Castle Lodge Independent Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

Summary of findings

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

Overall summary

We rated Castle Lodge Independent Hospital as good because:

- The service provided safe care. The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices but when necessary they reported, reviewed and learnt lessons from any incidents.
- The service managed medicines safely, involved patients where possible in all decisions and followed good and clear procedures when covert medications were required.
- The service followed good practice with respect to safeguarding and had an effective working relationship with the safeguarding team.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those external to the ward.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and made every effort to involve patients in decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and fully understood the individual needs of patients considering their background, work history, likes and dislikes and by engaging with people in their lives.
- They actively involved patients and families and carers in care decisions and kept families fully informed when incidents occurred.
- Staff viewed complaints positively and encouraged feedback to improve the service and outcomes for the people who used it.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.
- Leader were visible in the service and well known, they took the time to understand individual needs and encouraged innovative practice to deliver the best outcomes.
- Staff and services were recognised, valued and rewarded for delivering high quality care.

However:

- The provider needed to ensure there are sufficient qualified, competent and skilled staff to meet the needs of the patients, at all times.
- The provider needed to ensure that patients could have free access to outdoor space and lockable bathroom doors.
- The hospital needed to ensure cleaning records are completed and kept up to date.
- Improvements were required to enhance the environment for people living with dementia.

Summary of findings

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Good

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Wards for older people with mental health problems

Summary of this inspection

Background to Castle Lodge Independent Hospital

Castle Lodge independent hospital is a specialist independent mental health service based in Kingston-Upon-Hull. It is part of the Barchester hospital and complex care services division. Providing services for men with an organic diagnosis, a type of illness usually caused by disease affecting the brain, and women with a functional diagnosis, a type of illness that has a mainly psychological cause, on an informal and a detained basis. The hospital accommodates up to 15 patients.

The hospital is registered with the Care Quality Commission to carry out two regulated activities:

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

• Treatment of disease, disorder or injury

At the time of our inspection, there was a registered manager who was also the controlled drugs accountable officer for the hospital in post.

The Care Quality Commission has inspected Castle Lodge independent hospital seven times; the last inspection was an unannounced follow up inspection that took place in January 2017.

At the last inspection, we rated the hospital overall as 'good'. We rated the service as 'requires improvement' for Safe, 'good' for Effective, 'good' for Caring, 'good' for Responsive and 'good' for Well-led.

Following that inspection, we told the provider that it must take the following actions to improve Castle Lodge Independent Hospital:

- The provider must ensure safe systems in the management of medicines.
- All staff involved in dispensing medication must be familiar with and work to hospital protocols. Pharmacy systems must be robust, and the provider must ensure that medication audits are effective with learning from these shared.
- Hospital staff must ensure the correct quantities of all medications are available, so each patient has sufficient to meet their needs.
- The provider must ensure that the administration of covert medication is only agreed following consultation with a pharmacist and regularly reviewed in multidisciplinary team meetings.
- The provider must ensure that medicines for disposal are appropriately stored and disposed of in a timely way.
- New medication and device safety alerts must be cascaded to nursing staff in a timely manner.

We also told the provider that it should take the following actions to improve Castle Lodge Independent Hospital:

- The provider should ensure enough qualified, competent and skilled staff to meet the needs of the patients. This includes sufficient qualified nurses on duty to complete the professional oversight required, a consultant psychiatrist is able to attend the hospital in the event of a psychiatric emergency within 30 minutes and gaps in the appointment of key staff are kept to a minimum.
- The provider should ensure that following assessment of a patient's capacity to consent the documentation available to record this is fully completed and that the opinions of a patient's family or advocate are recorded in best interest meeting notes within patient files.
- The provider should ensure that patients maintain as much independence as is possible. This includes having everything they need to participate fully in an activity, for example reading glasses, to be able to access all areas of the ward and gardens independently and when possible being able to make their own drinks and snacks.
- The provider should ensure that dirty linen trollies remain stored away from patient areas.

We issued the provider with one requirement notice, this related to:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider submitted an action statement setting out the steps they would take to meet the legal requirements

Summary of this inspection

of the regulations. We reviewed the requirement notices at this inspection and found that the hospital had addressed the actions agreed in relation to the breach and the should.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a variety of specialists: one specialist professional advisor and one expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited both sides of the hospital ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with four carers of patients using the service
- spoke with the hospital director
- spoke with the divisional director
- spoke with eight other staff members; including doctors, nurses, occupational therapist assistants, support workers, the hospital director, the divisional director and the deputy director of the dementia care team
- attended and observed three multi-disciplinary meetings
- looked at six care and treatment records of patients
- carried out a specific check of the clinic room and medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three patients and four carers.

The patients we spoke to about the service told us that staff treated them well, they spoke highly of all the support workers, nurses and consultant. They told us they could always see or easily find a member of staff, they knew their named nurse and were encouraged to attend meetings.

Summary of this inspection

Patients talked about going out to places that they enjoyed and talked about activities they enjoyed in the hospital. Comments about the food were good, patients had choices and special diets were catered for. Snacks and hot drinks were available on a regular basis and provision for cold drinks always available. One carer told us that there were previous concerns about the body weight of their loved one but since being in the hospital this had improved significantly.

Patients were able to personalise their own rooms and the hospital encouraged personalised bedding to help a patient to recognise their own space. Each patient room had a lockable drawer to ensure security of personal and valuable items.

Carers and family members were able to visit their loved ones at a time that was convenient for them and that they felt they were always welcome. Carers spoke about consistency of staff and said that the staff get to know their loved ones and support them well. Carers told us that they trusted the staff implicitly to do what was right for their loved one.

Carers told us about the support provided for their loved ones but also that the staff promoted independence. One carer told us their loved one enjoyed a bath and could wash themselves which staff encouraged. This made their loved one happier as it was more private and dignified.

Carers spoke about being involved with everything, always contributing to care plans, being kept informed regarding any incidents and with changes in mental and physical health and medication. Carers were invited to attend meetings and if unable to attend their comments were considered and they were updated by telephone following the meeting.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The provider needed to ensure there are sufficient qualified, competent and skilled staff to meet the needs of the patients, at all times.
- Patients could not have free outdoor access due to uneven surfaces. This had been added to the risk register and remedial action was being taken.
- Cleaning records had a number of gaps although the environment was clean and audits of the environment were being undertaken.

Are services effective?

Good

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Summary of this inspection

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the wards.
- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

Good

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They fully understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. They respected and valued the patients as individuals.
- Feedback from patients and their carers was continually positive about the way staff treat people.
- Staff involved patients, as much as possible, in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates and other external agencies dependent on the patient's individual needs.
- Staff involved families and carers in all aspects of the patients care and kept them well informed.

Summary of this inspection

Are services responsive?

Good

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe.
- The food was of a good quality and patients had access to hot drinks and snacks at any time.
- The service met the needs of all patients who used the service including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- Ensuite bathroom doors did not lock in any of the patient's bedrooms. The hospital supported patient's privacy and dignity by locking the bedroom door, were appropriate.
- At the time of inspection, we observed the environment lacked some key design features which promote a dementia friendly environment. The hospital had identified improvements and were due to begin an internally accredited dementia care programme to enhance the environment for people living with dementia.

Are services well-led?

Good

- Leaders had the skills, knowledge and experience to perform their roles, had a very good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed very well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Summary of this inspection

- There was clear learning from incidents and collaborative working to think of innovative ways to support patients and reduce the need for restrictive physical intervention.
- There was a great commitment towards continual improvement and innovation.
- The service had been proactive in capturing and responding to patients, carers, staff and external services concerns and complaints and was very responsive to feedback. There were creative attempts to involve patients and carers in all aspects of the service.

Detailed findings from this inspection

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.

The hospital had four detained patients on the day of inspection.

The mental health administrator used the provider's hospital administration system to alert staff when renewals were due. Timely reminders about detention renewals, managers' hearings and tribunals, report deadlines, authorisation of medications and requesting a second opinion appointed doctor visit were received.

Detention documents were scrutinised by the Mental Health Act Co-orindator. Each patient detained under the Mental Health Act had an audit of compliance completed every three months, by the Mental Health Act administrator and the Hospital Director. We were told any actions arising from these audits were completed immediately.

Detained patients had their rights explained to them in a way that they could understand. A support and enablement plan was devised regarding the explaining of the patients section 132 rights to ensure that individual needs were met.

The independent mental health advocate visited the hospital and staff referred and supported detained patients to access this service. Staff could access the relevant policies through the intranet.

Mental Health Act training was available for all staff and compliance with this training was 100%.

Mental Capacity Act and Deprivation of Liberty Safeguards

Patients were given assistance to make a specific decision for themselves before they were considered to lack the mental capacity to make it. People who might have impaired capacity had their capacity to consent assessed on a decision-specific basis. The staff we spoke with had an understanding of the five principles of the Mental Capacity Act and knew where to refer to policy and seek support.

Staff supported patients to make their own decisions whenever possible. When they lacked capacity to do so, decisions were made in their best interests and the hospital had a clear best interest decision making process which included a range of people able to support individual patients.

There were ten patients were a deprivation of liberty safeguards application had been made to protect the patients without capacity to make decisions about their own care. The hospital had a clear system in place and monitored the progress of applications to supervisory bodies including approval and expiry dates. The multidisciplinary team reviewed, in weekly ward rounds, whether the deprivation of liberty safeguards still applied.

Staff had had training in the Mental Capacity Act and deprivation of liberty safeguards and compliance with this training was 97%.

Good

Wards for older people with mental health problems

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are wards for older people with mental health problems safe?

Good

Safe and clean environment

Staff did regular risk assessments of the care environment including identifying any potential ligature anchor points and had mitigated the risks adequately. The ward layout allowed staff to observe all parts of ward and mirrors were in place to enable staff to see all the corridors however narrow corridors meant that patients and staff were in close proximity when passing each other. The ward complied with guidance on eliminating mixed-sex accommodation, it had separate male and female wards which all had ensuite rooms, a dining and lounge area.

Staff had easy access to alarms and patients had easy access to nurse call systems and bed sensors in most of the bedrooms.

All ward areas were clean, had good furnishings and were well-maintained however we found some gaps in the cleaning records. We spoke to the hospital manager regarding the gaps in the cleaning records and she explained that there was a programme of formal checks and audits, which we viewed. Due to some problems with the recruitment of a permanent housekeeper, support workers had cleaning responsibilities when housekeeping was not available. The issue regarding cleaning rota gaps had been raised with staff via a newsletter and formed an agenda item for the team meeting.

Staff attended infection control training, which was 100% compliant and the provider had an infection control policy in place. We observed housekeeping on the wards during our inspection. Staff adhered to infection control principles, including hand washing and took appropriate measures with the management of laundry. Staff were observed to wear appropriate personal protective equipment when giving personal care.

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. The temperature of the clinic room was monitored daily and records showed it to be within an acceptable range. Staff maintained equipment well and kept it clean. The sharps bin was signed and dated and not over filled and therefore compliant with the management hazardous waste regulations. The container for disposal of pharmaceutical waste was not signed and dated. This was brought to the attention of the nurse who rectified the omission immediately.

Safe staffing

Establishment levels: registered nurses (WTE) - 5

Establishment levels: healthcare assistants or equivalent (WTE) - 14.5

Number of vacancies: registered nurses (WTE) - 2.5

Number of vacancies: healthcare assistants or equivalent (WTE) - 1

The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in 12-month period - 53

The number of shifts* NOT filled by bank or agency staff where there was sickness, absence or vacancies in 12-month period - 0

Staff sickness rate (%) in 12-month period - 3%

Good

Wards for older people with mental health problems

Staff turnover rate (%) in 12-month period - 46%

Information received from the provider informed us that they used the accreditation for inpatient mental health services staffing level and skill mix as guidance to inform safe staffing levels. We were informed that safe staffing indicated a requirement of one nurse and three support workers on shift throughout the day and one nurse and two support workers at night. However, the standards for inpatient older adults mental health services indicates that a ward with 11-20 beds has at least two qualified nurses on shift at all times so the hospitals current staffing levels were not in line with these standards.

The hospital director told us staffing levels were increased according to individual patient's needs, for example, if a patient required enhanced observations or additional support an extra member of staff would be brought in to accommodate this. During inspection there were seven support workers, one nurse and the clinical lead nurse during the day and four support workers and one nurse during the night. The service had a second nurse on duty during weekdays. There was a senior member of staff on call 24 hours a day and in an emergency the hospital had access to nursing staff from the adjoining Barchester service.

During our inspection we did not see any impact in relation to the staffing levels however we felt staffing levels were low in order to meet the needs of the patients on both wards, at all times and to ensure that all staff are having their breaks.

The service had some nursing vacancies and to cover these vacancies managers deployed agency staff to maintain safe staffing levels. When agency nursing staff were used, those staff received an induction and were familiar with the ward. A qualified nurse was always present in communal areas of the ward.

Staffing levels allowed patients to have regular one-to-one time with their named nurse and we saw documentation of these meetings in all six care records we reviewed. Escorted leave or ward activities were not cancelled due to staffing vacancies as these were planned into the daily and weekly schedules of the occupational therapy team. There were enough staff to carry out physical interventions in terms of observations and the use of restraint safely, 87% of staff had been trained in management of actual or potential aggression.

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The consultant psychiatrist told us he formed part of an on call rota and nursing staff told us that they didn't use section 5(4) the nursing holding power as the on call psychiatrist could attend promptly and within 30 minutes in an emergency.

Staff had received and were up to date with appropriate mandatory training. Overall, staff in this service had 98% compliance of the various elements of training that the provider had set as mandatory.

Only one mandatory training course was below the providers expected standard at 63% which was clinical intermediate life support. During inspection the hospital director informed me that 100% of nursing staff were currently trained in clinical intermediate life support and overall 63% of staff. The hospital director told us that it is the providers view that all staff are trained in basic life support and nurses in intermediate life support however the training records indicated that 30 staff were eligible for this training and 19 staff had been trained so it was unclear what the providers expectations were. It is our view that this training would be cost prohibitive for all staff to undertake the correct intermediate life support training.The national institute of clinical excellence guideline 25 states all units, where physical intervention may be used, have access to staff trained in immediate life support and all the equipment specified within this guideline.

Assessing and managing risk to patients and staff

During inspection we viewed six care records. Staff did a risk assessment of every patient on admission and updated it regularly, including after any incident. A comprehensive risk assessment was completed for all patients. The risk assessments were compiled using a recognised tool called the Galatean Risk Screening tool (a structured risk assessment tool designed to help clinicians assess risk of suicide, self-harm, harm to others, self-neglect and vulnerability). Additional risk assessments were also completed depending on individual need such as a choking risk assessment, moving and handling risk assessment and smoking risk assessment.

Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. All patients were assessed used the Waterlow pressure ulcer risk assessment and prevention tool and a falls risk assessment.

Good

Wards for older people with mental health problems

Staff identified and responded to changing risks to, or posed by, patients. In one patient file we looked at a patient had recently been referred to the tissue viability nurse and referrals to speech and language therapy following choking incidents and where a patient scored high on the choking risk assessment undertaken.

Staff followed good policies and procedures for use of observation to ensure the least restrictive option was used.

Staff did not apply blanket restrictions on patients' freedom however during inspection the patients did not have free access to an outside space as a key code had to be entered to access the outside area. We were told by staff that a number of patients were currently supervised outside due to uneven paths and the risk of falls. We observed that this was currently on the risk register for the service and the maintenance team made aware. There were no informal patients at the time of our visit.

Use of restrictive interventions

Number of incidents of use of seclusion in last 12 months - 0

Number of incidents of use of long-term segregation in last 12 months - 0

Number of incidents of use of restraint in last 12 months - 208

Of those incidents of restraint, number of incidents of restraint that were in the prone position - 0

Number of (incidents) use of rapid tranquilisation - 0

In the 12 months before the inspection to 28/02/19 there were 208 episodes of restraint. These were highest for the male patients. During inspection we looked at several restraint records and the majority of the low level restraint was used to support patients with their personal care needs. In addition to this there were two of the nine male patients on enhanced observations (within eyesight) during the day because of high levels of aggressions towards staff and other patients.

The service had a clear policy on restrictive interventions and patients had individualised behaviour support plans in place aimed at reducing the need for the use of restraint. When de-escalation had failed, and restraint techniques were required they were used for the shortest time possible, the staff used correct techniques and took an approach which posed the least risk to staff and patients.

Staff completed a record of all interventions which contained all relevant information relating to the incident and visual physical health observations when staff were unable to complete the national early warning scores.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. 97% of staff had attended safeguarding training. Staff knew how to identify adults and children at risk of, or suffering, significant harm. They could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service worked in partnership with other agencies such as the local safeguarding team, GP surgery and advocacy and the patient's carers or families. Any safeguarding incident or situation would be discussed in the daily management meeting, a safeguarding alert would be sent to the relevant safeguarding team and a notification sent to the care quality commission.

Staff followed safe procedures for children visiting the ward. The provider had a policy for child protection and child visiting and the manager explained how the service would ensure the child's and patients' safety when visiting the ward.

Staff access to essential information

Staff used a paper system for patient records. Records were kept in the nurse's office which was central to the wards. Patient files were kept in a lockable cabinet and the office was only accessible with a key code. All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form.

Medicines management

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance.

Nurses attended medicines training with the provider and had their administration competency assessed annually.

During inspection we observed the administration of medicines at lunchtime which highlighted the nurse observed the six rights of safe administration and in

addition checked the medicine was in date. Nurses explained to patients what each medicine was for and all items used to support the administration were cleared away.

The controlled drugs were stored in an appropriate locked cupboard. The register was legible and showed that the stock was checked at the point of administration and twice daily. There was information available on medicines in line national guidance. The fridge was in the clinic room and contained medicines that were all in date. It was not over filled allowing for good air circulation. The temperature was monitored daily, the record fully complete on the day of inspection and within optimal range.

Some patients were receiving their medicines covertly, and an appropriate protocol was attached to the medicine administration record and there were evidence that a pharmacist had been consulted. There was guidance for staff on the appropriate and safe method for administration. There was a mental capacity assessment attached and evidence that a best interest meeting had taken place.

Some patients were prescribed pain relief and their support plan indicated whether the patient could verbalise that they were experiencing pain and if not, there were descriptions of non-verbal behaviours that the patient may exhibit when they were experiencing pain or discomfort. Pain was formally assessed using the pain assessment in advanced dementia scale.

Staff reviewed the effects of medication on patients' physical health regularly and in line with national institute of clinical excellence guidance. Patients prescribed antipsychotics had a comprehensive care plan which included signs of withdrawal should prescribed doses be missed owing to the patient being physically unwell or repeatedly refusing to take the medication. There was a comprehensive plan which included signs and symptoms of withdrawal.

Track record on safety

The service reported no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

All staff we spoke to knew what incidents to report and how to report them.

During inspection we viewed a folder containing records of restrictive physical intervention and looked in detail at four restraint records. The records contained debriefing for the patient and staff and reflection on the incident. The hospital director reviewed the record and identified any lessons learnt. During ward round the multidisciplinary team reflected on the incidents, identified any themes or trends and considered what could be done to prevent similar incidents for an individual patient or the client group. For example, it was identified that a male patient became decreasingly agitated if he could watch and listen to his favourite band so during levels of heightened agitation staff would play a video on the iPad to deescalate the situation.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Carers and families were contacted following all incidents.

Staff received feedback from investigation of incidents, both internal and external to the service via individual supervision sessions or during monthly team meetings. There was evidence that changes had been made because of feedback such as patients attempting to sit on footstools and losing their balance led to removal of the footstools from communal areas and brought out as required.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

During inspection we viewed six care records. Staff completed a comprehensive mental health assessment of the patient in a timely manner soon after admission.

The service had an effective working relationship with a local GP surgery who assessed patients' physical health needs within 24 hours of admission. A patient would undergo a full health check such as a medication review, electrocardiograph, skin integrity and weight.

Staff developed support and enablement plans that met the needs identified during assessment and these plans were personalised, holistic and recovery-oriented. The

support and enablement plan we viewed within the six care records looked at areas such as mental health, communication, mobility and dexterity, tissue viability, nutrition and hydration and discharge planning. The plans were updated when necessary, but all plans were reviewed monthly.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. Staff used recognised rating scales to assess and record severity and outcomes such as the Waterlow score, malnutrition universal screening tool, Cornell scale for depression in dementia, Addenbrooke's cognition examination and national early warning scores.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Within the six care records viewed we saw evidence of professional involvement from speech and language therapy, tissue viability service, occupational therapy, psychology, physiotherapy, optician and chiropody.

All patients had a nutrition and hydration plan and staff met patients' needs for food and drink and for specialist nutrition and hydration. All patients had a form which included their likes and dislikes which was shared with the head chef. Support and enablement plans were completed for patients identified to have a choking risk and referrals made to speech and language therapy.

Staff supported patients to live healthier lives, ensured breast screening and bowel screening were undertaken, a flu vaccination programme and an annual health check. The hospital was in the process of arranging the GP to undertake more regular visits.

Staff participated in regular clinical audits including a monthly audit of the care records to ensure review of risk assessment and support plans were being undertaken, monthly medication record audit and environmental audits. Nurses also showed an awareness of new medication, device safety alerts and current practice guidelines.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. As well as doctors and nurses, there were support workers, occupational therapy assistants and an occupational therapist had recently been recruited to the team and had a start date and a music and art therapist had been recruited to attend the service weekly. The service also had access to a clinical psychologist and pharmacist.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group, for example the service had recognised increased incidents of diabetes in older people so a need for diabetes training had been identified.

Managers provided new staff with appropriate induction which included an induction for new agency workers provided on their first shift with the hospital. This induction was signed off and kept in the file with the agency workers profile. The hospital had access to an electronic system to view agency workers curriculum vitae, qualifications and their nursing and midwifery council pin, where relevant.

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and the percentage of staff that received regular supervision was 100%.

Staff had an annual review of their work performance in the form of a development review. The percentage of staff that had had a development review in the last 12 months was 86%.

Managers ensured that staff had access to regular team meetings and the hospital director produced a newsletter every month for staff and produced minutes of the meetings for those that were unable to attend. Included in the agenda were values of the organisation, complaints, compliments, service development, upcoming inspections or audits and staffing. Nurses also had a meeting bimonthly.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Within the team a support worker had recently developed into an occupational therapy assistant role and another support worker was covering temporarily as the mental health act administrator. Senior staff spoke to us about being supported to undertake external clinical supervisor and mentorship training, and a Masters degree.

Good

Wards for older people with mental health problems

Managers ensured that staff received the necessary specialist training for their roles. 100% of staff had completed dementia level 1 training and 33% of staff had completed dementia level 2 training with a plan for the remaining staff to be trained. Staff had also completed training in other specialist training Footsteps (managing risk of falls and associated fracture), choking, epilepsy training and seizure management and eligible staff had completed anaphylaxis training.

Managers dealt with poor staff performance promptly and effectively. Management of sickness included sickness review forms and wellbeing visits to engage with staff and support their return to work.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. During inspection we attended three ward round meetings and observed them to be well structured. The ward rounds started with actions from previous meetings and included patient and family or carer comments. The ward round comprehensively reviewed risks such as nutrition, choking, falls and tissue viability, reviewed medication, legal status, current clinical observation levels and incidences of physical intervention, where necessary. The ward round included a nurse's report, reports from other professionals and a review of physical health. The patients discharge pathway was discussed and actions from the ward round agreed.

Staff shared information about patients at effective handover meetings within the team and within a daily management meeting which was attended by the hospital director, nurse, occupational therapy assistant, head chef and support worker. This meeting considered staffing levels, discussed patients, maintenance and kitchen concerns, occupational therapy, incidents and accidents and follow up actions.

The ward teams had effective working relationships, including good handovers, with other relevant teams, for example, occupational therapy, speech and language therapy, psychology and palliative care team.

The ward teams had effective working relationships with teams outside the organisation, for example, local authority, GPs, commissioners and independent advocacy service.

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

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.100% of staff had had training in the Mental Health Act.

Staff had access to administrative support on site three days per week for advice on implementation of the Mental Health Act and its Code of Practice and copies of patients' detention papers and associated records were securely stored with the Mental Health Act Co-oridinator.

The provider had relevant policies and procedures that reflected the most recent guidance and staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice via the intranet.

Patients had easy access to information about independent mental health advocacy. The local independent advocacy service visited the service. Patients were referred by hospital staff and advocates invited to attend ward rounds and care programme approach meetings for the individual patients. Posters for the service were on notice boards and leaflets available for patients and their carers and families.

Staff explained to patients their rights under the Mental Health Act, repeated it as required and recorded that they had done it. During inspection there were four patients detained under the Mental Health Act. For these patients they had a support and enablement plan regarding the reading of their section 132 rights to ensure their rights were explained in a way that they could understand.

Staff ensured that patients were able to take section 17 leave (permission for patients to leave hospital) when this has been granted. There was a separate file for section 17 leave for detained patients and available to all staff that needed access to them. It was clear on the forms when and what the purpose of the leave was for, number of staff required and gender and any additional requirements such as a wheelchair. Staff assessed patients prior to their leave and evaluated on return including patient views using a smiley face survey and additional questions. We saw evidence that leave was reviewed during ward round on a weekly basis and the patient experience discussed.

The Mental Health Act co-ordinator used the provider's hospital administration system to alert staff when renewals

Good

Wards for older people with mental health problems

were due. Timely reminders about detention renewals, managers' hearings and tribunals, report deadlines, authorisation of medications and requesting a second opinion appointed doctor visit were received. All four detained patients Mental Health Act paperwork and prescriptions corresponded.

Detention documents were scrutinised by the Mental Health Act co-ordinator. Each patient detained under the Mental Health Act had an audit of compliance completed every three months, by the Mental Health Act co-ordinator and the Hospital Director. We were told any actions arising from these audits were completed immediately.

Good practice in applying the Mental Capacity Act

Staff had had training in the Mental Capacity Act and deprivation of liberty safeguards and the service had a compliance rate of 97%. Staff we spoke to showed a good understanding of the Mental Capacity Act, in particular the five statutory principles.

There were ten patients where a deprivation of liberty safeguards application had been made to protect the patients without capacity to make decisions about their own care. The hospital had a clear system in place and monitored the progress of applications to supervisory bodies including approval and expiry dates. The multidisciplinary team reviewed, in weekly ward rounds, whether the deprivation of liberty safeguards still applied.

The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it. A legal team and company secretarial support were available for staff to get advice regarding the Mental Capacity Act, including deprivation of liberty safeguards.

Staff took all practical steps to enable patients to make their own decisions. For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions, for example, we saw capacity assessments in relation to moving and handling, assistive technology such as bed sensors and use of mechanical restraint such as a lap belt when requiring use of a wheelchair. When patients lacked capacity, staff made these decisions in their best interests. A best interest meeting would be held and within this meeting staff recognised the importance of the person's wishes, feelings, culture and history.

Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it.

Are wards for older people with mental health problems caring?

Good

Kindness, dignity, respect and support

There was a good staff presence on the wards, staffing had been calculated according to patient need and could be increased if required. There were occupational therapy assistants who ensured activities and patients leave were undertaken.

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help and emotional support at the time they needed it. Staff respected and valued the patients as individuals. Feedback from patients and their carers was continually positive about the way staff treat people.

There was a strong, visible person-centred culture. All patients and carers we spoke with, felt staff had a genuine interest in the patients. Staff made every effort to understand the individual needs of the patients which we saw was reflected in the individual support and enablement plans. Staff spent time with patients' carers and relatives to understand the patient and created 'getting to know me' documents. All patients had a behaviour support plan which was used to reduce the need for restrictive intervention. All patients likes and dislikes regarding food were documented and shared with the kitchen and staff knew patient routines.

We observed staff and patients throughout our inspection and observed positive interactions between staff and patients. On one occasion in the lounge area staff were spending one to one time with patients spending time in an activity and talking to patients about topics of interest to that patient. The atmosphere was relaxed and homely with all patients engaged. Staff allowed patients to take their time assisting only when needed and lots of engaging items were available for patients to use to promote activity, stimulation and interaction.

Good

Wards for older people with mental health problems

Staff supported patients to understand and manage their care, treatment or condition. The service made every effort to engage patients and their loved ones in their care. We saw evidence of detailed best interest decision making when restrictions had to be used or put in place for the patient's safety and patient involvement in these decisions was clearly documented. During medication rounds we observed a calm and considerate approach were the nurse explained what medication was being given and why to all patients. Any incidents that required the use of a physical intervention were reviewed in weekly ward rounds. During ward rounds we observed that staff took a collaborative approach, showing creativity in overcoming obstacles to deliver care, finding innovative ways to enable patients to manage their own health and care.

All staff considered patients' dignity and privacy. Staff knocked on bedroom doors before entering, they discreetly assisted patients to the bathroom when needed and gave medications and conducted physical examinations in private. One member of staff told us that on asking a male patient to choose what he wanted to wear he asked to wear women's clothes which was respected and supported. Carers confirmed that the staff promote the patients' independence. One carer told us that their loved one enjoyed a bath and could wash themselves which staff encouraged. They told us this made their loved one happier as it was more private and dignified.

We saw staff supported patients during meal times. We observed a lunchtime during our inspection and found that there was a menu on display and tables set with table cloths, condiments, cutlery, glasses and jugs of drinks. Music was played quietly in the background during the mealtime. If patients required an apron staff asked the permission of the patient before securing this. Staff supported patients to make choices by showing them taster plates of each meal choice. Food was served to suit the patient's individual needs, for example we observed soup served in bowls, mugs or special beakers. Were patients required support to eat their meal we observed staff pleasantly chatting and supporting at a pace appropriate for the patient.

Patients emotional and social needs were viewed as being as important as their physical needs. Patients had their own individualised activity sheet, with a copy located in the patient's bedroom and this included various social activities important to them. Visitors to the hospital included the GP, local pharmacist, chiropodist and advocates and staff supported and referred patients to access these and other services when appropriate.

The involvement of people in the care that they receive

We spoke to three patients about the service and they told us that staff treated them well, they spoke highly of all the support workers, nurses and consultant. Patients we spoke to talked about going out to places that they enjoyed going to and talked about activities they enjoyed in the hospital.

On a patient's admission, staff took the time to speak to patients about the ward and the service before commencing the formal assessment process. Information about the patient was gathered from previous services and their families. Information about the hospital was provided for patients and their families.

Staff made every effort to involve patients in their support and enablement plans and risk assessments. We looked at six care plans and all demonstrated a personalised approach. The plans had a section to indicate that the patient had been offered a copy or the reason why this was not possible, and carers and family members would be offered a copy.

Staff were committed to working closely with patients as active partners in their care. Every week, patients had a one-to-one session with their named nurse. Information from these sessions were fed into care plans if required and discussed at ward rounds. Patients were invited to ward rounds and other relevant meetings. Patients gave feedback on their section 17 leave which was also discussed in ward rounds. Community meetings were held weekly and patients were encouraged to attend and feedback about the service.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. The service used tools and techniques, for example staff used an observational tool to establish a patient's wellbeing monthly.

Good

Wards for older people with mental health problems

All patients had a completed hospital passport within their care records which would go with the patient and supported their wishes if a general hospital admission was required. Staff enabled patients to make advance decisions when appropriate.

Staff ensured that patients could access advocacy and the local advocacy service would visit the service on a regular basis and staff supported or made referrals to advocacy, when required.

Staff informed and involved families and carers appropriately and provided them with support when needed. Carers were provided with information on carers groups and support within the area. Staff provided carers with information about how to access a carer's assessment.

Carers and family members were able to visit their loved ones at a time that was convenient for them and they told us that they were always welcome. The hospital supported children visiting and made every effort to ensure this was a safe and positive experience for the child and the patient.

Carers spoke to us about consistency of staff supporting their relative and said that the staff get to know their loved ones and support them well. Carers told us that they trusted the staff implicitly to do what was right for their loved one.

Carers spoke about being involved with everything, always contributing to care plans, being kept informed regarding any incidents and with changes in mental and physical health and medication. One carer told us their relatives body weight was low when entering the hospital, but this had improved significantly since then.

Carers were invited to attend meetings, involved in best interest decision making and decisions regarding discharge. If a carer was unable to attend a meeting their comments were always considered and they were updated by telephone following the meeting. Carers were also invited to take part in special events and theme days. The hospital had organised an event during carers week in June and were planning a garden party in the summer. The hospital was developing joint activities in the community for patients and their family members.

Staff enabled families and carers to give feedback on the service they received in several different ways such as a suggestion box in the hospital, surveys, feedback within meetings and formally through the complaints process. Information regarding the complaint's procedure and care quality commission complaint information were displayed in the hospital for patients and visitors.

Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

The service had a number of patients from outside the area, however the majority of these were from neighbouring counties. Beds were generally available when needed for patients living in the 'catchment area'. There was always a bed available when patients returned from overnight or social leave. Patients were not moved during an admission episode unless it was justified on clinical grounds. Staff supported patients during referrals and transfers between services, for example, if they required treatment in an acute hospital. When patients were discharged there was a clear discharge pathway and the discharge happened at an appropriate time of day.

In the last 12 months, there were three delayed discharges. The delayed discharges were due to being unable to find an appropriate placement that met the needs of the patients and their families. The multidisciplinary team planned for patients' discharge as part of ward rounds and care programme approach meetings, this included good liaison with care managers and commissioners and we saw evidence of this taking place.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms, and all were equipped with ensuite bathrooms containing a toilet, sink and shower however these bathrooms did not lock in any of the rooms. To respect a patient's privacy and dignity the bedroom door could be locked. All bathrooms and toilets in the communal areas had locks.

Patients could personalise bedrooms and personal electronic equipment in their rooms which was portable

appliance tested and risk assessed. Patients had somewhere secure to store their possessions within their room and if unable to hold a key for this space there was also a safe in the nurse's office which could be used to store personal possessions.

Staff and patients had access to rooms and equipment to support treatment and care. The female ward had a minimal amount of rooms. There was a bathroom with a specialist bath and chair hoist, an open plan lounge and dining area and a separate outside space. The male ward had a similar bathroom, lounge area, sensory room called 'The Shed' and a large outside space. In between the two wards was the nurse's office, a clinic room to dispense medication and examine patients and a dining room for the male patients. This area was also opened at times to increase the length of the male ward corridor. Situated just off the ward there was a meeting room and offices. There were no dedicated rooms for activities and no activities for daily living kitchen facilities.

There was a quiet area on the male ward but not on the female ward. The room where patients could meet visitors was also situated on the male ward. We observed that there were improvements that could be made in terms of the environment to make it more dementia friendly however the hospital had introduced a colour scheme to help patients with orientation on the ward, the bedrooms had pictures on the doors and one patient had the beginnings of a memory box (a box filled with images or items that help patients identify their rooms and recall happy memories). The hospital was also introducing personalised bedding to help patients identify their own bedroom. The hospital had been chosen as a pilot site for the providers new dementia care programme which was being relaunched in July 2019. Included within the dementia care programme was a review of the environment and the deputy director of the dementia care team informed us that the Kings Fund environmental audit tool would be used to assess the current environment and make improvements. The hospital manager informed us that the providers quality report lists accessible garden access as the hospital's top priority for 2019 to 2020.

Patients could make a phone call in private, they were able to have their own mobile phones and could also have a phone installed into their bedrooms if requested.

The food was of a good quality. Over the past 12 months there had been three complaints recorded in relation to the food which had all been resolved. Patients were given a choice of meals at all mealtimes and shown the plated meals, so they could make a choice. A range of snacks were available for patients including fruit, biscuits and yogurts. Dietary requirements and preferences were catered for. All patients had a likes and dislikes food chart which was shared with the kitchen. Patients could access cold drinks and hot drinks and snacks were available throughout the day and night as required.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers. During inspection we spoke with two family members visiting the service. Family members could visit when it was convenient for them as there were no visiting times stipulated.

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. We looked at the files for the detained patients who were granted section 17 leave and attended ward round were documentation and discussion around supporting patients in the community, to enjoy social leave within the local area, attend their regular hairdressers, nail bars and beauty salons.

Meeting the needs of all people who use the service

The hospital made adjustments for disabled patients and for those patients with hearing, sight or mobility difficulties. The service produced support and enablement plans for patients in terms of mobility and dexterity and regularly reviewed these. Wheelchairs or other mobility aids were available and adapted cutlery and plate surrounds or guards were available to support independence. These were used dependent on individual needs. The hospital had provision in place to adapt leaflets to support patients' specific communication needs and access to interpreters, if required.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and how to complain. Several leaflets were available for patients, carers and families including carers support services and groups in the area. Information would be provided in an accessible form or explained in a way that patients could best understand. This was evidenced in best interest decision making, when staff explained patients' section 132

Good

Wards for older people with mental health problems

rights and at mealtimes. Patients had a choice of food to meet their dietary requirements, needs and preferences. Menu's were designed in collaboration with staff, patients and carers.

Staff ensured that patients had access to appropriate spiritual support. Patients needs and requirements in relation to this were documented in their support and enablement plans and patients were supported in the community to access spiritual support.

Listening to and learning from concerns and complaints

Total number of complaints in last 12 months - 12

Total number complaints upheld - 6

Total number complaints referred to Ombudsman in last 12 months - 0

Total number complaints upheld by Ombudsman in last 12 months - 0

Patients knew how to complain or raise concerns. We saw evidence that any concern raised was documented as a complaint and action taken accordingly, for example a family member felt that her loved one needed to see the chiropodist more frequently, this was logged as a complaint and the hospital organised for the chiropodist to attend on a more regular basis. The family member received a letter explaining what action had been taken and if patients complained or raised concerns they would receive feedback individually or during the community meetings and a friends and family board showing feedback received.

Staff protected patients who raised concerns or complaints from discrimination and harassment and they knew how to handle complaints appropriately. There was a good culture and understanding in terms of complaints, staff we spoke to viewed them positively and acted on them to make improvements to the environment, in supporting patients or to the service provided. Staff received feedback on the outcome of investigation of complaints through individual supervision sessions and complaints formed an agenda item on monthly team meetings.

Are wards for older people with mental health problems well-led?

Good

Vision and values

All staff knew and understood the provider's vision and values and how they were applied in the work of their team. These were visible throughout the hospital, they were discussed in team meetings and supervision and development reviews linked to the providers values which considered reasonable adjustments, where required.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff which were respect, integrity, responsibility, passion and empowerment and we observed these reflected in the staff attitudes and actions during inspection. Staff were proud to work for the provider and enjoyed their roles.

Staff had the opportunity to contribute to discussions about the strategy for their service which included taking part in a pilot dementia care programme. Staff were encouraged and empowered to get involved in improvements for the hospital environment. They could raise ideas and suggestions during quality first visits and in staff meetings. Team meetings included sharing quality reports and accounts with the staff as everyone employed benefited from the providers profit share scheme.

Good governance

The provider had good systems in place for managers to oversee the performance of their hospitals. This included monitoring the training, supervisions and appraisals of staff and ensuring shifts were effectively covered.

There were effective systems and audits in place to ensure that the ward environments were safe and clean and there was safe and effective storage and administration of medication. The hospital had effective arrangements with a GP practice to monitor the patient's physical healthcare needs and with an external pharmacy provider.

Patients were assessed and treated well, the ward adhered to the Mental Health Act and Mental Capacity Act and had a discharge pathway. The provider had a restrictive interventions policy and the hospital used restrictive interventions as a last resort and actively sought alternative ways to deescalate situations. For example, the

hospital identified a number of difficulties arose during personal care with patients so the staff used a retreat and return strategy to try and prevent the situation escalating to unnecessary holding. Any incidents were reported, investigated and lessons learnt to assist with the reduction of restrictive interventions. Patients background, history, likes and dislikes were integral to enable staff to support patients with respect, dignity and compassion and with an emphasis on patient choice.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. For example, the divisional director told us that the clinical governance agenda had recently been reviewed to reflect best practice and this in turn would prompt a review of the staff team meeting agenda.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. The hospital director reported several key performance indicators on a quality dashboard which included clinical indicators relating to pressure ulcers, falls and medication errors; human resources indicators such as sickness, supervision, appraisal and agency use; training and occupancy levels; complaints; staff assaults and accidents. A month end report was generated which was discussed in the managers monthly meeting and every six months for divisional review.

Staff undertook or participated in local clinical audits including auditing medication, paperwork, adherence to the Mental Health and Mental Capacity Acts, an internal monthly quality first audit, health and safety and mattress quality audits. The audits provided assurance and all actions from the audits were inputted onto an electronic central action plan which was discussed in staff meetings so that the results could be acted on as required. We saw the central action plan during inspection and found that actions were specific to the service, relevant and timely.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients and other teams would be invited, as part of a multidisciplinary team, to ward round and care programme approach reviews.

Staff maintained and had access to the risk register and all staff at ward level could escalate concerns and add to the risk register when required. For example, staff had raised concerns about trip hazards in the garden, this had been added to the risk register and to the central action plan and escalated to maintenance.

Staff concerns matched those on the risk register, for example the hospital did not have a service level agreement with their pharmacy provider, this had been escalated to the director of nursing and a resolution identified.

The service had a business continuity plan plans for emergencies, for example, adverse weather or a flu outbreak, this was comprehensive and up to date.

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff. All information was entered onto a quality dashboard by the hospital director which supported them with their management role. This included information on the performance of the service, staffing and patient care which was available in an accessible format, timely, accurate and identified areas for improvement, themes and trends.

Staff had access to the equipment and information technology needed to do their work. The hospital used a paper-based system for all patient care which was organised, audited and well managed however the provider had a two-year plan to migrate the care plans and risk assessments onto an electronic patient record system to further improve the quality of care.

93% of staff had completed information governance training which included confidentiality of patient records. Patient records were kept in a locked office and within a lockable cabinet. Detention papers were kept by the mental health act co-ordinator securely.

Staff made notifications to external bodies as needed such as commissioners, the local authority safeguarding team, care quality commission and health and safety executive.

Leadership, morale and staff engagement

Leaders had a high level of skills, knowledge and experience to perform their roles. We spoke with the hospital director and divisional director who both had a clear understanding of the management of the hospital, challenges and priorities and they could explain clearly how the team was working to provide high quality care. The leaders were visible in the service and approachable for patients and staff. The divisional director carried out a

monthly quality first audit and she would speak to staff, patients and carers or family during these visits. The hospital director had been in post for four months and told us she had met the chief executive officer five times, including at a good practice conference and divisional review. The chief executive officer made unannounced visits to services and presented vouchers to staff in these services when they accomplished high quality care recognised by the rewarding excellence scheme. All staff we spoke to knew who their senior leaders were and told us they were visible within the hospital. Leadership development opportunities were available for all staff and we saw evidence of support workers who had moved into new roles such as Mental Health Act Co-ordinator and Occupational Therapy Assistant.

Staff we spoke to felt respected, supported and valued by the leadership team, the provider promoted equality and diversity through consideration of flexible working requests, reasonable adjustments and benefits and rewards for all staff. Supervision and development reviews were carried out in line with policy. We saw several examples of career development and how opportunities for staff to develop themselves was supported were there was a benefit for the service as well as the individual. The provider was developing new levels of training such as occupational therapy and mental health support worker apprenticeships and nurse practitioner roles.

Staff felt positive and proud about working for the provider and their team. Staff morale was monitored through staff surveys including the Best Companies accreditation which measured workplace engagement. The provider also identified and reviewed the hospital on key performance indicators in relation to sickness, leavers and retention. Staff sickness rates throughout the hospital were low with the total sickness rate for permanent staff from 1 March 2018 to 28 February 2019 being 3%.

Staff felt able to raise concerns without fear of retribution and staff knew how to use the whistle-blowing process.

Teams worked well together and where there were difficulties managers dealt with them appropriately. One staff member spoke about an incident at another service where a member of staff had spoken inappropriately to patients and this had been discussed within the team and reflected on in terms of patient experience.

Staff had access to support for their own physical and emotional health needs through an occupational health service and employee care which offered telephone counselling, online support and face-to-face counselling.

The provider recognised staff success within the service through a celebrating success programme which included employee of the month, annual care award event, a profit share scheme and a rewarding excellence scheme. The provider offered several benefits and rewards such as a pension scheme, employee discounts and savings, long service awards, a nurse mentor scheme and other additional benefits.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, for example, through the intranet, were staff could access up to date information, policies and procedures, bulletins and monthly newsletters were produced for the team.

Patients and carers had opportunities to give feedback on the service and the hospital made every effort to involve patients and carers in decision-making about changes to the service. The hospital recognised patient's individual needs and the importance of these. Patients could feedback during community meetings, ward rounds, in their weekly nurse meetings and through other feedback channels such as complaints, suggestions and surveys. During the divisional director's visits, she spoke to patients and carers or family members and ate breakfast with them. During inspection we spoke to three patients who confirmed that they made choices in relation to the food they ate and the activities they did. We also spoke to four carers who told us they were involved in all aspects of their relative's care.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. The service had recently decided to incorporate a music and art therapist into the team and recruitment of an occupational therapist meant that therapeutic activities for patients to develop, recover, improve and maintain the skills needed for daily living would be improved.

The hospital director engaged with external stakeholders such as commissioners and referring agencies to ensure that the needs of the patients admitted to the hospital were being met.

Good

Wards for older people with mental health problems

Commitment to quality improvement and innovation

The provider and hospital welcomed and encouraged innovation from all its staff.

Internally the provider carried out several internal reviews and audits to ensure the hospital was consistently providing high quality care and learned from them. The hospital carried out analysis on incidents within the service and used this to inform them if measures being taken were effective.

Providers can participate in several accreditation schemes whereby the services they provide are reviewed and a decision is made whether to award the service with an accreditation. A service will be accredited if they are able to demonstrate that they meet a certain standard of best practice in the given area. An accreditation usually carries an end date (or review date) whereby the service will need to be re-assessed to continue to be accredited.

The hospital does not currently participate in any external accreditation or peer review schemes.

The hospital had also been chosen as a pilot site for the introduction of a new dementia care programme which was an internal training and accreditation programme designed to enhance the dementia care environment, improve interactions, reduce distress, increase wellbeing and improve quality of life for patients. The hospital director had already completed a self-audit to understand where the service currently rated. The programme was due to begin in July 2019 and the dementia care team would assess the hospital against 76 key components delivered under several main development themes. The programme also included looking other interventions that have proven beneficial effects for people living with dementia such as music therapy, the use of digital technology and a Namaste room (a room set up to provide meaningful activities and sensory stimulation, especially through touch, in a safe and comforting environment).

The provider had also collaborated with Leeds Beckett University to produce an A-Z of dementia care which aligned to the National Institute for Health and Care Excellence guidelines for dementia care.

Outstanding practice and areas for improvement

Outstanding practice

Effective recording and joined up working in relation to reducing restrictive interventions and the involvement of the patient, family and carers in this process.

Adherence to and embedded understanding of the Mental Capacity Act and best interest decision making which clearly involved the patient, family and carers.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there are sufficient qualified, competent and skilled staff to meet the needs of the patients, at all times.
- The provider should ensure that patients have free access to outdoor space and lockable bathroom doors.
- The provider should ensure that complete cleaning records are kept.
- The provider should ensure improvements are made to enhance the environment for people living with dementia.