

Requires improvement 

West London Mental Health NHS Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RKL53	St Bernard's and Ealing Community Services	Jubilee ward	UB1 3EU
RKL79	Hammersmith & Fulham Mental Health Unit and Community Services	Meridian ward	W6 8NF
RKL62	The Limes	The Limes ward	UB2 4AU

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Whilst many interactions we observed between staff and patients were kind and thoughtful and took the time to meet their individual needs we also observed interactions that were task orientated and instructional. We observed some examples of poor care practice.
- Staff were not consistently applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) appropriately in their practice. Deprivation of Liberty Safeguards were sometimes not applied for in a timely manner and records were not readily accessible. This meant staff were not always clear about whether the patient had a DoLS in place or not. There were not robust systems in place to monitor adherence to the MCA and DoLS.
- The physical environments across the three wards needed to improve. The decoration in all the wards was tired and in need of an update. Patients could not always reach the alarm in their bedrooms, especially from their bed or a chair. Showers and baths did not always meet the needs of the patients.
- There were few adaptations on the ward to meet the needs of patients with cognitive impairments such as dementia, for example, the use of symbols and pictures as well as words in signage. Information was not available in easy read formats or large prints. Menus were in small print and did not use pictures to aid patient choice of food.
- Physical health assessments were taking place when patients were admitted. However, there was variable understanding of the appropriate action to take to physical health checks that were of concern. This meant that the patients were at risk of not receiving appropriate care and treatment.
- Whilst governance processes were in place, ward managers did not have access to clear and accurate information in a user-friendly format that monitored the quality of the service being delivered on each ward and identified where the ward was an outlier and improvements needed to be made.

However:

- The provider had made improvements following the previous inspection in June 2015 where it was found that patients were not always moved safely and that appropriate equipment to support patients with their moving and handling was not always available. Staff had received training and equipment such as hoists were now available.
- The provider had also ensured following the previous inspection that restraint was being recognised, reported and therefore monitored to ensure it was being used appropriately. Training had been provided and the numbers of recorded incidents of restraint had increased.
- The ward physical environments were safe. Potential ligature risks were appropriately managed and mitigated. Regular environmental checks were carried out by staff. Each ward had grab bags containing resuscitation equipment that could be used in an emergency. Wards were visibly clean, although there were a few rooms with unpleasant odours on Meridian ward.
- Comprehensive and timely assessments of patients were completed on admission. Care plans were up to date, holistic and recovery orientated. Risk assessments had been undertaken on admission for patients and these were updated regularly.
- Staff knew how to make a safeguarding alert and did this when needed. Appropriate arrangements were in place for the management of medicines.
- Safe nursing staffing levels were maintained over the three wards, using temporary staff where needed. Appraisal rates were above the trust target rate.
- Carers were positive about their involvement in the care and treatment provided to their relative. Carers were encouraged to attend regular carer meetings and felt that they had opportunities to feedback on the services provided. Jubilee ward participated in John's campaign, an initiative, which allowed carers to stay

Summary of findings

with patients outside of set visiting hours, to contribute towards better quality of care for patients. Patients had access to an independent advocacy services.

- Activities took place on all the wards we visited. A choice of food was available including a vegetarian option at lunchtime on all three wards. Specialist food consistencies and supplements to meet assessed needs were available.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staff had received training on the safe moving and handling of patients and their practice had improved as a result. Suitable equipment such as hoists were available on each of the wards.
- Staff had received training on understanding what constitutes restrictive practices and how they can minimise them. There was increased staff awareness of the need to report restraint as an incident and notifications had increased.
- Safe nursing staffing levels were maintained over the three wards.
- Ward environments were safe with completed a ligature risk audits in place and potential ligature risks were appropriately managed and mitigated; regular environmental checks; easy access to grab bags containing resuscitation equipment that could be used in an emergency; and wards were visibly clean.
- Risk assessments had been undertaken on admission for patients and these were updated regularly.
- Staff knew how to make a safeguarding alert and did this when appropriate.
- Appropriate arrangements were in place for the management of medicines.

However:

- On Meridian ward, a small number of bedrooms were malodorous.
- Patients bedrooms did not all have an alarm that patients could use to call for help whilst in bed or sitting in a chair.

Good



Are services effective?

We rated effective as requires improvement because:

- Whilst the trust had a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy and procedure, staff did not demonstrate that they were consistently competent in applying the MCA in their practice. Some patients did not have a record of having their capacity assessed for decisions about their admission where they were described as having fluctuating capacity. There were examples of delays of some weeks before ward staff made applications for a deprivation of liberty to be authorised. Documentation relating

Requires improvement



Summary of findings

to DoLS was poorly maintained. Limited support was provided to staff in relation to the MCA and DoLS. There were not robust systems in place to monitor adherence to the Mental Capacity Act.

- Staff were carrying out regular observations of patients physical health using the National Early Warning Scores, but were not always escalating concerns where needed to ensure patients received timely medical input.
- There was limited psychology input across the wards we visited.

However:

- Comprehensive and timely assessments of patients were completed on admission. Care plans were up to date, holistic and recovery orientated.
- There were regular and effective multidisciplinary meetings. Staff were receiving regular supervision. Compliance rates for staff appraisal rates were above the trust target rate.

Are services caring?

We rated caring as requires improvement because:

- Whilst many of the interactions we observed between staff and patients were kind and thoughtful and took the time to meet their individual needs we also observed interactions that were task orientated and instructional.
- We also observed some examples of poor practice, for example, a patient being left on the toilet with the door left open whilst staff talked outside and a patient not having their request for support to go to the toilet responded to for half an hour. During lunch we observed several instances of patients receiving care that did not fully meet their needs. For example, one patient being given a juice box, but no support to insert the straw, another patient not being pushed fully up to the table and left to slump forward and a third patient who mobilised with a frame being told to take a seat, but offered no assistance in doing this.

However:

- Carers were positive about their involvement in the care and treatment provided to their relative. Carers were encouraged to attend regular carer meetings and felt that they had opportunities to feedback on the services provided.
- Patients had access to an independent advocacy services.

Requires improvement



Summary of findings

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- There were few adaptations on the ward to meet the needs of patients with cognitive impairments such as dementia, for example, the use of symbols and pictures as well as words in signage. The environments were not dementia friendly.
- Whilst the wards had either baths or showers that were accessible for people with mobility issues, there were not accessible baths on two wards and the showers were fixed to the wall and not suitable for older people.
- Information was not available in easy read formats or large prints. Menus were in small print and did not use symbols to aid patient choice of food.
- We heard from several carers about patients losing personal items such as clothing which needed to be addressed.

However:

- Patients within the catchment area received their care and treatment within one of the older people's wards managed by the trust, there were no out of area placements. There were no non clinical moves between wards, and patients had a bed to return to from leave. There were effective systems in place to address any delayed discharges.
- Activities took place on all the wards we visited. We observed a range of activities taking place on Meridian ward and at the Limes, for example, memory games, skittles, pampering session and music and movement. Meridian ward and the Limes had activities co-ordinators, on Jubilee ward the occupational therapist took lead responsibility for the organisation of activities.
- A choice of food was available including a vegetarian option on all three wards. Specialist food consistencies and supplements to meet assessed needs were available.
- Some local faith representatives visited patients on the ward, whilst others could be contacted to request a visit, or patients could be escorted to local places of worship.
- At the Limes, patients bedrooms were personalised and we saw bright colourful quilts, and duvet covers on patients beds.

Requires improvement



Are services well-led?

We rated well led as requires improvement because:

Requires improvement



Summary of findings

- Whilst governance processes were in place, ward managers did not have access to clear and accurate information in a user-friendly format that monitored the quality of the service being delivered on each ward and identified where the ward was an outlier and improvements needed to be made.
- Overall, whilst most staff felt supported by their team and ward manager, morale amongst staff was mixed. On Jubilee ward clinical team leaders were regularly deployed to the unit co-ordinator role which impacted on the leadership they were able to provide on Jubilee ward.

However:

- Staff knew and agreed with the trusts values. Staff knew who the most senior managers in the organisation were.
- There were robust systems to report, monitor and learn from incidents. Staff participated in clinical audit. Staff had the ability to submit items to the trust risk register.
- Jubilee ward participated in John's campaign. This was an initiative, which allowed carers to stay with patients outside of set visiting hours, as it is thought that increased involvement of families and carers contributed to better quality of care for patients.

Summary of findings

Information about the service

The wards for older people with mental health problems provided by West London Mental Health NHS Trust were part of the trust's local services clinical service unit.

Jubilee ward on the St Bernard's site is an 18 bed ward for men and women over 65 who have mental health needs. Many of the patients on this ward have dementia.

Meridian ward at the Hammersmith and Fulham mental health unit is a 16 bed mental health ward that provides acute assessment and care for men and women aged over 50 years who may also be physically frail. Many of the patients on this ward have dementia.

The Limes is a 20 bed special care unit for older men and women with behavioural problems and dementia. This is located at Southall in Ealing and is not on a hospital site.

The age range of patients on the wards was from over 50's in Meridian ward up to patients in their 90's on Jubilee ward and the Limes. Many patients were physically frail, required high levels of assistance with personal care and had dementia.

Our inspection team

The team that inspected the wards for older people with mental health problems consisted of five people: one inspector, one expert by experience, one specialist in the Mental Capacity Act and Deprivation of Liberty safeguards, one nurse and one social worker.

Why we carried out this inspection

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

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

- The trust must ensure that staff have an understanding of what constitutes restraint so incidents can be accurately reported.

- The trust must ensure patients who need moving and handling have this done safely with the appropriate equipment where needed.

These related to the following regulations under the Health and Social Care Act (Regulated

Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 13 Safeguarding service users from abuse and improper treatment

At this inspection we followed up the actions we asked the trust to make at the last inspection.

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?

Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information, sought feedback from patients via comment cards and received feedback from a patient forum meeting facilitated by an external stakeholder in Hammersmith and Fulham.

During the inspection visit, the inspection team:

- visited all three of the above wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- collected feedback from five patients using comment cards
- spoke with 10 carers
- spoke with the ward managers for each of the wards

- spoke with 26 other staff members; including doctors, nurses, health care assistants pharmacists, occupational therapists, administrators, social workers and allied health professionals
- spoke with one advocate and one patient representative
- attended and observed one hand-over meeting and a team meeting
- carried out general observations and specific observations of mealtimes and group activities on all three wards
- looked at 13 care records of patients, five in their entirety and a further eight focussing on specific areas of care and treatment
- carried out a check of medicines management on all three wards
- looked at the records for covert medication on one ward
- 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

During the inspection, we spoke with patients and carers on all of the wards. We received mixed feedback about their experiences of care and treatment. Some patients and carers spoke positively about the care and treatment they received.

We received five comments cards with views on Meridian ward. The feedback was mixed. The positive themes were good food, that the ward was clean, staff were considerate and caring and the medication procedures were good. The negative themes were reports of individual rooms not being cleaned and that the atmosphere in the canteen was intimidating.

We received feedback from a patient forum attended by five patients in September 2016, which was organised by an external stakeholder in Hammersmith and Fulham. The overall key themes were that three out of five patients stated that they did not know who their primary nurse was; two out of five patients stated that there were not enough activities and that the existing activities were not promoted. Four out of five patients reported that they felt safe and treated with dignity and respect. The other patient reported not feeling safe but did not provide any additional information.

Good practice

There was nothing specific to note.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that staff are competent and confident in applying the Mental Capacity Act (MCA)

and Deprivation of Liberty Safeguards (DoLS) in their practice. Staff must be able to access appropriate support and guidance when applying the MCA and

Summary of findings

DoLS to individual patients. Accurate records relating to DoLS must be maintained and must be accessible to staff. Systems must be in place to ensure the correct implementation of this legislation.

- The trust must ensure that staff provide care in a way that recognises patients individual needs and promotes their dignity and privacy.
- The trust must ensure that the ward environment and information provided to patients meets the needs of patients with dementia or other cognitive impairments.
- The trust must ensure that governance processes are robust, with a range of timely information available for ward managers to support their management role.

Action the provider SHOULD take to improve

- The trust should ensure that wards are well decorated, well maintained and free from odours.

- The trust should ensure that ward environments meet the needs of patients, for example by providing alarms that patients can reach and appropriate shower facilities.
- The trust should ensure that staff are appropriately trained and competent in all areas of their practice, for example, ensuring that appropriate action is taken in response to the results of physical health checks.
- The trust should ensure that there is sufficient psychology resource for patients who need this input as part of their treatment.
- The trust should ensure that where patients' personal possessions or clothing goes missing that this is addressed.
- The trust should continue to work to improve staff morale.

West London Mental Health NHS Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Jubilee ward	St Bernards and Ealing Community Services
Meridian ward	Hammersmith & Fulham Mental Health Unit and Community Services
The Limes ward	The Limes

Mental Health Act responsibilities

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

- As of 30 September 2016, 91% of staff across the three wards had completed training on the Mental Health Act.
- MHA papers were examined by a competent staff member on admission. Staff knew who their MHA administrators were. MHA administrators offered support to staff in making sure the Act was followed in relation to, for example, renewals, consent to treatment and appeals against detention. Each ward kept clear records of leave granted to patients.
- Staff demonstrated a good understanding of the MHA and the Code of Practice. For patients detained under the MHA there was evidence of their capacity and consent to treatment having been assessed. Forms authorising treatment under the MHA were attached to patients' medicines administration records.
- Patients were able to access an independent advocate. Staff knew how to access the independent advocate and make referrals.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- We undertook a detailed review of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) processes on Meridian ward and at the Limes, which included reviewing seven patient records. The trust had developed an MCA policy and procedure, however staff did not demonstrate that they were familiar with this and were competent in applying the MCA in their practice.
- The arrangements to manage the processes for patients where a DoLS application was taking place or a DoLS was in place including the safe storage of the documentation was not taking place appropriately. For example, on one ward patients were listed as being subjected to DoLS and staff confirmed this, when additional checks demonstrated that the identified patients were not subject to DoLS. Staff were unable to find statutory information relating to their patients, for example on one ward, the manager was relying on a folder containing all DoLS papers, but staff were not familiar with this. The patient's electronic records did not include DoLS information. On one of the wards we visited it took half a day to establish the actual DoLS status for three patients as there were not clear, readily accessible records relating to their DoLS status.
- We found that for two patients there were delays of some weeks before ward staff made an application under DoLS. This could be attributed to poor staff understanding of DoLS, poor communication between staff and a lack of clarity of where information relating to DoLS was recorded.
- We found that some staff at the Limes were not aware of the duty to inform patients of their rights under DoLS. We observed staff on Meridian ward inform patients of their rights in a corridor where a poster was available to assist with this explanation. Staff did not have a leaflet which explained these rights to assist them with the explanation to patients.
- For two patients, who were described as being informal admissions and having fluctuating capacity, their care and treatment records did not demonstrate that they had been assessed and found to have capacity to consent to their admission.
- We also saw some better practice in the use of the MCA, although there were still some improvements needed. For patients who did not comply with their prescribed medicines, their capacity to consent was assessed and recorded appropriately. Covert administration of medicines may take place when a patient regularly refuses their medicine, but they are assessed as lacking the capacity to understand why they need to take the medicine. Twelve patients were receiving their medicines covertly at the Limes ward. When patients were given medicines covertly, it meant that they were hidden in food or drink without the knowledge of the patient. No patients were being administered medication covertly at Meridian and Jubilee wards.
- Where patients were receiving covert administration of medicines, there was evidence that staff had completed mental capacity assessments for this specific decision. We saw evidence that best interest discussions had been held and family members had been contacted. However, the documentation did not include information relating to the patient's past wishes when they still had the capacity to make decisions.
- The Mental Health Act administrative staff who provided support and guidance locally on the MHA provided limited support to staff in relation to the MCA and DoLS. There were not robust systems in place to monitor adherence to the Mental Capacity Act. Ward staff reported they were asking the local authority DoLS lead for help as the Trust was not providing it.
- Mandatory training had recently been introduced. It replaced previous training on the MCA and DoLS, which had been part of the Mental Health Law training. Staff had also previously received bespoke training on the MCA and DoLS.

Are services safe?

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

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

Our findings

Safe and clean environment

- The layout of the wards did not have clear lines of sight for observing patients, with many blind spots and no convex mirrors to facilitate observation. The potential risks associated with poor lines of sight were appropriately managed by staff undertaking regular observations throughout the ward.
- Each ward had completed a ligature risk audit. A ligature anchor point heat map had been developed for each ward. This identified where potential ligature anchor points were situated. All staff were asked to read and sign the local procedures for management of ligature risks. Ligature risk awareness training had been completed by some staff. Staff mitigated risk by locking some rooms when not in use, for example bathrooms. Staff also appropriately managed and mitigated the potential risks from ligature anchor points through individual patient risk assessments and the use of increased observations for patients assessed at being at risk of self-harm. In addition, staff carried out regular environmental checks. Where potential ligature anchor points were identified, in some instances maintenance works had been arranged to mitigate these. For example, the ligature risk action plan for Jubilee ward identified three areas for maintenance works. Two of these had been completed and a third action was outstanding. The ward manager had oversight that this action remained outstanding and had escalated this.
- The wards complied with guidance on same sex accommodation. There were separate male and female bedroom corridors with separate toilets and shower facilities. On Meridian ward there were separate outside spaces for male and female patients to use.
- Each ward had a clinic room, which were visibly clean and tidy. An examination couch was available in Meridian ward in the clinic room. There were no examination couches in Jubilee or the Limes wards and so staff undertook examinations in patients' bedrooms.
- The two wards on hospital sites had grab bags containing resuscitation equipment that could be used in an emergency. The Limes, which was based in the community, also had a grab bag and would call an ambulance and patients would go to A&E if there was an emergency.
- None of the wards had a seclusion room. Managers on Jubilee and Meridian wards told us that seclusion rooms in another part of the hospital building were available, and that if patients required nursing in seclusion they would be transferred. The trust provided data on the number of seclusions between May 2016 and October 2016 in wards for older people. This showed that one patient had been transferred and nursed in seclusion during this period.
- Overall, the wards were visibly clean and well maintained. Patients and carers told us that the wards were visibly clean. However, on Meridian, a small number of bedrooms were malodorous.
- Staff adhered to infection control principles, including handwashing. At Jubilee ward and the Limes anti-bacterial hand gels were available, however, there was no hand gel available in the corridors on Meridian ward. Clean stickers were seen on most equipment to indicate it had been cleaned and was ready for use.
- Patient-led assessments of the care environment (PLACE) assessments focus on different aspects of the environment in which care is provided such as cleanliness. The UK average score is 97.8%. Scores for cleanliness for wards for older people were 98.1% for the Hammersmith and Fulham site where Meridian ward is located, 91.9% for St Bernard's Hospital where Jubilee ward is located and 85.9% for the Limes. Hammersmith and Fulham was the only site, which was above the trust overall score and the national average. Both other sites scored below both the trust overall score and the national average.
- Jubilee ward had recently been inspected by fire officers who had raised concerns about staff not being able to wheel beds out of bedrooms, as the door frames were narrower than the beds. The provider was awaiting a report from fire officers before deciding what actions should be taken in response to the concerns raised. Staff

Are services safe?

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on the Limes ward told us they organised fire drills every six months. We saw records for fire awareness training on the electronic system, which showed that most staff had completed this training.

- Managers told us that environmental risk assessments were undertaken on a daily basis and a staff member on Meridian ward confirmed that these daily checks of the environment were assigned to named staff at each handover.
- There were call alarms in each area of the wards. Staff on the Limes ward did not have personal safety alarms. Staff did not raise this as an area of concern during the inspection. The call alarms in patients' bedrooms were on walls and were not accessible by patients when they were in bed. This meant that patients were not able to call for staff assistance from their bed if required, this was partly mitigated by regular 15 minute observations by staff.

Safe staffing

- Overall, safe nursing staffing levels were maintained over the three wards. Ward managers monitored staffing levels and reported this in a monthly safer staffing report to the trust board. Managers had the flexibility and autonomy to increase staffing numbers if patient acuity increased. There were continued pressures on staffing due to challenges in recruitment, which meant that wards had to make use of bank and agency staff. A nurse was present in communal ward areas at all times and there were sufficient numbers of staff to carry out physical interventions.
- The trust provided data on staff sickness, turnover and vacancies from October 2015 to September 2016. For the Limes, out of an establishment level of 17, the qualified nursing staff vacancies in September 2016 were six nurses (36%). For Jubilee ward, out of an establishment level of 22, there were four qualified nurse vacancies (20%). Meridian ward had no nursing staff vacancies. Wards managers used agency and bank staff to cover vacant shifts. All managers tried to use regular bank staff where possible. We met one bank staff on duty at Meridian ward who told us they had been working regularly on the ward for 12 months. Jubilee Ward had the highest staff turnover during this period of 28%, the Limes was 8% and no staff had left Meridian ward during this period. The percentage of staff sickness

during this period for Jubilee and Meridian wards was 3% and for the Limes it was 6%. In September and October 2016 at the Limes, nine staff were absent through sick leave, maternity leave and other absences.

- Ward managers on Meridian ward and at the Limes told us staffing levels had been increased in recent months to reflect the high level of care, which patients required. The manager of Jubilee ward told us that plans to increase staffing were being implemented. The proposed increased staffing levels for Jubilee ward reflected the complexity of care and treatment needs of patients being admitted to the ward, however no implementation date for this had been agreed at the time of our inspection.
- The trust provided the safer staffing numbers for each of the three wards for September and October 2016. This showed that for the months of September and October 2016 on Meridian ward there were 18 day shifts out of 120 when staffing did not meet the agreed levels. The manager of Meridian ward told us that there was one extra nurse on duty every night from 9pm to 8am. This staff member remained on Meridian ward if not required to assist with emergencies on other wards.
- For the Limes there were 23 day and 4 night shifts when staffing did not meet agreed levels. We were told that lower patient occupancy on the Limes ward during this period meant that whilst the staffing establishment for each shift had not been met, safe staffing levels had been maintained.
- For Jubilee ward, there were approximately 50 out of 120 day shifts when the number of qualified nurses was less than the safe staffing levels. Additional health care assistants had worked to support the patients. A staff member on Jubilee ward told us that clinical team leaders were regularly utilised as unit co-ordinators on other wards to assist with emergency admissions and bed management. Examples given were of a team leader who spent three out of five shifts per week in another ward. Bank or agency staff would be booked to cover these absences when possible but this redeployment impacted upon the time available to these team leaders for tasks such as staff supervision and completion of audits.
- Some staff told us that there were times when wards were short staffed and that this could be stressful as all

Are services safe?

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wards were very busy. However, we did not find that patients access to escorted leave, one to ones with their named nurse or access to activities had been affected. None of the wards had a housekeeper and nursing staff and health care assistants were responsible for washing personal laundry for patients.

- Overall, there was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. At Meridian ward, the consultant psychiatrist visited the ward three times per week and was supported by two junior doctors. At Jubilee ward, the consultant psychiatrist attended the ward for two days per week and a range junior doctors on the team provided sessional input to the ward. Jubilee and Meridian wards were supported by the out of hours junior doctor on-call rota. At the Limes, the consultant psychiatrist attended the ward once a week and the permanent staff grade doctor three times per week. One staff member told us that there were problems with getting doctors to come to the ward and some days Limes ward did not receive a visit from doctors. The manager at the Limes told us that plans were being implemented for a doctor to be based on the ward for five days per week to provide increased medical cover. The Limes accessed GP services for out of hours care and would use emergency services where needed.
- The trust provided data on mandatory training compliance as of 31 October 2016. The training compliance for the three wards was 89%. There were 19 mandatory training courses. Thirteen training courses had either met or exceeded the training compliance target. Moving and handling loads and safeguarding children Level 1 had 100% compliance. Other courses, which were below the target were the Mental Health Law update, safeguarding children level 3, information governance and team work. Overall, we found that ward managers had oversight of their teams mandatory training compliance rates and that where refresher training was needed this was being followed up in supervision with staff.

Assessing and managing risk to patients and staff

- The trust provided data on the number of seclusions, long-term segregations, use of restraint, restraints in the

prone position and use of rapid tranquilisation between May 2016 and October 2016 in wards for older people. There was one incident of seclusion for a patient from Meridian ward.

- There were 21 incidents of restraint, three at Jubilee ward and nine at both Meridian and the Limes wards. For Meridian ward these involved three different patients and for the Limes two patients. During this period there were no incidents of prone restraint at either ward. There had been two incidents of prone restraint on Jubilee ward during the period from January to June 2016, both of which resulted in rapid tranquilisation. The trust provided details of both of these incidents. We saw the record relating to one of these incidents. This showed that the patient refused to have their vital signs monitored in line with the trust rapid tranquilisation policy, the patient was seen by a doctor the following day.
- At a previous inspection in June 2015 we found that staff on Meridian ward lacked a clear understanding of what constituted restraint, including restraint classed as “precautionary holds”, such as arm holds. We found that these “precautionary holds” were not being reported as incidents of restraint, in accordance with trust policy and procedure. As a result, the use of restraint was being under-reported by the ward and accurate information on the use of restraint could not be established. During this inspection we saw incidents of different types of restraint were being reported. All staff we spoke with understood the different classifications of restraint as defined in the trusts policy and procedure and were aware that the use of “precautionary holds” constituted restraint. The majority of staff were aware that each instance of the use of precautionary holds should be reported as a restraint incident.
- On all three wards, the managers told us of the work undertaken and progress made over the past year around raising awareness of restrictive practices. This included nominating staff on each ward as restrictive practice champions. These staff had worked with the central PMVA team and staff had undertaken specialist training. They acted as a supportive resource to their teams. Staff had discussed and sought advice from the PMVA team regarding individual patients on

Are services safe?

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

implementing behaviour management plans and how to de-escalate situations. These initiatives had raised staff awareness that patients must always be cared for using the least restrictive option available to staff.

- Managers on all three wards told us that additional training had been provided to all staff on the use of restraint and that this had been followed up in team away days and reflective practice sessions. Staff confirmed that they had received recent training in break away and de-escalation techniques and were confident in supporting patients who were distressed or exhibited behaviours that challenged.
- There were policies and procedures for the use of observation and searching patients. Staff confirmed that patient risk was assessed and where required, the appropriate type of observation undertaken by staff.
- The trust provided data that between July 2015 and June 2016 there were 46 safeguarding referrals within older people's wards. This equated to 6.4% of all safeguarding referrals across the trust. The number of safeguarding referrals from the Limes was 23, from Jubilee ward the figure was 20 and from Meridian ward, there were three safeguarding referrals. Staff were trained in safeguarding vulnerable adults and children. On 31 October 2016, safeguarding adults training was 96% and safeguarding children level 2 was 92% across the three wards.
- Staff knew how to make a safeguarding alert and did this when appropriate. On Jubilee ward and the Limes, we viewed a sample of recent safeguarding concerns. These demonstrated that a comprehensive record of the safeguarding concern had been maintained and that appropriate actions to safeguard the patient had been taken. On Meridian ward, information relating to safeguarding concerns was recorded in progress notes and in multidisciplinary reviews. However, safeguarding alerts raised with the local authority were recorded using the local authorities record system. Staff on the ward were not able to access this. Staff told us that this meant they did not always have access to the most up to date information on the progress of safeguarding alerts raised with the local authority.
- On all of the wards we visited, there was a designated room off the ward, but on site, which could be used when children visited.
- Appropriate arrangements were in place for the management of medicines. We reviewed the systems for the storage and administration of medicines on the wards we visited. Medicines were stored securely. The records relating to the administration of medicines were accurate. Wards regularly audited medicine records to ensure recording of administration was complete. All wards had controlled drugs cupboards and systems for monitoring fridge temperatures.
- Trust pharmacists carried out a three-monthly check of controlled drugs (CDs) on all wards. The aim of the check was to ensure adequate stock control and documentation on use, transfer and wastage of CDs in line with the trusts controlled drugs policy and procedures. Some recording issues were identified from this audit in Jubilee ward in June 2016, and the outcome was that staff received training from the pharmacist.
- At a previous inspection in June 2015, we found that staff were not trained in the safe moving and handling of patients, and there was not sufficient equipment available to safely move patients. During this inspection managers on all wards told us that there were now nominated staff on each ward who were moving and handling champions. In October 2016 70 out of 74 staff across the three wards had completed moving and handling training. Staff on Meridian ward had attended a prevention of falls workshop provided by an occupational therapist and physiotherapist. Staff on the Limes ward had attended some bespoke moving and handling training on the use of hoists provided by a physiotherapist. The manager of Jubilee ward told us they had worked closely with the occupational therapist and physiotherapist to assess individual patient needs. During the inspection, we saw that patients were appropriately supported with transfers and moves. Staff we spoke with demonstrated a sound understanding of moving and handling techniques. The manager of Meridian ward told us that a hoist was available. Equipment available on Jubilee ward and at the Limes included a standing and full body hoists.
- Staff were aware of potential risks of falls and pressure ulcers and systems were in place to reduce the risk of these occurring. Staff sought input from the physical health consultant nurse when necessary.

Are services safe?

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

- Risk assessments had been undertaken on admission for patients and updated regularly. The manager on Jubilee ward told us that care plans would be updated following an incident such as a patient fall.

Track record on safety

- The trust provided data that between November 2015 and October 2016 the wards had four serious incidents requiring investigation. Of these, the Limes had two, one incident related to alleged abuse of adult patient by staff and one which was a fall. Meridian and Jubilee wards had one incident each, both of which were currently under investigation
- Ward managers were able to tell us of learning from recent serious incidents and changes that had been

made to practice as a result. These included clearer guidance on reporting incidents of behaviours that challenge and increased awareness by staff in relation to falls.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents should be reported and how to report it.
- Lessons learnt from incident investigations were available on the trust intranet. We observed during a team meeting that recent incidents on the ward were reviewed and discussed along with lessons learnt.
- Staff could be debriefed after incidents either in individual supervision or as a group in the team meeting.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- The care and treatment records showed that a comprehensive and timely assessment was completed on admission. This included a Waterlow pressure area assessment, a nutritional assessment and a mobility assessment. Care plans were up to date, holistic and recovery orientated.
- Some care professionals completed specific assessments. For example the occupational therapists used the 'Pool Activity Level' tool to assess patients with dementia and other cognitive impairments to support them to provide fulfilling occupation based on individual needs.
- All patients received a physical health check on admission. Staff reviewed and monitored patients' physical health on a regular basis. For example we saw one patient record, which showed that a full physical health check was undertaken on admission and an emergency MRI was requested based on this assessment. Another example was for a patient with diabetes. They had a care plan, which specifically addressed the management of their diabetes. In addition, prescribing for this patient followed NICE guidelines for type 2 diabetes.
- A nurse consultant specialising in physical health care had been in post for year. They visited all the wards and advised on individual patients as well as providing training for staff on topics such as caring for patients with dementia. We viewed one patient record who had specific nutritional needs. Their records showed that a good nutritional care plan was in place. A dietician provided advice and support to the wards. They reviewed and monitored weight, food and fluid charts for patients and provided appropriate dietary advice.
- Nursing staff used the national early warning (NEWS) scores to record physical healthcare observations and identify if the patients physical health was deteriorating. However, we were told that some staff were not confident in assessing patients physical health care needs, using NEWS and identifying when additional medical input should be arranged. For example, on Jubilee ward, we were told that one patient's oxygen saturation reading when taken should have raised

concerns, but that this test result was not relayed immediately to medical staff and had not been identified until the patient was next reviewed in ward round.

- Patients' care and treatment records were stored on the provider's electronic records system. Access to the system was through staff identification card and password login, which ensured confidential information was maintained securely.

Best practice in treatment and care

- Staff used the National Institute for Health and Care Excellence guidelines. We saw these were used with regards to the care of patients with dementia. The use of anti-psychotic medicines was kept to a minimum. A staff member told us that a recent audit showed that two out of eighteen patients on one ward were prescribed anti-psychotic medicines.
- There was very limited psychology input across the three wards, which impacted on patients being able to access this input as part of their treatment.
- A range of local audits had taken place to provide assurance on systems such as the completion of care records and also to focus on clinical areas such as the monitoring of patient falls.

Skilled staff to deliver care

- The staff working on the older people wards came from a range of professional backgrounds including physiotherapy, nursing, medicine and occupational therapy. Some wards had activity co-ordinators. Each ward had access to a tissue viability nurse. The pharmacy team provided support to the wards. There was access to dietician, speech and language therapist and psychological input but this was limited as they also covered other services in the trust.
- Staff were suitably experienced and qualified. Staff received an appropriate corporate and local induction when they joined the trust.
- The appraisal rate on 30 September 2016 for older people's wards was 95%. This was above the trust average of 75%. Jubilee Ward had an appraisal rate of 100%, the Limes of 94% and Meridian Ward of 90%. These appraisal rates related to nursing staff only.

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- The trust had a clinical supervision target of 95% for all wards and the clinical supervision rates for all three wards provided prior to the inspection were below this target. In October 2016 the supervision compliance rate for Meridian ward had increased to 95%, for the Limes the rate had increased to 88% and for Jubilee it was 100%.
- As of 30 June 2016, all the doctors working on the wards for older people had completed their revalidation.
- Some specialist training for staff working on these wards had been provided, for example relating to the physical healthcare needs of the patients. In addition, specialist dementia training was available on line for staff. Three nurses had completed training in phlebotomy.
- Poor staff performance was addressed promptly and effectively. Ward managers were able to give us recent examples of poor staff performance and the steps taken to address this.
- As of 30 September 2016, 91% of staff across the three wards had completed training on the Mental Health Act.
- MHA papers were examined by a competent staff member on admission. Staff knew who their MHA administrators were. MHA administrators offered support to staff in making sure the Act was followed in relation to, for example, renewals, consent to treatment and appeals against detention. Each ward kept clear records of leave granted to patients.

Multi-disciplinary and inter-agency team work

- There were regular and effective multidisciplinary meetings. During the inspection, we observed one handover at Meridian ward. Staff reviewed patients' physical health and medication issues. They also discussed the discharge plan for a patient leaving the ward that day, management of a patient with aggressive behaviour and organised independent mental health advocacy input for a patient without any family members. Staff told us that there were effective handovers between shifts.
- We observed one team meeting at Meridian ward, which the manager facilitated well. A range of topics were discussed, including patient feedback and performance against key performance indicators. Staff contributed to the discussion.
- There was good working between the different teams in the trust. For example the ward staff communicated with the recovery teams when needed.
- Managers told us there were effective working relationships with the local authority, social services, GP's and clinical commissioning groups. Patients care co-ordinators were invited to attend ward reviews.

Adherence to the MHA and the MHA Code of Practice

- Staff demonstrated a good understanding of the MHA and the Code of Practice. For patients detained under the MHA there was evidence of their capacity and consent to treatment having been assessed. Forms authorising treatment under the MHA were attached to patients' medicines administration records.
- Patients were able to access an independent advocate. Staff knew how to access the independent advocate and make referrals.
- Staff told us that patients had their rights under the MHA explained to them on admission and that their rights were revisited with them periodically after this. However, two patients said they were not given information about their rights on admission. One patient said they did not think that they had been given this information and another received a leaflet, which they could not read as it was not in large print.

Good practice in applying the MCA

- We undertook a detailed review of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) processes on Meridian ward and at the Limes, which included reviewing seven patient records. The trust had developed an MCA policy and procedure, however staff did not demonstrate that they were familiar with this and were competent in applying the MCA in their practice.
- The arrangements to manage the processes for patients where a DoLS application was taking place or a DoLS was in place including the safe storage of the documentation was not taking place appropriately. For example, on one ward patients were listed as being subjected to DoLS and staff confirmed this, when additional checks demonstrated that the identified patients were not subject to DoLS. Staff were unable to find statutory information relating to their patients, for

Are services effective?

Requires improvement 

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example on one ward, the manager was relying on a folder containing all DoLS papers, but staff were not familiar with this. The patient's electronic records did not include DoLS information. On one of the wards we visited it took half a day to establish the actual DoLS status for three patients as there were not clear, readily accessible records relating to their DoLS status.

- We found that for two patients there were delays of some weeks before ward staff made an application under DoLS. This could be attributed to poor staff understanding of DoLS, poor communication between staff and a lack of clarity of where information relating to DoLS was recorded.
- We found that some staff at the Limes were not aware of the duty to inform patients of their rights under DoLS. We observed staff on Meridian ward inform patients of their rights in a corridor where a poster was available to assist with this explanation. Staff did not have a leaflet which explained these rights to assist them with the explanation to patients.
- For two patients, who were described as being informal admissions and having fluctuating capacity, their care and treatment records did not demonstrate that they had been assessed and found to have capacity to consent to their admission.
- We also saw some better practice in the use of the MCA, although there were still some improvements needed. For patients who did not comply with their prescribed medicines, their capacity to consent was assessed and recorded appropriately. Covert administration of medicines may take place when a patient regularly refuses their medicine, but they are assessed as lacking the capacity to understand why they need to take the medicine. Twelve patients were receiving their medicines covertly at the Limes ward. When patients were given medicines covertly, it meant that they were hidden in food or drink without the knowledge of the patient. No patients were being administered medication covertly at Meridian and Jubilee wards.
- Where patients were receiving covert administration of medicines, there was evidence that staff had completed mental capacity assessments for this specific decision. We saw evidence that best interest discussions had been held and family members had been contacted. However, the documentation did not include information relating to the patient's past wishes when they still had the capacity to make decisions.
- The Mental Health Act administrative staff who provided support and guidance locally on the MHA provided limited support to staff in relation to the MCA and DoLS. There were not robust systems in place to monitor adherence to the Mental Capacity Act. Ward staff reported they were asking the local authority DoLS lead for help as the Trust was not providing it.
- Mandatory training had recently been introduced. It replaced previous training on the MCA and DoLS, which had been part of the Mental Health Law training. Staff had also previously received bespoke training on the MCA and DoLS.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Many of the staff we observed caring for patients were kind and thoughtful and took the time to meet their individual needs. We saw staff reading newspapers with patients and one staff comforting and stroking the hands of a patient who was agitated. We saw staff providing assistance in a gentle manner. Some observations were of warm and kind interaction between staff and patients. However, varied communication and engagement styles were observed between staff and the patients. For example, some staff engagement with patients was task orientated or instructional.
- During lunchtime we observed a lack of staff to organise and provide support to patients on some wards. Examples were that patients were given a box of juice with a straw and left to open it themselves. Some patients managed to do this and others did not. Staff did not assist some patients to have their chairs seated near enough to the table and so were slouched over the table. Staff assisted a patient with eating whilst wearing protective gloves. A patient who used a walking frame was told by staff to take a seat but no assistance was offered.
- We observed care practices such as staff talking to each other whilst a patient was on the toilet and the door was open. We also heard a carer ask staff for assistance for a patient to go to the toilet and staff provided this assistance half an hour after the initial request for assistance. This did not promote patient privacy, dignity and comfort. In addition, we saw that staff assisted a patient with eating as she was lying on her bed on her side with her elbow propping up her head. This was not a safe way to provide assistance with feeding.
- In relation to privacy, dignity and wellbeing, the 2016 PLACE score for older people's wards was 85.51% at

Hammersmith and Fulham where Meridian ward is located, 85.38% at St Bernard's Hospital where Jubilee ward is located and 75.76% at the Limes. All of these sites were below the England average of 89.7%, and the Limes was below the overall trust score of 80%.

The involvement of people in the care they receive

- A welcome pack was available on each of the wards we visited. However, this had not been adapted to meet patient need's as it was not available in easy read or large print versions.
- The majority of patients were not able to communicate their needs and views verbally. Carers were positive about their involvement in the care and treatment provided to their relative. Some patients had copies of their care plans.
- A patient representative visited Meridian ward once a week and attended ward rounds if requested. The manager told us that a new person had started in this post in November 2016 and that the manager planned to meet with them. Patients also had access to an independent mental health act advocate and an independent mental capacity advocate. The advocate who visited the Limes told us that staff were caring and interested and that it was a welcoming ward. The advocate said they would be happy for their relative to be cared for on this ward. An advocate visited Jubilee ward twice a week.
- Carers were encouraged to attend regular carer meetings. At the Limes, these meetings were held every two months and the day of the meeting had been changed to a Saturday to facilitate a good attendance. Carers felt that they had opportunities to feedback on the services provided.
- All of the four patients we spoke with said they did not have an opportunity to give feedback on the service they received. Patients were not involved in the recruitment of staff to the ward.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- Between 1 January 2016 and 30 June 2016, two out of the three older people's wards had bed occupancies of over 85%. For Meridian ward this was 97%, for Jubilee ward this was 95% and for the Limes it was 83%. The average length of stay for all older people's wards was higher for current patients (as of 11 August 2016) compared to discharged patients over the previous 12 months.
- The trust provided information on readmissions within 90 days between January and June 2016. Meridian Ward was the only older people's ward that had readmissions within 90 days. Over the six month period 4 readmissions took place. There were no out of area placements relating to older people's wards between January and June 2016.
- There were no incidents of a patient not having a bed to return to if they had been on leave. Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and was in the interests of the patient. Patients were discharged at an appropriate time of the day.
- The trust provided information on delayed discharges between 1 January and 30 June 2016. Meridian Ward had 12 delayed discharges during this period. The trust said Jubilee and the Limes had no delayed discharges during this period, although this did not appear to be accurate. During inspection, the ward manager for Jubilee ward told us that ward staff had monthly delayed discharge meetings with the clinical commissioning group and social services. At the time of this inspection, eight out of the current eighteen patients were ready for discharge but could not be discharged for a variety of reasons. These included repairs required to a patients home, a pending decision about a care package and difficulties with finding a suitable residential or nursing home placements for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a variety of rooms for use. There were clinic rooms in all three wards. Meridian and the Limes

had separate therapy rooms. Visitors could see patients in their rooms if they wanted privacy or in communal areas of the ward. There was access to outdoor space on all wards for patients with staff supervision.

- The female only area in Meridian ward was a small space on the female only corridor with a two seater sofa and a water fountain. It was not a warm, welcoming and comfortable area. On the day of inspection, the bedrooms and corridor area felt cold. The manager reported a heating fault in this area later that day. We also saw a male relative visiting a patient in this area on the day of inspection.
- Patients had access to pressure relieving equipment if they were assessed as needing this.
- The decoration in all wards was tired and in need of an update. Walls were marked in places and furniture was functional rather than comfortable however, in the Limes there were recliner chairs, which were specifically made for individual patients.
- The dining areas and arrangements for meals varied between wards. Meridian ward had a dining area with three tables and sufficient seating for nine patients. This area was also used as a visitors area and sitting area. Meridian ward had protected mealtime hours. Some patients in this ward could also use the communal dining area on the ground floor if they wished. Both Jubilee ward and the Limes had dining areas large enough to accommodate all patients, however on Jubilee ward meals were served in separate dining areas for women and men.
- Meridian and Jubilee wards had one toilet, one shower and one bathroom on the male and female sides of the wards. The accessibility of the baths varied between the wards. The Limes had assisted bathrooms with a hoist chair on the male and female side plus toilets and one shower on the female side of the ward. Jubilee ward and Meridian ward had standard low fixed baths, which patients could access using a hoist. In addition the shower facilities on all wards had showerheads, which were fixed to the walls which was not suitable for older people. The showerheads were fixed to the walls to reduce ligature risks but meant that staff could not direct water to different parts of patients' bodies when

Are services responsive to people's needs?

Requires improvement 

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

assisting them to shower. In addition, staff often got soaked when providing assistance. At the Limes staff assisted most patients with the hand held shower attached to the bath.

- In relation to ward food the 2016 PLACE assessment score for West London Mental Health NHS Trust was 85.1%, which was below the England average of 91.9%. St Bernard's Hospital where Jubilee ward was located and Hammersmith and Fulham where Meridian ward was located scored above the trust average of 85% for ward food, with the Limes scoring under it at 75.6%.
- Patient and carer views on the food were generally positive with the exception of one carer and one patient who were not satisfied with the quality of the food. Patients specific dietary needs were met. Hot drinks and snacks were regularly available outside of meal times across all wards but on most wards, the patients were not able to make themselves a hot drink or snack, staff prepared it for them. We saw that fruit was available on Meridian ward and at the Limes.
- Patients had the opportunity to personalise bedrooms but those we saw in Meridian and Jubilee wards were not homely. The bedrooms at the Limes where patients stayed for longer, were personalised, we saw bright colourful quilts, and duvet covers on beds. The bed linen on beds on Meridian ward was a blanket and sheet. Two staff told us that they sometimes had to go to other wards to borrow supplies such as blankets and towels. Staff told us they had asked senior staff to order extra blankets. We spoke with the manager on the day of inspection who said that duvets had been ordered and that sufficient supplies of extra blankets were available on that day.
- There were arrangements on each ward for patients to store their possessions. However, on Meridian ward, one patient did not know how to use the safe in their room. Another patient told us that their safe was broken.
- Activities took place on all wards visited with varying frequency. Two wards had an activities coordinator. On Jubilee ward, the occupational therapist took lead responsibility for the organisation of activities. On the day of inspection, no activities were organised as it was

the day of the ward round. One patient said activities were organised but not on a weekend and a carer suggested that the ward could organise some entertainment.

- We observed a range of activities taking place on Meridian ward and at the Limes, for example, memory games, skittles, pampering session and music and movement. We saw the activities schedule for Meridian ward, which showed activities such as a movie screening and bingo were organised for one weekend. The activities coordinator for this ward worked at the weekends. For the other two wards, activities would be organised by nursing and health care assistants at the weekend.
- A hairdresser visited Jubilee ward every week and there was a room allocated as a hair salon.

Meeting the needs of all people who use the service

- The wards had some facilities and equipment for people with mobility issues. Meridian ward could be accessed by a lift. Wards managers told us that there were plans for Meridian ward, which was currently located on the second floor of a building, to move to ground floor space on the same site in 2017 and also that the trust was trying to identify a more suitable location for the Limes ward.
- There were few visual prompts to help patients with a cognitive impairment find their way around the ward. Menus were in small print and did not use pictures to aid patient choice of food.
- The geographical area covered by the trust was highly diverse with different cultures, religions and languages spoken. Staff received training in equality and diversity as part of their mandatory training. Staff told us that they could access interpreters if required. For one patient, whose first language was not English, a communication passport had been produced using phonetics, so that staff could use some basic phrases in their first languages to communicate with them.
- Some local faith representatives visited patients on the ward, whilst others could be contacted to request a visit, or patients could be escorted to local places of worship.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Requires improvement 

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

- The trust provided data that there were three complaints for older people's wards between July 2015 and June 2016, two of which were partially upheld. These complaints were one for Jubilee ward where a relative was unhappy with the care and treatment of a patient, one for Meridian ward where relatives were not happy that no discharge package of care had been arranged and one for the Limes where a relative was unhappy with the attitude of a member of staff. No complaints were referred to the ombudsman. Staff were able to describe how they discussed and learnt from complaints.
- Managers on all wards told us that when concerns were raised at ward level by patients or carers that this information was recorded in patient progress notes and was treated as an informal complaint dealt with at ward level. This meant that informal complaints dealt with at ward level were not collated and the manager and staff did not have an overview of any themes or issues arising from informal complaints. Staff we spoke with were aware of the trusts complaints policy and procedure and knew what to do if a patient wanted to make a formal complaint.
- Information about how to make a complaint was displayed on the ward. We spoke with 10 carers and four patients. Five of the 14 commented that some personal items and clothing had gone missing on the ward. It was not clear that these issues had been raised with staff. Two of the four patients we spoke with were aware of the complaints procedure, one commented that they had no complaints. The second commented that they had made a complaint, but did not feel listened to. Two of the four patients we spoke with were not aware of the trusts complaints procedure and one of these patients said they would not feel confident to make a complaint.
- We saw a number of thank you cards on the wards but this feedback was not being collated.

Are services well-led?

Requires improvement 

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

Our findings

Vision and values

- Staff knew and agreed with the trusts values. They understood the trust strategy and where improvements were being made. Staff knew who the most senior managers in the organisation were.

Good governance

- Overall, we found that whilst the three wards had governance processes in place, they were not always providing easily accessible information to ward managers or support their management of the ward. Ward managers did not have access to a dashboard of information that covered all the essential information they needed to know and identified trends about the care of patients and management of staff. Feedback from systems of assurance such as audits were not available in one place. Feedback from patients and carers was not collated so that themes could be known and addressed.
- Staff had the ability to submit items to the trust risk register.

Leadership, morale and staff engagement

- Ward managers stated that they had sufficient authority to enable them to complete their tasks and manage their wards. Administrative support was available on all wards.
- One member of staff raised concerns regarding potential bullying. This was shared with the trust directly at the time of our inspection for them to follow up. Most staff

felt confident to discuss any concerns with their line manager. Managers told us that they talked about the trust policy on whistleblowing at team meetings and information was available to staff on the trust intranet.

- Morale and job satisfaction was variable.
- Overall staff spoke positively about their teams and how they worked together. There was evidence of leadership at a local level, from ward managers and matrons. Ward managers were visible on the wards during the day, were accessible to patients and carers. They provided support and guidance to staff.

Commitment to quality improvement and innovation

- Jubilee ward participated in John's campaign. This was an initiative, which allowed carers to stay with patients outside of set visiting hours. Patients with dementia sometimes forgot that their carer had visited so visits, which could take place at different times and outside of restricted visiting hours were beneficial to patients. The ward provided each patient's main carer with a new special access pass to facilitate this.
- Staff told us of good joint working at the Limes between the ward staff and speech and language therapist, occupational therapist, activities coordinator and dietician. Two student speech and language therapists also worked at the ward for several weeks to raise awareness and develop staff competencies around eating and swallowing issues for older people. Training, advice and support was provided to staff. Screening tools were developed which will be embedded in practice when the trust launches a new physical health care screening tool in January 2017.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 HSCA (RA) Regulations 2014

Safeguarding service users from abuse and improper treatment

Care or treatment for service users must not be provided in a way that is degrading to service users

The trust had not ensured that staff provided care in a way that was safe, recognised patients individual needs and promoted their dignity and privacy.

This was a breach of Regulation 13(4)(c)

A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority

The trust was not consistently using the MCA and DoLS appropriately. Staff were not able to access appropriate support and guidance when applying the MCA and DoLS to individual patients.

This was a breach of Regulation 13(5)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 HSCA (RA) Regulations 2014

Premises and equipment

The premises was not suitable for the purpose for which they are being used.

This was because:

This section is primarily information for the provider

Requirement notices

The ward environments did not meet the needs of people with dementia.

This was a breach of regulation 15(1)(c)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014

Good governance

Systems or processes must enable the registered person to assess, monitor and improve the quality of the services provided.

The trust had not ensured that governance processes were efficient and robust and improved the quality of services provided.

This was a breach of Regulation 17(1)(2)(a)