Staff used the Mental Health Act and the accompanying Code of Practice correctly. Documentation was kept in good order. People's capacity to consent to their care, treatment and support was assessed.
- The majority of staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied in their practice.

However,

- Staff at Beatrice Place were not receiving clinical supervision in line with the trust policy. The system for recording supervision was not embedded across the service.
- At Beatrice Place and Redwood ward it was difficult for patients to access psychological therapies promptly as there was no psychologist in the multidisciplinary team.
- Two capacity assessments at Beatrice Place contained very brief information, lacked detail about any assessment or discussions that had taken place. The legal status of one patient on Redwood ward regarding their DoLS application had been incorrectly recorded.
- Regular audits were taking place, though on Oak Tree ward action plans and timescales to address audit findings were not present.

Are services caring?

We rated caring as **good** because:

- In February 2015, we saw that the dignity of a number of female patients was not maintained as they attended mealtimes in their nightwear with no dressing gown. At this inspection we found that improvements had been made and patients were dressed in a manner that upheld their privacy and dignity.
- In February 2015, we found that patients did not have access to a lockable space. During this inspection, patients had access to lockable space for the safe storage of their belongings.

Good



Summary of findings

- In February 2015, we found that night time checks were intrusive and patients were unable to close the observation panel from inside of their room. During this inspection, we saw that observation panels were kept shut. Where patients wanted them open this was clearly stated on their bedroom doors.
- In February 2015, we found that patients were not participating in the preparation of their care plan and did not have a copy of their care plan. During this inspection, we found that patients and those that mattered to them were involved in developing and reviewing their care plans. Copies of care plans were given to patients and carers.
- We saw positive interactions between staff, patients and carers. Staff understood the needs of patients well and supported them in a calm manner and explaining things well.
- Patients and their relatives were consistently positive about the care and treatment provided.
- Patient's and carers were able to feedback on the service through a range of community and carers meetings.
- Patients had access to independent advocacy services.

Are services responsive to people's needs?

We rated responsive as **good** because:

- In February 2015, we found that Redwood ward was providing beds for working age adults who were not clinically appropriate for a service for older people. During this inspection, we found that patients were clinically appropriate for the older people's service.
- In February 2015, we found that beds were not available for patients who were on leave in the event they needed to return to the ward. During this inspection, we found that beds were available for patients who were on leave, if they needed to return to the ward.
- There were a variety of rooms and equipment available that supported care, treatment and recovery.
- Staff responded to patients' diverse cultural, religious needs and there was access to appropriate spiritual support.
- Patient's nutrition and hydration needs were met. The choice of food took account of special dietary requirements and religious or cultural needs. Coloured non-slip mats were used to support patient's visual awareness of food.

Good



Summary of findings

- Patients had access to a programme of therapeutic activities on each ward which supported patient stimulation and support.

However,

- We found that some ward environments did not support patients with dementia or cognitive impairment, this included pictorial signage and the use of orientation boards. Plans were in place to improve these environments. On Oak Tree ward different colours and flooring was used to help patients navigate around the ward.
- Information was not provided in easy read and pictorial formats to support people with dementia.
- Carers at Beatrice Place told us that sometimes outcomes of concerns raised were not always fed back in a timely manner. There was no tracking of informal complaints and this meant that

Are services well-led?

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

- Staff on the wards had a good understanding of and supported the trust's values.
- Governance arrangements were in place within each division that supported the delivery of the service, identified risk and monitored the quality, safety and performance of the services provided.
- Staff participated in clinical audits and used information from these audits to improve the service and outcomes for patients.
- Staff were supported to raise concerns without fear of victimisation. Staff told us morale and job satisfaction was good and they valued and supported.

However,

- There was a lack of systems in place to learn from incidents across the trust between the different divisions.

Good



Summary of findings

Information about the service

- Beatrice Place is based in Kensington and Chelsea and is a 24 bedded continuing care service. The service accommodates both men and women and provides care to older adults with functional and organic mental health problems.
- Oak Tree Ward based at Hillingdon Mental Health Centre (MHC) is a 17 bed assessment service. The service accommodates both men and women and provides care to older adults with functional and organic mental health problems.
- Ellington Ward is based at Northwick Park Mental Health Centre (MHC). The service is a 24 bedded ward that accommodates both men and women. It provides care to older adults with both functional and organic mental health problems.
- Redwood ward and Kershaw ward are both based at St Charles Mental Health Centre (MHC). Redwood Ward is a 17 bedded ward that accommodates both men and women. It provides care to older adults with both functional and organic mental health problems. Kershaw ward is a 14 bedded unit for both men and women, providing care to older adults with both functional and organic mental health problems.
- The older persons assessment service (TOPAS) is a 20 bedded assessment and treatment service for older

people who have complex or acute mental health problems both functional and organic. The service is based at the Waterhall Care Centre in Milton Keynes. The service provides care for both men and women.

This service was last inspected in February 2015 where it was part of the comprehensive inspection of wards for older people with mental health problems.

When the CQC inspected the trust in February 2015, we found that the trust had breached regulations. We issued the trust with eight requirement notices for wards for older people with mental health problems. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation - 9 Person-centred care

Regulation - 10 Dignity and respect

Regulation -12 Safe care and treatment

Regulation -13 Safeguarding service users from abuse and improper treatment

Regulation -17 Good governance

Since this inspection there have been five visits to these services by the Mental Health Act reviewers.

This inspection was a short-notice, announced inspection.

Our inspection team

Team Leader: Rekha Bhardwa Inspector (mental health) Care Quality Commission

The team that inspected this service comprised four inspectors, one CQC inspection manager, two pharmacy inspectors, one Mental Health Act reviewer, five specialist

advisors who had experience of working in wards for older people with mental health problems and five experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar mental health services.

Summary of findings

Why we carried out this inspection

We undertook this inspection to find out whether Central and North West London NHS Foundation Trust had made improvements to the wards for older people with mental health problems since our last comprehensive inspection of the trust on 23-27 February 2015.

When we last inspected the trust in February 2015, we rated the wards for older people with mental health problems as requires improvement overall. We rated the core service as requires improvement for safe, requires improvement for effective, requires improvement for caring, requires improvement for responsive and good for well-led.

Following that inspection, we told the trust it must make the following improvements to the wards for older people with mental health problems:

- Oak Tree ward and TOPAS must comply with same sex accommodation guidelines to promote peoples safety, privacy and dignity.
- On Redwood ward at St Charles medication must not be left unsupervised in reach of patients.
- On Redwood ward at St Charles medication used for emergency resuscitation must be kept in one place so it is easily accessible in an emergency.
- At the TOPAS centre in Milton Keynes staff must have access to a record of safeguarding alerts so they can know what action to take to keep people safe and learn from previous events.
- On Redwood ward peoples physical healthcare checks must take place as regularly as each person needs to ensure their health is monitored.
- On Redwood ward primarily but also on other wards for older people, patients must be supported to be dressed in a manner that preserves their dignity, have access to a lockable space to protect their possessions preferably their bedroom, have night time checks that are the least intrusive as possible, be able to close their observation panels in their door from inside their room and participate in the preparation of their care plan and have a copy where appropriate.

- Redwood ward must not provide beds for working age adults who are not clinically appropriate for a service for older people.
- A bed must be available for patients who are on leave In case they need to return to the ward.

We also told the trust that it should take the following actions to improve to the wards for older people with mental health problems:

- The trust should ensure staff working on wards for older people can clearly articulate how they are supporting patients to keep safe in terms of the ligature risks on the ward.
- At St Charles chairs with split covers should be repaired or replaced and enough chairs should be available so people can eat together.
- Where actions are needed following environmental risk assessments, these should be followed through.
- The trust should review the layout at Beatrice Place to try and provide gender separation in terms of bathroom facilities.
- On Redwood ward risk assessments should be updated following incidents.
- The trust should ensure staff have opportunities to discuss and learn from incidents across the trust and not just their site.
- The trust should ensure that Mental Health Act documentation is completed correctly for patients on TOPAS and Redwood ward to ensure people are being supported to understand their rights, their medication is authorized and their leave is approved.
- The trust should ensure that staff have been supported to have the training needed to support patients with their physical healthcare in line with the training provided at Beatrice Place.
- The trust should ensure that where patients are subject to a deprivation of liberty safeguard that the authorisations are kept under review and updated as needed.

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all 6 of the wards at the hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 44 patients who were using the service
- spoke with 27 relatives/carers of patients
- spoke with one advocate
- spoke with the managers and matrons for each of the wards

- spoke with one continuing care lead for the local clinical commissioning group covering Beatrice Place
- spoke with 78 other staff members; including doctors, nurses, pharmacists, pharmacy technician and therapy staff
- interviewed the divisional director for Harrow, the borough director and deputy director for Kensington and Chelsea and the service manager for Hillingdon
- attended and observed three hand-over meetings, three multi-disciplinary meetings, five ward based activity groups, one quality meeting and observed lunch on four of the wards

We also:

- looked at 54 treatment records of patients
- looked at 79 prescription charts
- carried out a specific check of the medicine management on five 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

We spoke with patients and carers during our inspection. A number of patients with complex mental and physical health needs were not unable to tell us their experiences. Therefore, we used different methods, including observation to help us understand their experiences.

The feedback from patients who were able to tell us, family members and carers we received was overwhelmingly positive. They described staff as kind, caring, helpful and supportive.

Carers told us they were welcomed and supported on the wards and could attend carers meetings if they wanted to.

Good practice

- On Oak Tree ward the consultant psychiatrist held a weekly open surgery which relatives and patients could attend with an appointment to discuss their care.
- The garden at Oak Tree ward was dementia friendly and contained raised plant and flowerbeds.
- Staff used 'flash cards' on TOPAS ward to aid patients with making decisions.

Summary of findings

- At Beatrice Place staff used SONAS which was a sensory and stimulation group using music.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff on wards for older people with mental health problems have an understanding of the trust policy on reporting incidents and reporting restraint so that incidents are recorded and the trust can monitor the levels of restraint to have an understanding of the quality of care.

Action the provider **SHOULD** take to improve

- The provider should ensure that the ligature risk assessment on TOPAS ward includes details of the ligature points in the garden and the steps taken to mitigate these risks.
- The provider should ensure that an overall environmental risk assessment is completed on Redwood and Kershaw wards.
- The provider should ensure that arrangements are in place to share learning from incidents across all the wards to inform and improve practice.
- The provider should consider the impact of using medicines charts which do not specify times on people whose medicines require exact dose timings or intervals and act accordingly.
- The provider should ensure that there is adequate staffing to enable staff members to take breaks without disrupting the delivery of care and that patients have regular one to one time with a staff member.
- The provider should continue to ensure that supervision is provided regularly for staff in line with trust policy and that the system for recording and monitoring supervision is embedded across the service.

- The provider should ensure on TOPAS ward that there is a sign on the door stating that informal patients can leave the ward.
- The provider should ensure that patients on Redwood ward and at Beatrice place have timely access to psychology input.
- The provider should ensure that care plan audits have an action plan with timescales in place when shortfalls are identified.
- The provider should ensure that capacity assessments are completed fully and include details of the decision and the discussion with patients to assess the level of capacity to make a specific decision.
- The provider should ensure that all relevant staff have an understanding of the deprivation of liberty safeguards and ensure that the correct legal status of patients is reliably recorded in patient's records.
- The provider should ensure that the ward environments are adapted to meet the needs of patients with dementia and cognitive impairment.
- The provider should ensure that care plans, menu and other information is provided in easy read and pictorial formats to support people with dementia and cognitive impairment.
- The provider should ensure that informal complaints are logged and that a system is implemented to ensure that relatives receive an update or feedback from informal concerns or complaints raised.

Central and North West London 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
3 Beatrice Place	Beatrice Place
Oak Tree Ward	Hillingdon Hospital Mental Health Centre
Ellington Ward	Northwick Park Mental Health Centre
Kershaw Ward Redwood Ward	St Charles Mental Health Centre
TOPAS	Waterhall Care 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.

- There were patients detained under the Mental Health Act (MHA) on all the wards. We looked at detention records on the other wards that we visited. We checked a sample of records and saw that they had been appropriately completed and that the legal status of patients were clearly indicated.
- Nursing staff completed a checklist to show that the person completing the statutory documents had done so correctly.
- Staff received training in the MHA and codes of practice, although this was not mandatory. Data provided by the trust showed that the service has a 67% compliance for the number of staff trained. Staff demonstrated a good understanding of the Mental Health Act 1983 (MHA), code of practice and guiding principles. They also had access to advice and support from MHA administrators working within the service.

Detailed findings

- Staff completed assessments of capacity to consent to treatment. Medicines prescribed reflected the consent to treatment forms.
- Patients who were detained were given information about their legal rights and we saw that this was recorded consistently in patient records. Where patients were not able to understand, further attempts were made and these were recorded clearly.
- Patients on the ward had access to advocates including independent mental health advocates (IMHA). There was information on the ward indicating how patients were able to contact advocates and advocates visited the wards regularly,
- All six wards had clear signs on the doors in the wards indicating the rights of patients who were not detained to leave the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

- As of January 2017, the overall compliance rate for Mental Capacity Act training course across the core service was 75%. This is a non-mandatory course without a compliance target.
- The majority of staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, at Beatrice Place, two capacity assessments were completed very briefly and included the diagnosis of the patient as a reason for not having capacity.
- Staff obtained consent from patients before providing them with care. They understood their legal obligations on how to support people who could not consent to their own care and treatment. Staff had access to a MCA lead for advice when needed.
- We saw records relating to the assessment and understanding of capacity across the service where decision specific assessments had been made and the best interests of the individual considered.
- Posters were displayed informing patients of how to contact the independent mental health advocate.
- Between 01 January and 31 December 2016, the core service wards had made 75 Deprivation of Liberty Safeguards (DoLS) applications. 39 (52%) of these were approved.
- On Kershaw ward, we found that there was confusion and a lack of understanding about the legal status of a patient where an application had been made to authorise a DoLS but the outcome had not yet been received. This meant that there was a risk that the rights of this person had not been appropriately safeguarded.
- Ward managers told us there was a considerable problem with delays in the local authorities responding to requests to assess for authorisations under DoLS. We saw good use of 'tracker' documents at Beatrice Place, TOPAS and Ellington wards, which tracked each application, when it was authorised and the renewal dates.

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 layouts of the wards did not allow for clear lines of sight for observing patients. There were many blind spots on the wards. This risk was mitigated by staff carrying out regular safety checks, observations, the use of convex mirrors and engagement with patients.
- Each ward had a ligature point (fittings to which patient's intent on self-injury might tie something to harm themselves) risk assessment and management plan in place.
- Staff were aware of the ligature anchor risks on the wards and were able to articulate how these risks were managed through individual risk assessments, regular staff presence and regular environmental checks.
- However, environmental risk assessments on Kershaw and Redwood wards did not identify all potential risks, including those that had been mitigated. Some mirrors had been installed to help mitigate environmental risks though blind spots remained on the ward. There was no log on either ward to demonstrate that all blind spots had been identified. There were also risks such as plastic bin liners being used in the women's lounge on Kershaw ward. While this may have been appropriate, there was no indication that the potential risk had been identified and mitigated so that the environment was safe for new patients coming onto the ward. On TOPAS ward, the risk assessment of the garden was insufficient. It stated there were various ligature points identified but contained no subsequent actions. Following our inspection, the trust informed us that the Trust Lead for Safety and a senior member of the estates team visited Redwood and Kershaw Wards on Friday 11 November 2016 to review the environment. The outcome of the visit was that there were no actions required in relation to blind spots.
- Since the last inspection the trust had implemented a ligature risk competency assessment that all staff were required to undertake to support their understanding of the risks posed by ligatures and how to manage those risks.
- The trust had an on-going programme of work to address ligature points throughout the service such as replacing taps, door handles and shower rails. Staff locked rooms that had ligature risks. For example laundry and therapy rooms.
- Ligature cutters were available on all wards and staff were aware of their location.
- In February 2015, we found that Oak Tree and TOPAS wards did not comply with the guidance on same sex accommodation, at this inspection we found that improvements had been made. At Oak Tree ward there was gender separation for five single bedrooms. Patients of the same sex were grouped together. There was a female and male bathroom at either end of the corridor. Female patients had access to a female lounge. On TOPAS ward, we found that, as far as possible, men and women had bedrooms on separate corridors. Where this was not possible patients of the same gender were grouped together. Staff placed male or female patients in bedrooms at the centre of ward, close to the nurses' station. All bedrooms had en-suite facilities. The service had created a lounge for female patients only. At Beatrice Place, work had been completed to realign the two floors as male and female to address gender separation in terms of bathroom facilities which had been identified as an area of improvement at our inspection in February 2015.
- In February 2015, we found that medicines used for emergency resuscitation were not kept in one place on Redwood ward. At this inspection, we found that improvements had been made. Emergency medicines and equipment were available and checked regularly to ensure they were within date, accessible and fit to use. There was a fully equipped clinic room on each ward. Clinic rooms were well organised, equipment was clean and well maintained.
- Seclusion facilities were not provided on any of the wards we visited.
- Patient led assessments of the care environment (known as PLACE) had been undertaken in 2016 for Central and North West London NHS Foundation Trust

Are services safe?

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

in relation to cleanliness. Beatrice Place was rated at 97% for cleanliness, which is slightly below the England average of 98%. All wards at the other locations were above 98%.

- Cleaning records were up to date and demonstrated that the environment was regularly cleaned. Practices were in place to ensure infection control. Staff had access to protective personal equipment such as gloves and aprons.
- Staff worked closely with the infection control nurse within the trust to care for patients safely. For example, on Oak Tree ward due to an outbreak of Norovirus there were restrictions on patients being admitted and discharged from the ward.
- Hand hygiene and infection control audits were completed and up to date which meant that patients were protected from infections.
- We observed the wards to be clean and well furnished. There were sufficient chairs for the patients and staff. Relatives and patients told us that they had no concerns about the cleanliness of the wards.
- Medical equipment was clean, and checked regularly. Equipment which was used for manual handling such as hoists was cleaned and serviced regularly. Each patient had their individual hoist sling which prevented cross infection and promoted dignity.
- Nurse call alarm systems were in patient bedrooms, corridors, bathrooms and communal areas on the wards. The female lounge on Oak Tree ward did not have a call alarm; we raised this with the trust, who addressed this situation by fitting nurse call alarm by the end of the inspection period. Staff on some of the wards carried personal alarms to summon help when needed.

Safe staffing

- Ward Managers planned and reviewed the staffing skill mix to ensure patients received safe care and treatment. Each ward had a minimum of qualified and unqualified staff on duty. Staffing was determined by the number of patients on the ward, their assessed needs and the resources required to meet this. Staff on Ellington ward told us that the number of staff they had was not sufficient to manage the number of patients and the physical size of the ward. Additional HCAs were brought

in if there were one to one observations. However, staff reported that in these situation where increased staffing was needed there was not sufficient staff for when the additional staff needed a break. This meant that sometimes staff were unable to use their break during their working hours.

- Staffing remained a challenge in some areas such as Oak Tree, Ellington and Kershaw wards. There was an on-going programme of recruitment to address these challenges and the trust were working proactively to reduce staffing vacancies.
- Each ward displayed a safe staffing notice, which detailed the planned and actual number of qualified and unqualified staff for each shift.
- The staffing establishment for the six wards was 81.36 (WTE) qualified staff and 85.6 (WTE) for unqualified staff.
- As at 31 December 2016, the highest number of qualified staff vacancies were on Oak Tree ward with 4.77 vacant posts, Ellington ward with 4.0 posts and Kershaw ward with 4.0 posts.
- As at 31 December 2016 Redwood ward had the highest number of unqualified staff vacancies with 4.4 vacant posts and Oak Tree ward with 2.76 posts
- There were 44.2 vacancies across the service, giving a vacancy rate of 21%.
- The overall sickness rate across the service was 5%. Kershaw ward had the highest monthly sickness rate across all six wards at 10.32%.
- The average total turnover rate for the 12 months leading up to our inspection across the service was 10.1%.
- Any staff shortages were responded to appropriately. All the wards used bank and agency staff.
- In 2016, across all six wards, 13,986 shifts were filled by bank staff to cover sickness, absence or vacancies, 4,583 of these were filled by agency staff. Managers used regular bank and agency workers so they were familiar to the patients and service which helped maintain consistency of care.
- Bank and agency staff had shortened inductions on their first shifts so that they were familiar with the wards and patients on the wards. On Redwood and Kershaw

Are services safe?

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

wards, printed care plans which were up to date were available for staff who were not able to access electronic records so that they had immediate significant information available about how to provide care safely to the patients currently on the wards.

- Oak Tree ward had the most shifts filled by qualified nurse bank and agency staff; with 1118 shifts filled over 2016.
- TOPAS had the most shifts filled by nursing assistant bank and agency staff over 2016, with 4009 shifts filled.
- Across the core service, 673 shifts to meet the required staffing levels were unfilled in 2016. Of the six wards, Kershaw ward had the highest number of shifts unfilled by qualified nurse bank and agency staff in 2016 (with 152 unfilled by agency staff and 210 by bank staff- 362 shifts in total).
- We observed staff present and accessible in patient areas during our inspection, including qualified nurses.
- Staff told us that high patient needs and staffing pressures did occasionally result in escorted leave and activities being cancelled. Where possible alternative arrangements were made to ensure that escorted leave took place when staff were available. For example on Ellington ward staff reported that regular one to one sessions with patients did not happen as often as they would like due to staffing pressures. On TOPAS ward nurses had sufficient time to have individual discussions with patients.
- All the wards ensured there were enough staff with the appropriate training to carry out physical interventions safely including restraint, if needed. Ninety four percent of staff had received training in physical interventions.
- There was sufficient medical cover provided over a 24-hour period and in an emergency. When doctors were not on site, there was a 24 hour on call arrangement in place so staff could access assistance at all times. For example at the TOPAS centre staff could contact a duty doctor based at the mental health centre at the general hospital.
- The training matrix demonstrated that ninety four percent of staff had completed all their mandatory training. Staff who had not completed their mandatory

training were scheduled to attend. Mandatory training covered a range of subjects including manual handling, health and safety and infection control. 80% of staff had completed their basic life support training.

Assessing and managing risk to patients and staff

- Between 1 January 2016 and 31 December 2016, there were 40 recorded incidents that required the use of restraint involving 39 patients. Out of these incidents, there were three incidents of prone restraint. The three prone restraint incidents in the year were at Kershaw, Redwood and TOPAS.
- The highest number of incidents of restraint were at TOPAS (twelve incidents and 30% of all restraints across the core service), followed by Oak Tree ward (ten incidents and 25% of all restraints across the core service).
- Ellington ward (one restraint) and Beatrice Place (three restraints) had the lowest number of restraints.
- Staff had all received training regarding the use of restraint and minimising its use.
- We looked at 14 incident records to understand how staff recorded the use of restraint on the wards. On Ellington ward, we saw that where restraint was used for supporting people with their personal care, staff completed physical intervention record form each time restraint was used. We reviewed three of these records and found that staff had completed them appropriately.
- We looked at three incident reports on Kershaw ward. We found one example of restraint, which took place and had not been recorded on the trust incident report system although a local form had been completed. This was not an incident of restraint which had been planned as a part of the patient's personal care and the ward manager confirmed that it was an incident which they would have expected to be reported through the incident reporting system.
- We found that staff we spoke with on Kershaw ward had different interpretations of the trust policy on reporting incidents. One member of staff told us that they did not routinely report restraint when it was part of the patient's care plan and a capacity assessment had indicated that it was in the patient's best interest to have personal care involving the use of restraint. Another member of staff on the same ward told us that

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they completed a trust restraint form and another member of staff said that they completed a restraint form and report through the trust's electronic incident report system for every incident involving restraint. We looked at the trust policy and it was not clear when restraint should not be recorded through the trust electronic incident reporting system. However, the trust had distributed guidance in January 2017 which indicated that the trust internal restraint form should be completed when restraint occurred.

- We checked two patients who had care plans which included the use of restraint to deliver personal care. Two members of staff told us that they recalled these patients had been subject to restraint during the use of personal care but we could not find any records of restraint or description of restraint in the progress notes. We saw another patient's records where the patient fell but the progress notes only recorded an incident report number and did not explain what had happened to the patient. This meant a member of staff looking at the progress notes would not know what the incident reference number referred to and this could impact the delivery of care. The lack of a clearly understood policy document and procedure which explained to staff how they were expected to report incidents, particularly relating to the use of restraint in the course of delivering personal care, meant that there was confusion among staff and the trust could not have a clear and consistent oversight of practice on the wards across the core service. Practice was inconsistent between the wards and this meant that there was a risk that information held by the trust to monitor the use of restraint and other kinds of incidents on the wards may not be accurate and could not be used to drive improvement.
- There were no incidents of seclusion and long term segregation.
- Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm. Individual risks were discussed in multi-disciplinary meetings, individual reviews, handovers and best interest meetings. Staff confirmed that understanding patient's needs and developing positive relationships with individuals and their families was important in providing safe care and support.
- Risk assessments were carried out for each patient upon admission to the wards. The assessments included the patients mental and physical health needs such as pressure ulcer risk assessment, malnutrition universal screening tool, body mapping, pain assessments and falls assessments. Risk assessments were updated following incidents such as falls.
- Where patients had been identified as being at risk from pressure ulcers staff had access to a tissue viability nurse who was able to provide remote advice as well as attend the ward when necessary. We saw that patients had access to specialist equipment such as pressure relieving mattresses and height adjustable beds.
- Patients were assessed for the risks of falls using a multifactorial falls risk assessment tool and appropriate measures put into place. This included seeking advice from care professionals such as the physiotherapist, adaptations to the environment, individual walking aids and safe footwear. For example, we saw the use of low-rise beds, falls mattresses and sensor mats for patients that were at high risk of falls. Each ward manager had access to a 'falls dashboard' which provided them with live information about falls on the ward and the frequency of falls. Plans were in place to recruit a physiotherapist specifically to cover Redwood and Kershaw wards and Beatrice Place had recently recruited a physiotherapist.
- Patients with nutritional risks had their food and fluid intake monitored. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met.
- Staff were trained in the safe moving and handling of patients, and there was equipment available on all wards we visited for staff to use in the transfer of patients.
- There were no blanket restrictions. Meal times could be flexible. Patients had unrestricted access to the garden. There were no restrictions on the times patients could go to bed or get up in the morning.
- Staff undertook close observations according to the policies and procedures of the trust. Observation levels were dependent on the risk the patient presented and would be more frequent where they had been assessed as high risk. Additional staff were rostered on duty where required. For example on Oak Tree ward

Are services safe?

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additional staff were on duty during the evening to support the specific needs of a patient with agitation. We checked observation records and found that they were completed comprehensively and accurately.

- Between 1 January 2016 and 31 December 2016, there were 25 incidents of the use of rapid tranquilisation.
- We saw that where rapid tranquillisation had been used, staff had followed the procedures in place and documented regular checks to ensure patients' wellbeing.
- At our last inspection in February 2015, we found there was no record of safeguarding incidents. This meant that whilst staff reported incidents to the local authority, the ward managers and matron did not have clear oversight of the outcomes of any investigation. At this inspection, the service had introduced a safeguarding log which clearly showed all the incidents that had been reported, the progress of any investigation and the outcome of completed investigations.
- Staff had received training around safeguarding adults and children and had a good understanding of safeguarding and how to record and escalate any concerns identified. Staff were able to give examples of safeguarding referrals they had made and where protection plans were in place, action that had been taken. Staff reported having good links with the trust safeguarding lead and safeguarding services in the local authorities. Each divisional safeguarding lead held a monthly safeguarding meeting to monitor local trackers and share good practice.
- In February 2015, we found that the medicine trolley on Redwood ward was left unlocked, medicine had been left where a patient could have picked them up, and drugs to be used for emergency resuscitation were not stored together. At this inspection, we found that improvements had been made and this was not happening.
- Medicines were stored securely across the trust in locked cupboards within locked clinic rooms. Clinic rooms were clean, well organised and had hand washing facilities. Emergency medicines and equipment were available in all the clinical areas that we visited. All emergency equipment was in date and staff checked it daily. Fridge and ambient temperature readings were taken each day and were found to be satisfactory.
- Controlled drugs (CD) were stored securely and managed appropriately across the trust. Emergency medicines were dispensed in tamper proof boxes. They were stored in locked clinic rooms throughout the trust, but left on a shelf so that they were readily accessible to nurses (who carry keys to the clinic rooms). Equipment bags for immediate life support (containing oxygen cylinders, ligature cutters etc.) were stored in communal areas for easy access to all staff. We saw that pharmaceutical waste (including sharps) was handled appropriately throughout the trust.
- All prescriptions included information relating to patient demographics and allergies. Where appropriate, documentation regarding legal authority to administer medicines to individual patients was readily available. We saw evidence that a pharmacist had screened all inpatient prescription charts, and had made appropriate clinical interventions to improve medicines optimisation. The trust drug charts did not specify times for medicines administration. This meant that there was a risk that a patient could receive two doses of medication too close together.
- We saw that medicines for use 'when required' (including sedative medicines, sometimes required for patients who were agitated) were reviewed regularly. They were crossed off the prescription charts if they were no longer required.

Track record on safety

- Between 1 January 2016 and 31 December 2016, the trust reported five serious incidents requiring investigation. Two incidents had been reported on Beatrice Place, one on Kershaw ward, one on Ellington ward and one on TOPAS ward. These comprised of unexpected deaths, self-harm and grade 3/4 pressure ulcers. Oak Tree and Redwood did not report any serious incidents, in the last year.
- Between 1 January 2016 and 31 December 2016, 16 pressure ulcers were reported, most of which were grade two pressure ulcers which developed within the services. These pressure ulcer incidents were reported, investigated and appropriate actions and plans put in place at a local level to address findings from local reviews. Most pressure ulcers were reported by Beatrice Place (7). We reviewed three of the incidents.

Are services safe?

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investigations involving pressure ulcers at Beatrice Place and found that appropriate steps and recommendations had been put in place and these were being followed up.

- Between 1 January 2016 and 31 December 2016 the trust reported 387 falls within the six wards. TOPAS had the highest number of falls (89). Of which a large majority (62) of patients were found on the floor and were unable to recall how they fell. All falls were reported and reviewed with the MDT. Where required physiotherapists and occupational therapists provided additional support with mobility and equipment to meet patients' specific needs.

Reporting incidents and learning from when things go wrong

- Staff were able to explain to us how incidents were reported through the trust electronic incident reporting system. We saw that pressure ulcers, aggression, medicine errors and falls were reported.
- Staff were open and transparent. The record of incidents showed that staff apologised to patients and family members when things went wrong.

- Staff/teams discussed learning from incidents in staff meetings and at handovers. Staff and patients received debrief and support after all incidents. Team meeting minutes we saw showed that staff discussed the steps they will take to prevent further incidents.
- Staff gave examples of changes made to practice following incidents. For example, on Ellington ward staff wore a do not disturb tabard whilst dispensing medicines. Staff reported that the number of medicine errors had reduced as a result. On TOPAS ward staff had introduced as a result of incidents a daily 'white board' meeting. This enabled the service to be more responsive to changing levels of risk that patients presented.
- Staff were able to give us examples of incidents on their wards and within their own services. However, there was not a broader understanding of incidents across the wards for older people across the trust. For example, recommendations were made following a serious incident on Kershaw ward, however staff on Oak Tree ward were unaware of the recommendations which related to areas of practice requiring improvement.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- There was a holistic approach to assessing, planning and delivering care and treatment to patients. Care records viewed confirmed that patients had a comprehensive assessment of their needs upon admission. Patient's physical, medical, mental health, nursing, risks and social needs were assessed fully and regularly reviewed.
- At our previous inspection in February 2015, we found that patients' physical health needs were not being monitored on Redwood ward. During this inspection, improvements had been made and patient's health needs were being monitored.
- Physical health assessments were completed on admission and there was evidence of ongoing monitoring of physical health problems. This included regular blood pressure monitoring, weights being monitored, blood tests, pain, diabetes and electrocardiography monitoring. We saw that nursing staff followed these up using the modified early warning system (MEWS) to record key physical health checks. Where scores which indicated the need of refer on for further medical advice, or to increase frequency of observations staff had done so. This showed that patient's physical health were being monitored and reviewed appropriately.
- On Oak Tree ward, we saw that medical staff used a cardio metabolic risk assessment tool, for patients who were receiving anti-psychotic medicines. This helped to identify and treat cardiovascular and type 2 diabetic risks in patients
- Care plans were up to date, recovery focused where possible, holistic, personalised and where views of the patient could not be determined, views of relatives or carers were sought. For example, at Beatrice Place the care plan for a patient detailed the Spanish phrases that were to be used to communicate.
- All care records were stored on the trust electronic record system. Where staff used paper records such as food and fluid charts these were scanned. Records were stored securely to keep information confidential and available to staff when they needed them.

Best practice in treatment and care

- Medical and nursing staff considered national institute for health and care excellence (NICE) guidelines when making treatment decisions for example medicines were prescribed within appropriate limits.
- Psychology services varied across the service. At TOPAS a psychologist was available for one day each week. The psychologist provided individual assessments of patients and facilitated a reflective practice meeting for staff. On Ellington ward, psychologist gave examples of using personality and mood disorder guidance for patients on the ward. Patients also had access to cognitive behavioural therapy and psychodynamic psychotherapy. Psychological support was also given to carers to support them with the adjustment to the changing needs of patients, especially upon discharge from the ward.
- However, at Beatrice Place and there was no dedicated psychology post or resource on the ward. If staff needed to make a referral for a psychological therapy assessment, they were able to make a referral to a psychologist in the trust who had an agreement to conduct assessments. While there was some allocated psychology time on Kershaw ward consisting of 2 sessions a week, the clinical psychology post on Redwood ward which was for five sessions, was vacant. This meant that patients who required individual input from a psychologist could not access it. We were told that this post was being recruited into. However, we saw three care plans where there had been advice given to refer to a psychologist and no referral could be made due to the vacancy. This meant that all patients did not have access to specialist input from a psychologist available in a timely manner.
- Patients received ongoing assistance with physical healthcare throughout their admission. Staff referred patients to specialists whenever necessary. This included referrals to dieticians, podiatrists, speech and language therapists, tissue viability nurses and physiotherapists.
- Wards had close links with the clinical teams at the local acute hospitals and where needed patients would access A&E, be referred for diagnostic tests or attend outpatient clinics.

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- Patient's nutrition and hydration need were met. Staff used the malnutrition universal screening tool (MUST) to identify patients who needed nutritional support. Care plans were in place for those patients at risk, food and fluids were monitored and advice sought from the dietician and speech and Language therapist (SALT) where appropriate. Staff monitored patient weights and action was taken, for example nutritional supplements were offered, when concerns were identified.
- Outcomes for patients using the services were monitored and audited. The staff used health of the nation outcome scales (HONOS) to record the severity of each patients needs and their outcomes as their treatment progressed.
- Staff developed tools for working with patients who have communication difficulties. For example, on TOPAS ward staff were using 'flash cards' to aid communication. Staff successfully explained the use of medicine using the 'flash cards' to a patient and avoided the use of covert medication.
- There were numerous clinical audits which took place on the wards we visited. For example, junior doctors completed a physical health monitoring audit on Redwood ward and an audit of the care programme approach (CPA) process on Kershaw ward. Nursing staff conducted regular audits of care plans and risk assessments. However, on Oak Tree ward we saw that the care plan audits did not detail the timescale or action required to address improvements that had been identified.
- New staff undertook an induction programme to the ward and the trust. On the wards, new staff were supernumerary for the two week induction period to allow for opportunities to shadow experienced staff and attend ward rounds. The care certificate was being offered to all care support workers across the service. This demonstrated that the service ensured staff were appropriately trained and competent in their role prior to caring for people in the service.
- Staff confirmed they were being offered development opportunities and a range of training in addition to mandatory training to develop their skills and experience. For example, staff had undertaken dementia awareness training to improve their knowledge of how to care for people with dementia. On Oak Tree ward one of the nurses was due to commence training in dementia management. At Beatrice Place staff had undertaken training on wound management and pressure ulcer management in response to recommendation from serious incident reviews of pressure ulcers.
- At the time of the inspection the overall appraisal rates for non-medical staff within wards for older people with mental health problems was 91%. The trust's target rate for appraisal compliance was 95%.
- Supervision arrangements were in place where staff were able to reflect on their own practice and work performance. Staff we spoke to across the wards reported receiving one to one and group supervision which was supportive. During the period January 2016 to December 2016 Oak Tree ward reported a compliance rate of 79% for nursing clinical supervision and Ellington ward reported 69% compliance rate for nursing clinical. We found supervision records showed staff at Beatrice Place were not receiving one to one supervision regularly. At Beatrice Place during the period October 2016 to January 2017, eleven staff members did not receive a clinical supervision session each month. However, individual records of clinical supervision sessions which had been recorded on Beatrice Place were detailed, comprehensive and effective. The trust was unable to provide a complete monthly breakdown of supervision figures across the services over the past year (January to December 2016), because some wards had only started recording the frequency of staff supervision since November 2016. Since the

Skilled staff to deliver care

- There were skilled mental health professionals employed to deliver care. Patients had access to a range of professionals through multidisciplinary working, including medical, pharmacy, occupational therapy, assistant occupational therapists, GP trainees, psychology, activities staff, social workers, care and nursing staff. Domestic and administrative staff supported the wards.
- All staff held a suitable qualification and had experience of working within older peoples' mental health services. Newly qualified nurses were participating in a preceptorship programme.

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introduction of a new system in November, to monitor supervision completion rates, the majority of staff were recorded as receiving supervision session. The systems for recording and monitoring supervision were not embedded across the core service.

- Regular team meetings took place on each ward. On Kershaw ward, we saw that only two meetings had been held and minuted in the three months prior to the inspection. This meant that there was a risk that staff would not be fully informed and updated about incidents, learning and feedback from quality meetings which were relevant to them.
- The service initially addressed poor performance through supervision. The trust had policies and procedures to ensure that managers addressed poor performance effectively.

Multi-disciplinary and inter-agency team work

- There were regular and effective multidisciplinary meetings (MDT) on each ward. We observed MDT meetings on TOPAS and Ellington wards. Staff reviewed and discussed information about each patient to support patients with their care and treatment. Patients attended these meetings, along with family members and other carers and were involved in making decisions. At Beatrice Place, the GP carried out weekly visits to review patients medical care needs.
- MDT handover meetings took place on each ward. Patients were discussed in detail, including any changes in their condition and any risks that they presented with. For example, staff at this meeting made decisions about observation levels, leave and discharge. We saw that the service had introduced new handover documentation for nursing staff to ensure key information was documented. We saw that information about risks both relating to individual patients and the ward were shared and recorded.
- Staff on the wards had good local links and worked in partnership with the relevant community mental health teams for older people, safeguarding leads in the local authorities and other health and social care organisations. For example, on Ellington ward the psychiatric liaison team had developed strong relationships with the heads of the emergency department and the older persons' wards at Northwick Park Hospital, and were able to facilitate a coordinated

and patient-centred transfer between the ward and the acute hospital. On Oak Tree ward psychology and nursing input was provided to a local nursing home to support a patient's transitional care plan to another unit.

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

- There were patients detained under the Mental Health Act (MHA) on all the wards we looked at detention records on the wards that we visited. We checked a sample of records and saw that they had been appropriately completed and that the legal status of patients were clearly indicated.
- Nursing staff completed a checklist to show that the person completing the statutory documents had done so correctly.
- Staff received training in the MHA and codes of practice, although this was not mandatory. Data provided by the trust showed that the service has a 67% compliance for the number of staff trained. Staff demonstrated a good understanding of the Mental Health Act 1983 (MHA), code of practice and guiding principles. They also had access to advice and support from MHA administrators working within the service.
- Staff completed assessments of capacity to consent to treatment. Medicines prescribed reflected the consent to treatment forms.
- Patients who were detained were given information about their legal rights and we saw that explanation and provision of this was recorded consistently in patient records. Where patients were not able to understand, further attempts were made and these were recorded clearly.
- Patients on the ward had access to advocates including independent mental health advocates (IMHA). There was information on the ward indicating how patients were able to contact advocates and advocates visited the wards regularly,
- All of the wards had clear signs on the ward doors indicating the rights of patients who were not detained to leave the ward.

Good practice in applying the Mental Capacity Act

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.

- As at January 2017, the overall compliance rate for this training course across the core service was 75%. This is a non-mandatory course without a compliance target. TOPAS had the lowest compliance rate at 43% followed by Ellington ward (67%) and Beatrice place (72%). Redwood ward had the highest compliance rate at 100%.
- Between 01 January and 31 December 2016, the core service wards have advised they made 75 Deprivation of Liberty Safeguards (DoLS) applications. 39 (52%) of these were approved. Only 12 direct notifications were made to the CQC.
- On Kershaw ward we were told that there were two patients who were subject to a DoLS authorisation. We saw that for one patient the local authority had confirmed that they had agreed an authorisation, however there was no paperwork available for the second patient. We checked their records. We saw that a standard authorisation had been requested from September 2016 and the service had applied for an urgent authorisation, which lasts for seven days. However, we saw medical records from November 2016, December 2016 and January 2017 which stated "currently on DoLS" even though no standard authorisation was in place and the urgent authorisation had expired. The patient had been assessed by a mental health assessor in January 2017 but there was no evidence on the records to suggest a best interests assessor had completed the assessments necessary. We requested further information from the trust who confirmed that the patient did not have a current authorisation in place. However, three members of staff told us during the inspection visit that they believed this was in place. This meant that there was confusion on the ward regarding the legal status of this patient and there was a risk that all those responsible for providing them with care were not aware of the current legal status of every patient on the ward.
- Ward managers told us there was a considerable problem with delays in the local authorities responding to requests to assess for authorisations under DoLS. We saw good use of 'tracker' documents at Beatrice Place, TOPAS and Ellington wards, which tracked each application, when it was authorised and renewal dates.
- Staff obtained consent from patients before providing care. They understood their legal obligations on how to support people who could not consent to their own care and treatment. Staff had access to a MCA lead for advice when needed.
- The majority of staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied in their practice.
- We saw records relating to the assessment and understanding of capacity across the service where decision specific assessments had been made and the best interests of the individual considered. For example, best interest decisions to use covert medicines, do not attempt cardio pulmonary resuscitation orders (DNACPR) and future care settings. Records confirmed that family members and carers had been involved in best interest discussions. However, at Beatrice Place in two capacity assessments we viewed, the content of the assessment forms and the decision were very brief and included the diagnosis of the patient as a reason for not having capacity.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- In February 2015, we saw that the dignity of a number of female patients was not maintained as they attended mealtimes in their nightwear with no dressing gown. At this inspection we found that improvements had been made. Throughout our inspection we saw that patients were dressed in a manner that upheld their dignity.
- In February 2015, we found that night time checks were intrusive and patients were unable to close the observation panel from inside of their bedroom. At this inspection we saw that observation panels were kept shut. Where patients wanted them open this was clearly stated on their bedroom doors.
- Staff treated patients with care and respect and communicated in ways patients understood.
- Interactions between staff and patients were positive and staff spoke to patients with thoughtfulness and kindness. Four patients on Redwood ward specifically mentioned the kindness and competence of the domestic staff on the ward.
- We observed staff explaining things to patients and providing reassurance when providing support. For example, on Oak Tree ward we saw staff gently guide a patient away from the ward entrance when they wanted to leave.
- Patients who were able to tell us said that they felt safe on the ward and that staff were calm and professional. Feedback from carers was overwhelmingly positive. Carers told us that staff, were kind, caring and supportive
- Patients said that staff gave them the time they needed to eat, get dressed and do activities, they did not feel rushed.
- Staff we spoke with had a good understanding of the individual needs and preferences of each patient and spoke respectfully about them.

The involvement of people in the care that they receive

- Staff took care to orientate the patient to the ward following admission. Each ward had a leaflet which gave

some details about the operation of the ward. This was not available routinely in easy read or in large print which meant that there was a risk it may not be accessible to some patients in the service.

- In February 2015, we found that patients were not involved in their care planning nor were they provided with a copy of their care plan. At this inspection, we found that patients and their relatives and carers were involved in the assessment, planning and review of care and treatment. They attended reviews of their family member's care and staff kept them updated where appropriate. Care plans included details of patient's views and preferences. When patients were unable to participate, this was noted in the care plan. Patients were provided with a copy of their care plan as appropriate.
- On Oak Tree ward, the consultant psychiatrist held a weekly open surgery which relatives and patients could attend with an appointment to discuss their care. This had enabled carers and patients to have any concerns they had to be addressed promptly by the staff team.
- Advocates visited the wards regularly to enable people to have a stronger voice and support them to have as much control as possible over their lives. Information was available on the ward about access to advocacy services. Advocates attended ward rounds when necessary.
- Patient meetings were held on each ward so that people could feedback on the service provided. Meetings were minuted and information was displayed which identified issues of concern and how they had been managed through the use of 'you said, we did' boards. For example, at TOPAS ward staff purchased more board games and books of short stories at the patient's request, on Ellington ward visiting times had changed in response to patients' feedback.
- Carers told us they were welcomed and supported on the wards and could attend carers meetings if they wanted to.
- The trust had a pool of patients who assist with interview panels. While there was service user representation on the panel that appointed one of the ward consultants in the older people's service, this was not specifically a service user that had experience of older adult mental health services. However, the trust informed us after the inspection, that they have plans to

Are services caring?

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increase involvement of older people and their carers as service user representatives and have planned a recruitment event specifically for older people and their carers. This meant that there will be a greater representation within the trust for this user group.

- Across the service we found that most care plans were not available in an accessible format for older people, such as easy read or worded to make understanding easier for older people with cognitive impairment. On Redwood and Kershaw wards patients were given copies of their care plans but there were examples of medical and nursing language being used which was not necessarily easy for members of the public to understand. Staff told us that they explained care plans to patients verbally.
- Palliative nursing care was provided to patients at the end of their life with the support of palliative nursing teams. We saw advance directives were in place for some patients, for example, where patients did not want to be resuscitated, this was clearly recorded and staff on the wards were aware.
- End of life care plans for patients at Beatrice Place were person centred, including the views and wishes of patients demonstrated compassion, dignity and respect at this point of care.

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

- The average bed occupancy across the core service over the last twelve months was 93%. The highest was in Kershaw ward at 99%, followed by Ellington ward at 98% and Oak tree ward at 97%.
- Kershaw ward saw monthly average bed occupancy rate of above 100% from May 2016 to September 2016.
- TOPAS started the year with an average bed occupancy rate of 101% in January 2016, which fell to 68% in August 2016, since then it has increased to match the core service average of 93%.
- Patients were generally admitted to the service that covered the borough where they lived. Where patients had been admitted to wards which were outside of their catchment area plans were in place for them to be transferred to the ward which covered the area where they lived as soon as a bed became available.
- Between 1 January 2016 and 31 December 2016, the average length of stay of patients was 130 days. The length of stay was variable depending on the complexity of the patient needs.
- At the last inspection in February 2015, we found that patients who did not meet the criteria for admission to the service had been using beds in these wards when the wards for adults of working age were full. At this inspection, we found that this was not the case.
- At the last inspection in February 2015, we found that patients were admitted to the beds of patients who were on leave. At this inspection, improvements had been made. When patients were on leave from the ward, their beds were retained so that they returned to the same placement when they returned to the ward.
- The service only moved patients to other wards if there was a clinical reason to do so. For example, if patients required inpatient treatment at the local general hospital for their physical health.
- Between 1 January 2016 and 31 December 2016, there were a total of 173 delayed discharges. The wards with the highest numbers of delayed discharges were Ellington ward with 70, followed by Oak tree ward with 35 delayed discharges and TOPAS with 32 delayed

discharges. Staff told us these were due to social services having difficulties in finding suitable accommodation and care packages in the community. All delayed discharges were being managed and reviewed regularly and we saw that discharge planning was an active part of care and treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had a range of rooms that could be used by patients to support their care and treatment. Gender specific lounges were available along with quiet rooms for people to meet their visitors. The wards were in good decorative condition and furniture to meet the needs of patients was available. On Oak Tree ward patients had access to a new assisted kitchen and therapy room. However, on Kershaw and Redwood there was no dedicated therapy space on the wards and activities were carried out in the dining room.
- Each ward had a separate and private area for telephone calls and staff supplied a cordless phone to patients on request.
- There was access to an outdoor space on all of the wards. Oak Tree ward had a dementia friendly garden which was easily accessible, and contained raised flower and plant beds where patients could participate in gardening activities. Patients who wished to smoke could do so in the garden.
- We had mixed feedback about the quality of food on the wards. A choice of food was available and staff were aware of where patients needed encouragement to eat or needed additional support. Where required there was access to dietary supplements, a soft diet and other specific dietary needs diets such as vegetarian, gluten free and diets for specific religious groups such as kosher or halal.
- The wards had a range of aids to assist patients who required support with eating. These included plate guards, easy grip knives and forks and non-slip mats for tables.
- On Redwood, Kershaw wards and Beatrice Place we saw that menus were available in small print only. There was no pictorial menu descriptions or explanations which could help people with cognitive impairments to

Are services responsive to people's needs?

Good 

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

understand what was available or what they had chosen. On Oak Tree ward, we saw that pictures of food were available, but kept in the kitchen and not in the ward area for patients to see.

- Staff supported patients with accessing hot and cold drinks and snacks throughout the day. Snacks included fresh fruit, sandwiches and smoothies.
- Patients were able to personalise their bedrooms although few patients had chosen to do so. At Beatrice Place, we found that staff had personalised people's bedrooms with photographs and pictures, which represented the person or part of their life story. The staff had actively sought the input from families and carers, and responded to the wishes of family members to have items or belongings for their relative to have in their bedroom. This demonstrated a personalised and person centred approach to care. However, the images were small and posted high on some of the doors so may not have had any impact for patients.
- At our last inspection in February 2015, patients did not have access to a lockable space to safely store their personal possessions. At this inspection we found improvements had been made. Each bedroom/bed space was fitted with a secure cupboard in which patients could store their belongings. Patients could unlock these cupboards by entering a four-digit security code.
- Patients had access to a programme of therapeutic activities on each ward which supported patient stimulation and support. These included drama therapy, art therapy, exercise, cooking, music and reading groups on the ward. Activity co-coordinators and occupational therapy staff provided activities. At Beatrice Place, we saw that patients participated in SONAS, which was a sensory, and stimulation group using music therapy. TOPAS ward employed occupational therapists to work at weekends. Weekend activities included armchair exercises, board games, an afternoon film and listening to story tapes. On Redwood and Kershaw wards, there were no computers available for patients to use.

Meeting the needs of all people who use the service

- The wards had made adjustments for patients needing disabled access and facilities such as assisted bath and

shower rooms. Moving and handling equipment was available such as hoists and height adjustable beds so that staff could support people with their mobility needs safely.

- To minimise the risk of falls handrails and grab rails were available and other adaptations such as raised toilet seats were provided.
- We found that most ward environments did not support people with dementia and cognitive impairment. For example, on Redwood and Kershaw wards there were no clear pictorial signage on the doors which indicated the function of the room. On Kershaw ward, there was a noticeboard which indicated the day of the week and date, however on Redwood ward, there was no orientation board which helped patients to orientate themselves to time, day, month and season. On Ellington ward signage was in text only and at Beatrice Place, there was little signage to aid people's understanding of the environment.
- Across all the wards we found that information which was provided was not routinely available in easy read or large print format, for example, information on notice boards, leaflets, activity schedule and menus.
- However, on Oak Tree ward and TOPAS there was clear signage throughout the ward. On Oak Tree ward different colours and flooring was used to help patients navigate around the ward. Different coloured placemats and crockery was used on Oak Tree ward to support patient's visual awareness of food.
- Staff on Ellington ward all had large name badges with their first name on a backdrop of yellow, to make it easy for patients to see.
- We raised this with the trust during the inspection period. The trust provided us with their quality improvement plan for dementia friendly environments, so that changes could be made in line with best practice and research. The action plan is due for completion at the end of April 2017.
- Staff told us they had access to interpreters and these had been used in the past where needed. For example, to help assess patients' needs and explain their rights.
- Patients were able to select food that met their religious and cultural needs.

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- Patient's religious and spiritual needs were addressed by visits to the wards by individual religious and spiritual leaders or by patients attending their place of worship with the support of staff, families or friends. Staff worked with patients and their families to meet specific individual religious needs, for example at Beatrice Place, prayers were played for a patient through a stereo at particular times of the day. This showed that staff provided care which was centred on the person and their needs.
 - Equality and diversity training was part of the mandatory training within the service 97% of staff had completed the training.
- Listening to and learning from concerns and complaints**
- Wards for older people with mental health problems received 12 complaints in the last 12 months. Two of the complaints were fully upheld and three partially upheld. No complaints were referred to the ombudsman.
 - Of the 12 complaints; seven were in relation to TOPAS, three were related to Ellington ward and two were in relation to Redwood ward. The upheld complaints related to; lack of access to hot/ warm shower, the condition of facilities and poor patient care, improper professional conduct of doctor and nursing staff, poor communication between staff and GP leading to a medicine error and concerns raised over safety of another patient.
 - Staff on TOPAS ward told us about the improvements they had made as a result of complaints. For example, there were details of changes made to help carers be more involved in decision making at ward rounds and changes to ensure that medicines could be provided from the pharmacy outside office hours.
 - Wards for older people with mental health problems received 21 compliments during the last 12 months.
 - Wards had information clearly displayed about how to complain about the service. Carers and patients told us they knew how to make a complaint and felt that they would be listened to and their complaint acted upon.
 - However, at Beatrice Place two carers feedback that concerns they had raised had been reviewed by the ward staff they had not had formal feedback about it. Carers also told us that sometimes outcomes of concerns raised were not always feedback in a timely manner. The ward did not have a system for tracking informal complaints raised. However, carers we spoke with did say they felt able to raise any concerns or complaints and that staff were very receptive. Managers on Redwood and Kershaw wards did not specifically track informal feedback, compliments and complaints. This meant that there was a risk that themes which were gathered through different feedback mechanisms were not resulting in learning and improvement.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff on the wards had a good understanding of and supported the trust's values.
- Staff were clear about the objectives of the service and how the treatment and care delivered to patients reflected this.
- Staff told us that they were aware of senior leaders within the division and within the trust. Staff reported that senior managers were visible on the wards on a regular basis.

Good governance

- Governance arrangements were in place within each division that supported the delivery of the service identified risk and monitored the quality and safety of the services provided.
- There were sufficient numbers of staff to ensure that staff delivered patient care in a way that was safe and effective. There was an ongoing recruitment process to fill staff vacancies across the service.
- Staff participated in regular clinical audits to identify areas of improvement and monitor standards on the wards.
- Learning from incidents and complaint took place to improve safety on the wards and the effectiveness of patient care and treatment. However, we found that there was a lack of systems in place to learn across the trust between the different divisions. We identified some shortfalls with incident reporting on Kershaw ward. At St Charles Hospital the wards for older people had established a new incident review group, so that there was a more coherent process to share information.
- Wards held regular team and quality meetings. Minutes of team meetings showed that staff discussed incidents and complaints. Information was shared through each division through various levels of quality meetings which discussed incidents, complaints and good practice.
- Each ward manager had information on the performance of their service. This included information on training data, staffing, complaints, incidents,

accidents, admission and discharge information. The wards used key performance indicators (KPI) to make sure they knew what their objectives were and what targets they had to meet.

- Most staff received regular supervision. We identified gaps at Beatrice Place which demonstrated not all staff were receiving supervision regularly.
- Ward managers and matrons had sufficient authority and information to manage the wards. Administrative support was available on each ward.
- The wards had local risk registers and these fed into the risk register at divisional level. Ward managers were aware of the key risk areas on their wards.

Leadership, morale and staff engagement

- The sickness rate across the service was 5%. Kershaw had the highest monthly sickness rate across all six wards at 10.32%.
- Staff across all wards consistently told us that they felt able to raise concerns without fear of victimisation. They said they were clear regarding whistleblowing procedures and felt confident raising issues with managers. No individual concerns were raised regarding bullying or harassment.
- Staff morale and job satisfaction was good. Throughout our interviews, staff said they felt motivated, enjoyed coming to work and that they received satisfaction from their work. Staff spoke positively about being valued, supported, effective team working and the improvements that had been made to the service since the last inspection.
- The service encouraged leadership development throughout the staff team. Individual members of staff were designated as 'champions' for specific areas of care and treatment. There were champions for safeguarding, infection control and physical health on the wards we visited to encourage improvement in practice.
- Staff said they were able to give feedback on the service, and input into service development, at monthly team meetings and through supervision.

Commitment to quality improvement and innovation

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- The service was not involved in any research or national quality assurance programmes.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The trust had not ensured that staff on Kershaw ward had an understanding of the policy on reporting incidents and reporting restraint in relation to personal care. This was a breach of regulation 17 (2) (b)