

Good 

Northumbria Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Rake Lane
North Shields
NE29 8NH
Tel: 0844 8118111
Website: www.northumbria.nhs.uk

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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)
RTFFS	North Tyneside General Hospital	Ash Court	NE29 8NH
RTFDC	Tynemouth Court	Tynemouth Court, Ward 19	NE29 0PQ

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- assessments were comprehensive, carried out in a timely manner and regularly reviewed.
- care and treatment was delivered in line with current evidence based guidance. A system of audit was in place to monitor compliance.
- staff displayed a good understanding of their roles and responsibilities in relation to safeguarding. Safeguarding processes were robust.
- ward shift establishment were developed using a staffing analysis tool. Actual staffing levels matched the identified need.
- there were systems in place to ensure adherence with the Mental Health Act and Mental Capacity Act.
- care plans were up to date and personalised.
- patients and carers were involved in decisions about care and treatment.

- feedback from patients, family members and carers was positive.
- staff felt supported in their roles and worked effectively as a multidisciplinary team.
- there was a good governance structure in place and an open and transparent culture evident on the wards.

However:

- the two mixed sex wards were not compliant with same sex accommodation guidelines. However, the trust were aware of this issue and were due to move into new accommodation by March 2016. The new premises are compliant with same sex accommodation guidelines.
- all staff received line management and caseload supervision.

Summary of findings

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

Are services safe?

Good



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

- risk assessments were comprehensive, carried out in a timely manner and reviewed regularly.
- wards were well staffed and establishments had been identified using a benchmarking tool.
- the risks of falls and pressure ulcers for patients were identified and managed.
- staff had a good awareness of safeguarding and safeguarding processes were robust.
- there were processes and systems in place to report and monitor adverse incidents. Staff were aware of these.
- there was a programme of mandatory training in place. Compliance was high.

However:

- Ash Court and Ward 19 were not compliant with same sex accommodation guidelines. Male and female sleeping areas were not clearly segregated on Ash Court. Neither ward had a separate female only lounge. However, the trust were aware of this issue and were due to move into new accommodation by March 2016. The new premises are compliant with same sex accommodation guidelines.
- Ward 19 did not have a bath for patient use. In addition there were no visitor toilet facilities on Ward 19. Patients wishing to use the bath, and visitors wishing to use the toilet had to access facilities on West View.
- ligature risk assessments had been carried out and identified risks were being managed. However, assessments across the wards were not consistent and some ligature points had been missed.

Are services effective?

Good



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

- patients received a comprehensive assessment on admission using recognised tools.
- physical health was well managed.

Summary of findings

- patients progress and care plans were reviewed regularly in multidisciplinary meetings.
- care and treatment was delivered in line with current evidence based guidance and compliance monitored through audit.
- there were systems in place to ensure adherence with the Mental Health Act.
- there was good practice in applying the Mental Capacity Act.

However:

- staff were not receiving regular supervision. A pilot supervision programme had been established and evaluated but not yet rolled out.

Are services caring?

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

- patients were treated with compassion and respect.
- we observed positive interactions between patients and staff.
- feedback from patients and carers about staff was positive.
- patients and carers felt staff were caring and took the time to answer questions and provide reassurance.
- patients using the service were given opportunities to be involved in decisions about their care.
- staff facilitated patient attendance at multidisciplinary meetings and families and carers were involved.
- patient opinion meetings were held on wards.
- patients and carers were able to give feedback on the service through satisfaction surveys.

Good



Are services responsive to people's needs?

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

- bed occupancy was below 85% on each ward.
- patients had access to beds after periods of leave.
- wards had appropriate dining rooms, quiet spaces and activity rooms.
- patients had access to a range of activities including at weekends.
- each ward had disabled access and provided adjustments for patients with disabilities.
- there was support for spiritual and religious needs and access to a chaplaincy service.

Good



Summary of findings

- a process to manage complaints was in place.

However:

- there were no designated visiting rooms on the wards.
However, staff were able to book quiet rooms on the ward for visits if required.

Are services well-led?

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

- staff were aware of the trusts vision and values. These were embedded in practice.
- senior management within the service were well known and had a visible presence in clinical areas.
- there were good governance processes in place and an open and transparent culture evident on the wards.
- staff were able to input to a risk register and there were pathways to escalate concerns.
- staff stated they were supported in their roles and that their managers were approachable.
- plans were in place to address issues around same sex accommodation and the lack of supervision for staff.

However:

- although performance was monitored through a range of data there were no specific key performance indicators (KPIs) for the service.

Good



Summary of findings

Information about the service

The trust provided three wards for older people with mental health problems.

We inspected these wards during the inspection:

- Ash Court
- West View
- Ward 19

Ash court was a 15 bed mixed sex ward. It was housed over two floors in a standalone building on the North Tyneside General hospital site. Ash Court was an assessment and admission ward for people over the age of 65 experiencing mental health problems.

West View was a 15 bed male only ward. It was housed in Tynemouth Court in North Shields. West View offered care and treatment to individuals with dementia including those with challenging behaviour.

Ward 19 was a 15 bed mixed sex ward. It was housed in Tynemouth Court in North Shields. Ward 19 was a dementia assessment and admission unit.

The wards had not previously been inspected by the Care Quality Commission (CQC) but had been visited by CQC Mental Health Act reviewers. Ash Court was visited in October 2014 and West View and Ward 19 were visited in March 2015. Required actions had been identified in each of these visits. We found that with the exception of compliance with same sex accommodation guidance these actions had been implemented.

Our inspection team

Chair: Linda Patterson OBE, Consultant Physician

Head of inspection: Amanda Stanford, Head of hospital inspection North East and Cumbria, Care Quality Commission

The team that inspected the wards for older people with mental health problems consisted of five people:

- two CQC inspectors
- two specialist advisers who were both nurses
- one Expert by Experience

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive acute hospital inspection programme.

How we carried out this inspection

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

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

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

During the inspection visits, the inspection team:

- visited the three inpatient wards and looked at the quality of the ward environment.

Summary of findings

- spoke with 11 patients who were using the service and five carers.
- spoke with two ward managers and one deputy ward manager.
- spoke with 26 other staff members, including senior management, consultant psychiatrists, nurses, healthcare assistants, occupational therapists, pharmacists and administrative and support staff.
- observed three multidisciplinary meetings and two shift handovers.
- looked at 18 care records and 25 medication records.
- observed one escorted trip to the community.
- observed two meal times.
- observed one dementia mapping feedback session and one ward governance meeting.
- completed one short observational framework.
- looked at policies, procedures, meeting minutes and other documents relating to the running of the services.

What people who use the provider's services say

During this inspection we spoke with 11 patients and five carers or relatives.

Feedback from people who use services on their experience was very positive. People who use services were complimentary towards staff and considered them caring and empathetic. Our observations of staff

interaction with patients were positive. Staff engaged with patients in a respectful manner and provided time for them to express their opinions. Carers that we spoke to were also very positive about the service and support they had received.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all steps are taken to maintain the safety, privacy and dignity of patients on mixed sex wards until the wards move into new same sex accommodation.
- The provider should ensure that a programme of formal supervision is rolled out following completion of a pilot project.
- The provider should ensure that ligature risk assessments are comprehensive and consistent across sites.
- The provider should look to develop service specific key performance indicators to aid performance monitoring.

Northumbria Healthcare NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ash Court	North Tyneside General Hospital
Ward 19	Tynemouth Court
West View	Tynemouth Court

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.

Training on the MHA formed part of mandatory training for all staff. Compliance with training across the three wards was 98%.

Staff showed a good understanding of the MHA and its application. There was a MHA administrator in place and further support from a central trust team. Monthly audits were carried out to ensure compliance with the MHA. These were fed back to staff through team meetings.

Patients detained under the MHA had their rights explained to them on admission and routinely thereafter. This was

recorded within patient care notes. Care records for patients who were detained under the MHA contained all required paperwork. Documentation was up to date and stored securely. Capacity and consent to treatment and capacity records were completed and reviewed accordingly.

Patients had access to independent mental health advocacy (IMHA) services. These services were advertised in ward areas and information was made available to patients and carers. Staff knew how to facilitate access to IMHAs and any patient who was detained was automatically referred. We saw evidence of IMHAs attending MDTs and patient meetings.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Training on the MCA formed part of mandatory training on the MHA for all staff. Compliance with training across the three wards was 98% for level one and 89% for level two.

Staff we spoke to showed a good understanding of the MCA and the five statutory principles. There was an MCA policy in place and support available from a central team. Regular audits of MCA compliance and paperwork were in place. There was a Deprivation of Liberty Safeguards (DoLS) lead in place for the trust. A DoLS policy was in place and accessible to staff.

Capacity assessments were in place where appropriate and reviewed regularly. Care notes we reviewed contained

assessments that were appropriate and decision specific. There was evidence of patients being supported to make decisions and the involvement of family members and carers. Staff had access to best interest assessors and care records included patient wishes and cultural history to help inform decision making where appropriate.

There was a covert medication policy in place. This included the discussion of options with family and carers. Covert medication care plans were attached to prescription cards and staff were required to sign to confirm they had read them.

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

Ash Court was a standalone building on the North Tyneside General hospital site. Ward 19 and West View were housed within a standalone unit called Tynemouth Court in North Tyneside. The trust is currently completing work on a new facility at North Tyneside General Hospital which will house all three wards. We toured this site as part of the inspection. Work was initially scheduled to be completed by November 2015 but was delayed. The current planned opening date is February 2016.

West View was a male only ward. Ash Court and Ward 19 were mixed sex facilities. None of the wards had en-suite facilities and Ash Court and Ward 19 were not compliant with Department of Health guidance around same-sex accommodation.

On Ash Ward patients had to pass bedrooms occupied by the opposite sex in order to access shower and washing facilities. At the time of the inspection there were seven female and three male patients on the ward. Two of the male patients were located at one end of the ward while the remaining male patient was located at the other end. The seven female patients were located in between. It would have been possible to arrange the ward so that the male patients were together and the impact upon privacy and dignity was reduced. Staff were not able to explain why this had not happened.

On Ward 19 there was only one male patient at the time of the inspection. The patient was able to access shower and washing facilities without passing bedrooms occupied by the other sex. However, with a different patient mix this would not necessarily be the case. Patients on Ward 19 did not have access to a bath within the ward environment as this had been removed to be installed in the new facility. As a result patients on Ward 19 who wanted to use a bath had to access the bath on West View which is a male only facility. There was no formal risk assessment in place for this arrangement although there was evidence that the risks were being managed. The bath facility identified was accessed immediately through an adjoining door between the two wards. Accessing the bath did not require patients

to enter the main body or sleeping areas of West View. In addition staff stated that patients from Ward 19 who wished to use the bath on West View would be escorted to do so. However, none of the current patients had requested to use the bath and it was not possible to check this. Patients that we spoke to did not raise access to a bath as a concern.

In addition within Tynemouth Court the only toilet available for use by staff and visitors was located on West View. This meant that staff and visitors on Ward 19 had to access West View to use the toilet. The toilet was located immediately next to an adjoining door between the two wards and it was not necessary for individuals to access patient bedrooms or communal areas on West View to access it. However, it did mean that visitors to Tynemouth Court, for example work or delivery men, would have to travel through patient areas on either Ward 19 or West View in order to access the toilet. Staff told us that visitors were escorted to the toilet.

In addition there were no identified female only lounges on either Ash Court or West View. Staff working on Ash Court and West View were aware that the wards did not meet guidance on same sex accommodation. Staff took actions to mitigate the impact on patients' privacy and dignity. For example, patients were escorted to use bathing and washing facilities where required. Patients that we spoke to did not raise any concerns or issues regarding their privacy and dignity or the lack of same sex facilities. The new facilities the service will be moving to at North Tyneside General hospital have been designed to ensure compliance with same-sex guidance. Each bedroom has en-suite facilities and the provision of male and female only lounges and spaces.

All three wards had environmental and ligature risk assessments in place. These were reviewed annually. However, we found that these were not consistent and ligature points identified on one ward were not always identified on another. For example, in some toilets buzzer chords and fans had been identified as ligature risks. In other toilets they were not identified despite being present. The assessment for Ash Court did not include the lift which had a handrail that could potentially be used to ligature.

Are services safe?

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

Ash Court was located over two floors with bedroom and bathing facilities located on the first floor. In line with the wards environmental risk assessment the staircase between the ground and first floors was locked. Staff carried keys and were able to provide access when requested. There was also a lift in place. However, access to the lift was not controlled and the lift had a hand rail which could act as a ligature point. This had not been identified as a ligature risk on the wards anti-ligature audit.

All three wards were clean and tidy. Each ward had cleaning schedules in place. Cleaning records were up to date and demonstrated that the environment had been cleaned regularly. There were assessments and action plans in place to manage the risk of legionnaires disease. Furniture was in good condition and well maintained. Each ward had mobility aides and hoists available for use. These were clean and well maintained. Stickers were visible on the equipment which identified the dates they had been checked as well as the date the next check was due.

Each of the wards had well-equipped clinic and treatment rooms. There was a full range of equipment to monitor and assess physical health. These included weighing scales and blood pressure machines. Medical devices were well maintained and regularly checked. Emergency equipment, including automated external defibrillators were in place. Emergency equipment was checked daily by staff. Emergency drugs were in date and checked regularly. Medicine management procedures were in place and there were regular checks of stock levels. The temperatures of fridges used to store medication and patient food were checked daily.

Staff adhered to infection control principles. Alcohol hand gel was available at the entrance to each of the premises and also located at various points within the wards.

Safe staffing

Information provided by the trust showed the following staffing levels:

Ash Court

Establishment level: qualified nurses (WTE): 16

Establishment level: nursing assistants (WTE): 10

Number of vacancies: qualified nurses (WTE): 1

Number of vacancies: nursing assistants (WTE): 0

Staff sickness rate in last 12 months: qualified nurses: 6%

Staff sickness rate in last 12 months: nursing assistants: 2%

Staff turnover rate in last 12 months: qualified nurses: 33%

Staff turnover rate in last 12 months: nursing assistants: 25%

There were no shifts filled by bank or agency staff to cover sickness, absence or vacancies in the last three months.

Ward 19

Establishment level: qualified nurses (WTE): 16

Establishment level: nursing assistants (WTE): 10

Number of vacancies: qualified nurses (WTE): 0

Number of vacancies: nursing assistants (WTE): 0

Staff sickness rate in last 12 months: qualified nurses: 2%

Staff sickness rate in last 12 months: nursing assistants: 1%

Staff turnover rate in last 12 months: qualified nurses: 11%

Staff turnover rate in last 12 months: nursing assistants: 0%

There were two shifts filled by bank or agency staff to cover sickness, absence or vacancies in the last three months. There were no shifts that were not filled.

West View

Establishment level: qualified nurses (WTE): 15

Establishment level: nursing assistants (WTE): 10

Number of vacancies: qualified nurses (WTE): 1

Number of vacancies: nursing assistants (WTE): 0

Staff sickness rate in last 12 months: qualified nurses: 5%

Staff sickness rate in last 12 months: nursing assistants: 1%

Staff turnover rate in last 12 months: qualified nurses: 18%

Staff turnover rate in last 12 months: nursing assistants: 0%

There were 23 shifts filled by bank or agency staff to cover sickness, absence or vacancies in the last three months. There were no shifts that were not filled.

The service operated the same shift patterns on all three wards. There was an early shift (07:30 until 15:30) and a late

Are services safe?

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shift (12:30 until 20:30). Both of these shifts operated with three qualified and two unqualified members of staff. The night shift ran from 20:15 until 08:00 and was staffed by two qualified and one unqualified members of staff.

Nursing levels on each ward were set by benchmarking against similar services. Staffing rotas we reviewed showed that the identified staffing requirements on each ward were met. The trust is currently implementing the use of an acuity tool to help set staffing levels. This will be rolled out to the older peoples psychiatry service over the next year.

Ward managers were able to adjust staffing levels to take account of the patient mix on the ward as well as activity levels. For example, during the inspection Ash Court were operating with an additional nursing assistant on both the early and late shifts. This was because the ward included a patient receiving palliative care and a patient on one to one observations. Ward managers had access to a regular cohort of bank staff. The use of agency was limited. Patients were able to have regular 1:1 time with nursing staff. There had been no planned leave or ward activities cancelled in the last three months.

There was access to medical cover and support. Junior doctors and consultants were on site during the day and on call rota operated at night. Staff did not report any problems in accessing medical support when it was required.

There was a programme of mandatory training for each staff group. The trust had a target of 85% compliance with this training. Overall compliance with mandatory training for each ward was, Ash Court: 88%, Ward 19: 92% and West View: 91%. Compliance across the service for individual courses included basic life support 97%, health and safety 100%, information governance 96%, infection control 99%, slips trips and falls level one 100% and slips trips and falls level two 97%.

Assessing and managing risk to patients and staff

There had been 21 incidents of restraint within the service over the previous six months. None of these restraints had been in the prone position. Of the 21 incidents, 16 involved the use of rapid tranquilisation. The service did not use seclusion and there were no seclusion facilities.

The service had developed a new control and restraint training package specific to older persons. At the time of the inspection the training was being rolled out and compliance was 39%. Further training was scheduled for staff.

The ward with the highest level of restraint was Ward 19 with 14 instances, 12 of which involved rapid tranquilisation. West View reported five incidents of restraint over the previous six months of which three involved rapid tranquilisation. Ash Court reported two incidents of restraint of which one involved rapid tranquilisation.

There was a policy in place to support the use of rapid tranquilisation which was in line with National Institute for Health and Care Excellence (NICE) guidance. Staff demonstrated a good knowledge of the rapid tranquilisation policy. Staff were able to explain when it was appropriate to use it and how it would be administered. The policy included guidance on the physical health monitoring of patients after the administration of rapid tranquilisation. Records we reviewed showed that this had taken place.

We reviewed 17 care records across the three wards. All the records included comprehensive risk assessments which had been regularly reviewed. This included scheduled reviews as well as reviews carried out after incidents or a change in circumstance. A 72 hour risk screening tool was completed on admission. The service used the functional analysis of care environments (FACE) risk assessment tool. They supported this with additional risk assessments including the Malnutrition universal screening tool (MUST) and the Braden risk assessment for pressure ulcers. There were also risk assessments in place covering risk of falls and moving and handling.

Staff demonstrated a good knowledge of the risks of falls and pressure ulcers within the patient group. Clinical staff received training on pressure ulcers. At the time of the inspection 99% of targeted staff across the wards had received the training. There was also training for staff on slips, trips and falls. At the time of the inspection, 100% of staff across the wards had completed level one training. Level two training was targeted at clinical staff only and 97% of staff across the wards had completed it.

Are services safe?

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

Records we reviewed included comprehensive falls care plans. There were good links with the trust tissue viability team to help manage pressure ulcers. Ward managers were able to access appropriate mattresses and aids such as hoists.

There was a policy in place to support the use of observations. The policy outlined three levels of observation. Staff demonstrated a good knowledge of the policy and the appropriate use of each level of observation. We witnessed a shift handover when the level of observation for each patient was discussed and observation duties allocated to staff. Observation records were in place and completed appropriately. There was one patient on Tynemouth Court who had been identified as an absconsion risk. A care plan was in place for the individual which included the use of observation.

Staff demonstrated a good knowledge of safeguarding. They were able to explain how to identify and report a safeguarding incident. Support was available from line management and a central trust safeguarding team. There was a trust policy in place. In the month prior to the inspection the service had made six safeguarding referrals.

Staff received training in safeguarding vulnerable adults and children. Across the three wards 95% of nursing staff had completed level one safeguarding adults training. The highest compliance was on Ward 19 (100%); the lowest compliance was on Ash Court (91%). Across the three wards 82% of nursing staff had completed level two safeguarding adults training. The highest compliance was on Tynemouth Court (100%); the lowest compliance was 67% at Ash Court although this was above the trust target of 66%. Across the

three wards 87% of nursing staff had completed safeguarding vulnerable children training. The highest compliance was on Ward 19 (89%); the lowest level of compliance was on Ash Court (82%).

There were good medicine management practice in place covering the transport, storage, dispensing and reconciliation of medicines. Staff received support from a central pharmacy team who were a regular presence on the ward. Pharmacists saw each new patient, attended multidisciplinary meetings and carried out medicines audits and stock checks.

Track record on safety

The service had not reported any serious incidents in the previous 12 months. In the last six months the service had reported 238 adverse incidents. Three of these were categorised as 'moderate' harm, 65 were categorised as 'minor' harm and 170 incidents were categorised as 'no harm'.

Ward 19 reported the most incidents with 129. West View reported 64 incidents and Ash Court reported 45 incidents. The most common incident type was a fall, suspected fall or collision with an object. 122 such incidents were reported. None resulted in a high level of harm.

Reporting incidents and learning from when things go wrong

All staff knew what to report as an incident and how to do so. Incidents were reported using the datix online incident reporting system.

Adverse incidents were discussed within both service and trust-wide governance meetings. Feedback and learning occurred in team meetings, handovers and in emails. Staff also received debrief sessions where appropriate.

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

We reviewed 17 care records over the three wards. Patients received a comprehensive assessment within 72 hours of admission. This included a full physical examination and ongoing monitoring of physical health. The service used the modified early warning scale (NEWS) to monitor physical health. Staff had been trained in the use of NEWS which were completed regularly and reviewed in multidisciplinary meetings.

The service used a range of standardised assessment scales to address the risk of pressure sores, dietary and fluid requirements, mobility and the risk of falls. The findings of these assessments were captured within care plans and informed the delivery of treatment. Care records were personalised, holistic and captured the views of patients and carers. The care records were up to date and had been reviewed regularly.

Care records were in paper form and stored within locked cupboards on the ward. Records were well maintained and staff had easy access to them. However, there was no centralised electronic records system in place. Staff reported that an electronic system would be beneficial and stated that there was sometimes a wait to get old records.

Best practice in treatment and care

The service followed National Institute for Health and Care Excellence (NICE) guidance in the delivery of services. Prescribing guidelines had been developed in line with NICE guidance. Prescribing regimes were regularly audited. This was supported by a programme of audit against NICE guidance. These included audits against standards for older adults services in regard to the treatment and management of depression, obsessive compulsive disorder, generalised anxiety disorder and bipolar disorder. Each of the audits rated the level of practice as 'good'. There was evidence of improvement through the audit cycle as the results had improved from previous audits.

The service had initiated dementia care mapping (DCM). DCM utilises an observational tool created by the University of Bradford which can identify and promote the development of person centred care. Mapping was being completed at Tynemouth Court every six months. After

each mapping exercise a series of sessions were held with staff to feedback the findings and discuss recommendations. A formal report was also submitted to staffing and governance meetings.

Ash Court did not care for patients with dementia. However, the service was reviewing whether the DCM tool could be adapted for this ward. There had been discussions about using the tool with wards on the acute hospital site which cared for patients with a physical illness who also had a diagnosis of dementia.

Staff on the ward were able to offer cognitive behavioural therapy (CBT) and mindfulness sessions. They had received training to support this. Staff worked with occupational therapy to deliver reminiscence sessions for patients. There was access to the trusts psychological and behavioural support services where more complex interventions were required.

Patients received a physical health assessment on admission. This was completed by a doctor. Staff were able to access further advice and specialist input through the acute hospital. Patients' nutrition and hydration needs were assessed using the Malnutrition universal screening tool (MUST). Food and fluid charts were in place for each patient and were updated regularly. Weekly checks on body mass index and weight were in place. Nutritional and hydration management was incorporated into the care plans for each patient. Each ward had protected mealtimes and staff were allocated to provide support with feeding and drinking where it was required. There was access to speech and language therapists (SALT) where people required aids for eating and drinking or special diets.

The service assessed patient outcomes using the Health of the Nation outcomes Scale (HoNoS) and also undertook cluster monitoring. Outcomes and service performance were discussed within service and trust level governance meetings.

There was a programme of audit in place. This incorporated audits against NICE guidance as well as other clinical audit. For example, the service had completed an audit to ensure that patients started on antipsychotic medications during their admission were having the appropriate baseline blood tests. Nursing staff also

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.

undertook weekly documentation audits. Findings and recommendations of audits were discussed in service governance meetings and fed back to staff through team meetings.

Skilled staff to deliver care

Each ward had input from a range of disciplines. This included consultant psychiatrists, junior doctors, nurses, healthcare assistants, psychologists and occupational therapy. Community psychiatric nurses (CPN) and social workers were also involved where appropriate. Staff worked with social services to complete carers' assessments. The service had access to physiotherapy and speech and language therapists where this was required.

There was a good staff mix on each ward. Staff were qualified where appropriate and skilled to deliver care. Qualifications and professional registrations were checked as part of the recruitment process and through on-going appraisal and revalidation schemes. Staff received a comprehensive induction when commencing employment. Healthcare assistants received an induction in line with the care certificate standards.

Staff received an annual appraisal. However, staff did not receive formal regular supervision. Data provided by the trust showed that only four staff were receiving clinical supervision at the time of the inspection. Those four staff members were part of a pilot clinical supervision programme that the service had been running for a year. Staff had undertaken a two day training programme prior to facilitating supervision. The service had begun analysis of the pilot using the Manchester clinical supervision tool. Initial results were positive with the majority of staff involved stating they either agreed or strongly agreed that supervision improved care. The service is developing plans to extend supervision to all staff. This work incorporated the development of supervision structures and documentation. Staff we spoke to did not raise a lack of supervision as a concern. They felt they were well supported and that help and advice was available through managers and peer support.

Staff appraisals were taking place. On Ash Court 81% of staff had received an annual appraisal (17 out of 21). On West View 93% of staff had received an annual appraisal (26 out of 28). On Ward 19 90% of staff had received an annual appraisal (19 out of 21).

Staff had received a range of specialist training. This included dementia and dementia awareness training as well as psychological therapy courses such as CBT, mindfulness and family therapy. Staff we spoke to stated they were supported in identifying and accessing training courses.

There were policies in place to manage poor staff performance. Training was available to managers to support this as well as assistance from the human resources department.

Multi-disciplinary and inter-agency team work

There were weekly multidisciplinary (MDT) meetings on each ward. These were attended by a full range of disciplines including by external agencies such as social services. Family members, carers and advocates were also invited to attend if the patient wanted them to be present. We observed one MDT during our inspection. The meeting was well structured, patient focused and effective. Patients and family members were engaged and given space to express their opinions. Information on diagnosis and treatment was provided in a clear way and staff took the time to check it had been understood.

Handovers took place on each ward in between shifts. They were attended by all relevant staff including domestics. Handovers were comprehensive and covered each patient, ward activity and ongoing risks.

There were effective working relationships between the wards and other services. Staff maintained contact with CPNs and social workers during the patients stay and those professional were invited to attend MDTs. There were good links in place with the acute hospital as well as positive relationships with local general practitioners and care homes.

Adherence to the MHA and the MHA Code of Practice

Training on the MHA formed part of mandatory training for staff. Compliance with training for the three wards was, Ash Court: 94%, West View: 100% and Ward 19: 100%.

Staff showed a good understanding of the MHA and its application. There was a MHA administrator in place and further support from a central trust team. Monthly audits were carried out to ensure compliance with the MHA. These were fed back to staff through team meetings.

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.

Patients detained under the MHA had their rights explained to them on admission and routinely thereafter. This was recorded within patient care notes. Care records for patients who were detained under the MHA contained all required paperwork. Documentation was up to date and stored securely.

Capacity and consent to treatment records were completed and reviewed accordingly. They were also discussed within multidisciplinary meetings. Medication was being given under an appropriate legal authority. T2 and T3 forms were completed where appropriate and attached to medication cards. Section 17 leave documentation was completed and in place. Leave was reviewed as part of ward rounds.

Patients had access to independent mental health advocacy (IMHA) services. These services were advertised in ward areas and information was made available to patients and carers. Staff knew how to facilitate access to IMHAs and any patient who was detained was automatically referred. We saw evidence of IMHAs attending MDTs and patient meetings.

Good practice in applying the MCA

Training on the MCA formed part of mandatory training. Compliance with training for the three wards was, Ash

Court: 94%, West View: 100% and Ward 19: 100%. There was also level two training for identified staff. Compliance with this training was, Ash Court: 67%, West View: 100% and Ward 19: 100%.

Staff we spoke to showed a good understanding of the MCA and the five statutory principles. There was an MCA policy in place and support available from a central team. Regular audits of MCA compliance and paperwork were in place. There was a Deprivation of Liberty safeguards (DoLS) lead for the trust and a DoLS policy was in place and accessible to staff. There had been 3 DoLS applications in the last six months; one from each ward.

For people who had impaired capacity, capacity to consent was assessed and reviewed regularly. Care notes we reviewed contained assessments that were appropriate and decision specific. There was evidence of patients being supported to make decisions and the involvement of family members and carers. Staff had access to best interest assessors and care records included patient wishes and cultural history to help inform decision making where appropriate.

There was a covert medication policy in place. This included the discussion of options with family and carers. Covert medication care plans were attached to prescription cards and staff were required to sign to confirm they had read them.

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

Throughout the inspection we witnessed patients being treated with dignity and respect and in a caring and compassionate manner. Staff actively engaged with patients and were responsive to their needs. For example, we witnessed staff sitting with patients to discuss concerns they may have.

Feedback from patients was positive and complimentary towards staff. Patients reported that they were treated with empathy and that staff took the time to listen to them. Whist engaging with patients and participating in handovers staff displayed a good understanding of individual patient need and discussed care in a respectful manner.

We observed staff ensuring that patients' privacy and dignity were protected where possible. For example, staff closed bedroom doors when delivering care and removing distressed patients to private areas to talk.

The involvement of people in the care they receive

There was an admission process in place to orientate patients to the ward and service. A 'meet and greet' meeting was held with all new patients and their family members and carers. This was attended by nursing staff, the ward manager and a consultant. Patients and carers were given a tour of the environment and provided with relevant information.

Patients and carers we spoke to told us they were involved in decisions about care. This was captured in the care

records we reviewed. Patients completed a 'my recovery plan' and were asked to sign it as confirmation of their involvement. Patients and carers were actively involved in multidisciplinary reviews we observed.

There was access to advocacy services which were promoted on the ward. Staff knew how to refer patients to these services.

Patients and carers were able to give feedback on the service. There was a 'two minutes of your time' survey in place and patient opinion meetings held on each ward. The two minutes of your time survey asked respondents to rate on a scale of one to ten how likely they would be to recommend the service to others. In the most recent survey, from October 2015 Ash Court received an overall rating of 8 from 46 respondents. Ward 19 received an overall rating of 8 from 11 respondents. West View received an overall rating of 10 from five respondents.

The survey also asked respondents to rate how involved they were in care and treatment on a scale of one to ten. In October 2015 Ash Court scored an overall rating of 7 from 46 respondents. Ward 19 received an overall rating of 9 from 11 respondents. West View received an overall rating of 10 from five respondents. The results and feedback from the survey were discussed in ward and service level governance meetings.

Patients and carers had been involved in decisions about the new building. These included input on facilities and décor. Patients and carers were not involved in the recruitment of staff.

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

Bed occupancy in the last six months for the wards was:

Ash court: 64%

Ward 19: 66%

West view: 56%

At no point in the previous six months did bed occupancy on any of the wards exceed 85%. NHS England have identified that if bed occupancy rises above 85% it may affect the quality of care. The highest level of bed occupancy was in Ash court during September 2015 when occupancy reached 76%.

Beds were reserved when patients were on leave and there had been no instances where patients were unable to access a bed on return from leave. Discharge planning was in place. Discharge was discussed in multidisciplinary meetings and with family and carers. Discharge dates and times were agreed with patients and carers to ensure they were appropriate. There had been no delayed discharges in the previous three months.

The facilities promote recovery, comfort and dignity and confidentiality

Each ward had an appropriate dining room that could accommodate patients at meal times. There were shared tables to encourage social interaction. Menus were displayed on the wall so that patients could see in advance what was available. Dementia friendly crockery and cutlery were available for patients who required them. There were water fountains on each ward and access to hot and cold drinks. Fruit and snacks were also available to patients.

Each of the wards had quiet spaces and activity rooms. On West View two rooms had been decorated and equipped so that they represented a cinema and a pub. Staff provided a range of activities over seven days a week. These were promoted on activity boards within each ward. Activities included reminiscence sessions, bakery and cake making, designed games such as large scrabble and tea parties with family and carers invited.

Patients were able to personalise their rooms if they wished to. Dementia signage was in place on wards. Patients had

access to outside space. This was an enclosed garden area at Ash Court and an internal courtyard at Tynemouth Court. Garden areas were secure and had appropriate furniture in place.

None of the three wards had a designated visiting room. Bedrooms, communal areas and quiet rooms were used for this purpose. Quiet rooms could be booked for visits when they were planned. There was no dedicated area for meeting with children. Visiting facilities had been incorporated into the design for the services new premises. Access to outdoor space had also been included.

Meeting the needs of people who use the service

West View and Ward 19 were ground floor facilities. Ash Court was split over two levels but a lift was in place to enable disabled access. All of the wards provided adjustments for individuals with disabilities including access to assistive toilets and bathrooms.

The service provided a choice of food to meet patient preference and cultural or religious needs. The service was able to access interpreters through referral. This included phone, face to face and document translation. There were information leaflets on treatment, local services and patient rights available. These were in English but a translation service was available. Mental health act information and advocacy services were advertised within the wards. A trust welcome pack was in place and the service was reviewing its own welcome pack in line with the move to a new building. The welcome pack included information on how to complain.

Patients' spiritual needs and support were identified at assessment. A trust chaplain visited the ward and the service had access to prayer mats.

Listening to and learning from concerns and complaints

This service had not received any complaints in the previous 12 months. Staff told us that they tried to address any concerns with patients and carers as they arose. If this was not possible then the formal complaints process was initiated. Staff could describe the complaints process and information was available to patients and carers. Access to advocacy for support in making a complaint was also available.

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 were aware of the trusts vision and values. These were displayed on the ward and on computer screen savers. The vision and values were incorporated into recruitment and appraisal systems and we spoke to staff who had had value based interviews. Team vision and objectives were aligned with trust objectives.

Staff were aware of senior management at both trust and service level. Senior management were a visible presence on the ward and staff told us they were approachable.

Good governance

There were good governance processes and structures in place. There were local governance meetings held monthly on each ward. These were attended by a range of ward staff. Ward governance meetings fed into service governance meetings and an operational board. The service sat within the emergency medicine business unit and representatives attended the emergency medicine operational board meeting. There were risk registers in place at service, business unit and trust level. Staff were able to escalate issues to senior management through this structure. Ward managers were aware of how to submit items to the risk register.

Staff were given an induction and a programme of mandatory training. There was access to additional specialist training when it was identified through appraisals. Electronic systems were in place to monitor compliance with training requirements. Staff received an annual appraisal but not all staff were receiving regular supervision. The service had completed a pilot supervision project and was preparing to roll this out across the service.

Ward managers had authority to increase staffing levels and adjust the staffing skill mix on the wards. They told us they felt supported to do this by senior management. Actual staffing levels on shifts met the identified need. Staff had time to engage in direct care activities and to spend one to one time with patients.

There were appropriate policies and assurance process in place around safeguarding, the Mental Health Act and the

Mental Capacity Act. There were systems in place to report adverse incidents and complaints. Feedback from incidents and investigations was provided through the governance structure and in team meetings.

Performance was monitored through the governance process. Wards used measures including patient and carer surveys, health of the nation outcome scales, dementia care mapping and audit to assure quality. The service was linked into trust key performance indicators (KPI). There were no KPIs specific to older people's mental health but we were told they were being developed. Performance data was fed back to staff through ward governance forums and team meetings.

Leadership, morale and staff engagement

Staff morale in the service was good. They were positive about their jobs and the care they provided. Although not all staff received supervision they felt supported in their role and felt advice was always available. Sickness and absence rates were low and there had been no reports of bullying or harassment.

Staff we spoke to stated that there was an open and honest culture within the service. Staff felt comfortable raising concerns or suggestions to ward and service level management without fear of victimisation. Staff were aware of duty of candour and a policy was in place to support this.

Staff were offered the chance to give feedback on the service in governance meetings and through staff satisfaction surveys. Staff reported they had been involved in planning and designing the new build facility.

Senior management within the service had a clear understanding of the issues they faced. Plans were in place to address these. For example, the new building meets same sex accommodation guidance. The lack of supervision had been identified and a pilot project delivered and evaluated.

Commitment to quality improvement and innovation

The wards were not currently part of any accreditation scheme. However, there were plans to apply for Accreditation for Inpatient Mental Health Services for wards for older people (AIMS-OP) scheme once the move to the new building was completed. The service was part of the Prescribing Observatory for Mental Health (POMH-UK).

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.

The service had engaged with Bradford University and was undertaking dementia care mapping.