

Good 

Black Country Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
TAJ07	Edward Street Hospital	Chance ward	B70 8NL
TAJ07	Edward Street Hospital	Salter ward	B70 8NL
TAJ52	Penn Hospital	Meadow ward	WV4 5HN

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

we rated Black Country Partnership NHS Foundation Trust as Good because:

- The trust had implemented “Safe wards”. This initiative focused on reducing conflict by using simple techniques shown to reduce conflict such as, soft words, positive words, mutual help meetings and setting clear mutual expectations.
- The quiet wards concept were used to enhance well-being and create a calm environment. This is implemented by not raising voices or shouting across rooms or corridors, putting mobile phones on silence and closing doors quietly. Leaflets were available on the ward promoting these initiatives and patient and relative involvement.
- Assessments used to manage risk were present and complete. The care plans were formed from a two part process including a risk assessment and care plan that looked at further treatments that could be offered.
- Multi disciplinary team working was evident between the inpatient and community teams. Social workers from the local authority had attended the weekly ward reviews. There was joint working between the community teams and the ward promoted good quality of care and discharge planning.
- During the inspection process we observed kind and caring interactions between staff and patients. Community meetings were held monthly, offering patients, relatives and carers the opportunity to have their say in the care they received and effect change. At the meeting, patients’ had discussed the lack of variety on offer for vegetarians. Staff discussed this with the catering team who were looking at devising a new menu.

- PLACE data 2015 for the older people’s wards at Penn and Edward Street hospitals were as follows: Dignity, privacy and well-being 92% at Edward Street and 95% at Penn hospital, which were both above the national average.
- The overall PLACE data for 2015 the trust scored 91% for dignity, privacy and well-being, which is about the same as the national average.

However:

- Although staff were completing checks on the resuscitation equipment on the ward, the trust policies that were in place for supporting patients who require resuscitation were out of date. The last review date was due to take place in 2014. This meant that staff may not be up to date on any changes to the policies. Monthly resuscitation audits had not been regularly taking place. The last recorded checks took place in October 2015. Prior to this, entries were made in March 2015 and December 2014.
- Although the patient care records were kept securely in a locked cabinet in the ward office, two out of the three wards visited had other confidential information stored in the dining/lounge area of the ward in an open glass cabinet and were not secure. The information in the files related to physical health, fluid balance and activity folders, they held details of patients’ name, date of birth and National Health Service number.
- There were three sets of care records for each patient. This meant that information may not have been captured in all three records and a possibility of information being missed by agency staff not familiar with the ward. However, some of the risk assessments were placed on datix, which is the trust database.

Summary of findings

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

Are services safe?

We rated safe as Good because:

- The trust had implemented 'safe wards' and 'quiet wards'. Both focused on reducing conflict by using different techniques and creating a calm, quiet safe environment for patients. This also reduced confusion and agitation. Leaflets were available on the ward explaining the concept to all users of the service as their co-production and understanding was required.
- Assessments used to manage risk were present and complete. The two part process allowed staff to determine the severity of the person's mental illness and create a risk assessment and subsequent care plan that looked at further treatments that could be offered.
- The wards and clinic rooms were clean. Staff on salter ward told us that they were piloting a new way of allocating cleaning tasks by dividing the ward in to two zones; pink and yellow. This meant that the ward would have a thorough clean and the housekeepers would be responsible for their own zones.
- The cleanliness 2015 PLACE score for both Edward Street and Penn hospital was 99% .

However:

- Although staff were completing checks on the resuscitation equipment on the ward, the trust policies that were in place for supporting patients who require resuscitation were out of date. The last review date was due to take place in 2014. This meant that staff may not have been up to date on any changes to the policies. The monthly resuscitation audits where not regularly taking place. The last recorded checks took place in October 2015, however, prior to this, entries were recorded in March 2015 and December 2014.

Good



Are services effective?

We rated effective as requires improvement because:

- Although the patient care records were kept securely in a locked cabinet in the ward office, two out of the three wards visited had other confidential information stored in the dining/ lounge area of the ward in an open glass cabinet unsecured. The information in the files related to physical health, fluid balance and activity folders which held details of patients' name, date of birth and national health service number.
- There were three sets of care records for each patient. This meant that information may not have been captured in all

Requires improvement



Summary of findings

three records and a possibility of information being missed by agency staff not familiar with the ward. However; some of the risk assessments were placed on datix, which is the trust database.

However:

- Multi disciplinary team working were good between the inpatient and community teams. Social workers from the local authority had attended the weekly ward reviews. Joint working between the community teams and the ward promoted good quality of care and discharge planning.

Are services caring?

We rated caring as Good because:

- During the inspection process we observed kind and caring interactions between staff and patients.
- Community meetings were held monthly, offering patients, relatives and carers the opportunity to have their say in the care they had received and effect change.
- PLACE data 2015 for the older people's wards at Penn and Edward Street hospitals were as follows: Dignity, privacy and well-being 92% at Edward Street and 95% at Penn hospital. The overall PLACE data for 2015 the trust scored 91% for dignity, privacy and well-being, which was the same as the national average.
- Support for carers was available from the Alzheimer's society who offered sessions at the Edwards Street hospital. Sessions were held through the lighthouse which offers a range of support for patients' carers and relatives. Outside organisations had also utilised the facilities to arrange regular meetings. This included the local fire service who held open days to give advice on safety at home.

However:

- Although patients had been involved in the planning of their care, some did not know whether they had a care plan. From the 32 care records viewed, 10 patients had not received a copy of their care plan.

Good



Are services responsive to people's needs?

We rated responsive as Good because:

- A range of therapies and activities were available to patients throughout the week. Staff ensured that activities were not

Good



Summary of findings

cancelled, providing permanent, bank or agency staff for adequate cover of the wards. Both the therapies and activities were tailored to the needs of the patient and could be changed at short notice to reflect individual need as required.

- Regular health checks were completed for patients on the wards
- Discharge planning was ongoing in the service for all patients.
- Patients on leave from the wards were able to return to their wards at the end of their leave.
- Patients and carers were confident that any complaint and concerns they raised would be dealt with by the wards.

However:

- Although there was forward planning by the multi-disciplinary team to try and prevent delays in discharging patients, delays were apparent on the wards. They were mostly caused due to a lack of community resources such as sheltered accommodation, residential and nursing placements. Thirty-eight out of forty delayed patients were due to waiting for residential home placements.

Are services well-led?

We rated well-led as Good because:

- The trust had provided good support for wards that are going through periods of change and areas of development. A mental health quality and safety steering group had been set up which involved different professionals in order to obtain a holistic approach to managing the changes and developing services.
- Staff were actively encouraged to attend leadership and developmental courses appropriate to their role.
- Staff were aware of trust values and actively demonstrated these in the care they delivered and in supervision.

Good



Summary of findings

Information about the service

Edward Street hospital based in West Bromwich provided care and treatment to older people of mixed gender, who had a diagnosis of a mental illness, including those who experienced dementia. There were two wards, Chance and Salter ward. Chance ward at Edward Street Hospital had 18 beds for people with dementia. On the day we visited, Salter ward at Edward Street had 20 beds although the trust were planning to reduce the beds to 18

Penn Hospital based in Wolverhampton, provided care and treatment for men and women both under and over 65 years old, who had a diagnosis of a mental illness including dementia.

Meadow ward at Penn Hospital had 16 beds with patients who had both a functional and organic illness.

The last inspection took place on the 21st August 2014 which was a responsive unannounced inspection. Meadow ward was found to be compliant with the regulations.

Our inspection team

The comprehensive inspection of the Black Country Partnership NHS Foundation Trust was led by:

Chair: Dr Oliver Shanley, Deputy Chief Executive Officer, Hertfordshire Partnership University NHS Foundation Trust

Head of Inspection: James Mullins, Head of Hospital inspections, CQC

Team Leader: Kenrick Jackson, Inspection Manager, CQC

An inspector; an expert by experience: Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. A nurse; an occupational therapist; a Mental Health Act Reviewer and a consultant psychiatrist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

We carried out an announced inspection at Chance and Salter wards at Edward Street, West Bromwich and Meadow ward at Penn Hospital, Wolverhampton. During the inspection visit, the team:

- interviewed 16 patients and 8 carers
- reviewed 32 sets of care records.
- reviewed medication charts.
- spoke to 34 staff including ward managers for each of the wards we visited, health care support workers, house keepers, occupational therapist, pharmacist and doctors.
- Carried out a review of the MHA documentation on Chance ward.
- looked at a range of records, policies and documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with patients and their relatives and carers. They were very complimentary about the care received from the older adult wards at Edward Street and Penn Hospital.

Prior to the inspection, a focus group took place on the 5th November 2015. The feedback was very positive

regarding the experience of relatives and patients using the service. There was positive feedback regarding the staff and their good understanding of patient need and their caring nature.

However, some patients felt that they were not involved in the planning of their care and had not received copies of their plan.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that all care records are maintained securely.
- The trust must ensure that regular training for the Mental Health Act and Mental Capacity Act is provided for staff

Action the provider **SHOULD** take to improve

- The trust should ensure that policies are reviewed and audits are being completed in relation to emergency equipment.

- The trust should ensure that all patients are involved in their care and receive a copy of their care plan.
- The trust should work collaboratively with local authorities and other external agencies, in order to address the issues which are causing delayed discharges.

Black Country Partnership 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
Chance Ward	Edward Street Hospital
Salter Ward	Edward Street Hospital
Meadow Ward	Penn Hospital

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.

Across Chance, Salter and Meadow Wards, there were a total of five patients who were detained under section two or three of the Mental Health Act 1983. Overall the documentation was good in terms of regular reviews taking place and evidence of rights being read to the patients routinely (some patients were unable to participate or understand their rights). Each time an attempt had been made it would be documented in the care notes and discussed in the multi disciplinary meeting with outcomes of whether staff were able to convey the patients rights.

Out of the five patient files reviewed, one section 17 leave document had no address of where the patient had been admitted. None of the patients had an independent mental health advocate involved in their care.

Staff told us they had not received any training or updates on the new code of practice or principles. Support could be obtained through the trusts' Mental Health Act office or by peer support.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

On the three wards visited, six patients had best interests assessments completed.

All documents that we viewed had been fully completed. However, one patient who had a best interest decision had not been referred to a independent mental health advocate.

Some staff told us that they had received mental capacity awareness training 2 years ago but required confidence in order to carry out the functions under the act.

Staff said that the trust does not operate yearly mandatory Mental Capacity Act training or updates. The manager on meadow ward told us, training in the Mental Capacity Act was done on an ad hoc basis. This had also taken place in clinical supervision. We were informed that staff were reluctant to complete Mental Capacity Act assessments and would wait for the consultant psychiatrist or ward manager.

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

- Patient led assessment of the care environment (PLACE) scores for cleanliness of environment for 2015 was 99% for Edward Street hospital and the same for Penn hospital. This is above the national average.
- Salter ward were piloting a new way of allocating cleaning tasks by dividing the ward into two zones; pink and yellow. This meant that the ward would have a thorough clean and the housekeepers would be responsible for their own zones.
- We viewed the cleaning records on all the wards; we found they were completed daily, signed and up to date.
- On Salter ward, we viewed the infection control environmental checklists. They were last completed in August 2015. Sanitising equipment were available on entry to all wards.
- We viewed hand hygiene audits for 2015/2016 and saw that in November 2015, Salter ward had achieved 93% of the 100% target.
- All of the wards we visited had furnishings and décor that were well maintained.
- The clinic rooms were clean. On Meadow ward, the couch/trolley had stickers stating that they had been cleaned.
- We saw that staff checked and recorded dates when the blood pressure machine and the electric thermometer required servicing.
- Across the three wards, the emergency resuscitation bag checklist were signed daily, the fridge temperature were recorded daily. However, the trust policies that were in place for supporting patients who require resuscitation were out of date. The last review date was due to take place in 2014. This meant that staff may not be up to date on any changes to the policies. The monthly resuscitation audits were not regularly taking place. The last recorded checks took place in October 2015, however, prior to this entries were recorded in March 2015 and December 2014.
- There were ligature points on all the wards, such as taps, towel rails, door and wardrobe handles, vents and ceiling lights. In the ligature points audit sheet we

viewed for the wards the ligatures risks we had seen were identified and mitigated. The last audit for Salter & Chance wards was dated June 2015 and Meadow ward August 2015.

- On Chance ward, we identified two further ligature risks that had not been included in the ligature audit of June 2015. They were the fireguard and the portable heaters in the bedrooms. The ward manager on Chance ward told us that patients' had informed staff they were cold, following this the portable heaters with fireguard were put in place. As this change had occurred more recently, it was not featured in the June 2015 ligature audit.
- The manager told us that one to one support for patients who are assessed as a risk to themselves assisted in managing any potential incidents. We saw evidence of this during our visit where staff were providing this type of support. In total there were six patients requiring

one to one observations.

- On Salter ward there were a number of ligature risks. In one of the bedrooms, we saw trailing wires from the airflow mattress and the clock. They presented as both a trip hazard and ligature risk. The risk was reported to staff who were present at the time and addressed immediately.
- Patients were risk assessed and placed on one to one observations if required. The ward manager said it is rare for patients to return to their rooms however, the risks are re-evaluated daily by the multi-disciplinary team.
- Compliance with same sex accommodation on Chance and Salter wards was adhered to however there were some issues with an exclusive female lounge. Meadow ward had male and female corridors, there was a section that could be used as an extra bed for males or females depending on the demand, whilst not compromising the separate areas.

Safe staffing

- The establishment on Chance ward was 15 whole time equivalent (wte) registered nurses and 16.4 wte health

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care assistants. There were three wte vacancies for qualified nurses and 1.3 wte for health care assistants. Between April and June 2015, 63 shifts had been filled by bank and agency staff: four shifts had been unfilled.

- On Salter ward the establishment was 15 wte registered nurses working on the ward and 11 wte health care assistants. There were five wte vacancies for qualified nurses and 0.12 for health care assistants. Between April and June, 227 shifts had been filled by bank and agency staff, seven had been unfilled.
- The establishment on Meadow ward was 16 wte registered nurses and 9.4 wte health care assistants working on the ward. There were four wte vacancies for registered nurses and two wte health care assistants. Between April and June 2015, 246 shifts had been filled by bank and agency staff and 11 shifts remained unfilled.
- The ward managers across the three wards told us they could adjust staffing levels to meet the needs of the ward and skill mix. We viewed rotas, they had reflected change in staffing levels due to one to one observations and escorted leave. We observed this in paper format and on the trust database for the individual wards.
- The ward managers told us they tried to use bank and agency staff who are familiar with the ward and the patients. We saw examples of this on Meadow ward, where well-known bank and agency staff left their availability in the duty rota.
- Staff used a safe staffing tool to determine staffing levels. Actual staffing levels were usually six staff on the day shift, six in the afternoon and four staff at night.

On chance ward, staff said that there were six one to one observations taking place and that 11 staff were on duty. There were four agency staff for the morning and afternoon shifts

- We looked at the staff rota for the late shift, six staff were rostered on and four for the night shift. One agency staff booked for the late shift and one for the night shift.
- On Meadow ward, we saw the staff rota, seven staff were on duty in the morning, with one agency staff and one apprentice included in the numbers. A staff member on their day off had attended to cover for sickness on the ward.
- Eight staff were rostered on for the late shift, four were agency staff there were six staff to cover the night shift 4 of them was agency staff.

- The learning and development team identified staff that were either up to date with mandatory training, approaching the expiry date or overdue in order to ensure compliance with trust targets. The information was captured on the trust database MAPS. The learning and development team sent training dates for the staff to attend. We saw an example of this on the trust database on Salter and Meadow wards.

Assessing and managing risk to patients and staff

- We saw risk assessments completed using the single assessment process (SAP) 1&2. This assessment formed part of the national service framework for older people 2001. The threshold assessment grid (TAG) a further risk assessment was part of the risk assessment used to identify the severity of mental illness and suitability for further treatments, risk safety concerns and clinical factors.
- We looked at 32 care records across Chance, Salter and Meadow wards. We found that twenty-one of them had risk assessments present, completed and up to date
- We saw person centred personal intervention plans and risk assessments in the care records. The plans were used to support both staff and patient regarding planned intervention, such as management of actual potential aggression (MAPA) which was a technique used in restraint. Therefore if someone was putting themselves at risk or presented with challenging behaviour, it documented the procedure to follow. MAPA is used in both younger adults and older adult settings and there are different levels of use. Staff who were the main leads in MAPA told us that restraint used is low level. Level one was touching on the shoulder or arm. Level two was linking arms with the person and guiding them where they need to go. The PCPIP assessment was also stored electronically on the trust datix system.
- The Information from the trust data pack states from January 2015 to June 2015 there were 27 incidents of restraint on Chance ward with 10 different patients. There were 15 restraint incidents where no patient had been identified, therefore the trust were unable to identify the patient in the trust records. If the patient details and number of restraints was not being fully captured this meant that staff would not have been aware of how many times a patient had been restrained.

Are services safe?

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It could lead to mismanagement of the patient as risk assessments would not have been informed or updated to incorporate the management of the behaviour leading to restraint.

- On Salter ward there was one incident use of restraint. On Meadow ward there were 40 incidents of restraint with 23 different people, five where rapid tranquilisation was used, this was where medication is used to manage behaviour.
- The wards had recently implemented “Safe wards”, which used simple activities to reduce conflict, such as “talk down”. This process was called de-escalation or defusion and was used when patients’ became agitated angry or upset. We observed the examples given on the information board on Salter ward; soft words, positive words, calm down, mutual help meeting and setting clear mutual expectations. The safe wards concept, stated that some of the difficult behaviours that staff experienced on the wards, were due in part to lack of clarity about how patients’ were expected to behave. Also lack of consistency between ward staff about what those expectations were. The expectations were a two way process for both staff and patient’ clarifying the relationships allowed staff to be consistent and patients’ to understand their clear obligations and those of staff.
- On Chance, Salter and Meadow wards, the percentage of compliant staff for safeguarding was below 75%. The trust had set a completion target of 95% by December 2015.. Although there was a trust wide plan in place to address low staff training levels, completion rates for safeguarding remained below the trust target. This meant that staff could be unaware of how to identify and report abuse.
- Staff we spoke with told us that they were aware of safeguarding policies and procedures. Staff had reported safeguarding concerns to their manager and recorded it on the datix system.
- Moving and handling completed training was below 75% across the three wards, the trust target was 95%

Track record on safety

- Between September 2014 and September 2015 there were 61 incidents recorded on STEIS across the trust. Ten of these related to the older peoples wards.
- The five incidents related to slips, trips and falls; one of which met the threshold as a serious incident.

- There were three slips, trips or falls on Chance ward; one of which was a serious incident. There was one incident on Salter ward and two serious incidents on Meadow ward relating to grade three pressure sores
- The safety thermometer for August 2014 to August 2015 showed that there were four new pressure sores; three on Salter ward and one on Meadow ward.
- There were nine falls with harm in total, seven on Chance ward, one on Meadow and Salter wards.
- On meadow ward, we saw evidence of a completed environmental risk assessment for slips, trips and falls which had last been completed in June 2015. It showed that Meadow ward had made significant improvements in the prevalence and early warning signs of pressure sores and falls.
- The information from the trust relating to the older people’s mental health wards showed 79% of staff had completed the annual mandatory training, the trust target was 95%.

Reporting incidents and learning from when things go wrong

- Staff told us that they were aware of the procedures for incident reporting. They had reported incidents to the ward manager and recorded them on the datix system. Outcomes were discussed in the reflective practice sessions held twice a week. The communications team had informed staff of outcomes and feedback had taken place in the monthly team team meetings.
- On Chance ward there were three recorded incidents one of which was serious. Salter ward had one incident and Meadow ward had four incidents two of which were serious.
- Meadow ward had implemented the “Safety Cross” system after a series of falls on October 2015. Charts were completed daily for each patient assessed to be at risk of falls, the red, amber and green ratings were used to indicate the seriousness of incidents that had occurred.
- The ward manager on Salter ward, told us about a recent reported incident involving injury to a patient after they had fallen on the ward. A meeting had taken place with the family to discuss the incident followed by a duty of candour meeting, a 72-hour report had been completed. The final findings from the investigation provided feedback to the team. Lessons learnt included appropriate levels of observations, footwear and safe flooring on the ward.

Are services safe?

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- Due to several serious incidents historically and further to recent improvements, the clinical commissioning groups mentioned notable positive changes in the culture at Penn Hospital. The organisation had introduced weekly conference calls to discuss serious incidents. They used the opportunity to discuss learning points and prompts.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- We viewed 32 care records across the three wards 29 of these had care plans that were completed and all were up to date. We found that almost all the care plans were personalised and included the patient's views and were completed to a good standard.
- Of the 32 records, 29 had evidence that completed health checks were being undertaken. We also observed health checks taking place on the wards such as blood pressure, temperature and pulse.
- Most records were kept in a locked cabinet in the ward office. Two of the three wards visited had patient personal information stored in the dining/lounge area of the ward in an open glass cabinet. The information kept in the open cabinet contained patients name, date of birth, national health service number, physical health, fluid balance and activity plans.
- The occupational therapists and physiotherapists were part of the assessing team. The patients' were assessed under the model of human occupation (MOHO) used by the occupational therapists to determine need. Patients' had physical assessments and sessions with the physiotherapist, they were referred to speech and language therapists and the dietician as required.

Best practice in treatment and care

- The medication cards were legible with a patient photograph on all of them to aid identification.
- The medication cards showed evidence of prescribing within British National Formulary and National Institute of Care Excellence guidance.
- There was evidence of regular blood and ECG monitoring for patients who were prescribed anti-psychotic medication.
- A pharmacist visited the wards on a regular basis. Input from the pharmacist made staff aware of warnings about hypersensitivities and interactions.

Skilled staff to deliver care

- The team on the wards comprised of registered nurses, health care assistants, occupational therapists, speech and language therapists, dieticians and consultant psychiatrists.

- Information from the trust data pack showed the total number of completed appraisals for permanent non medical staff. On Meadow ward the total amount was 88%. Three had not received appraisals in the last 12 months.

On Chance ward the total amount of completed appraisals was 87%, four staff had not completed an appraisal. Salter ward had 94% completed appraisals in the last 12 months, there was one member of staff who had not yet completed an appraisal.

- Selected members of staff from all of the wards had been enrolled in a 'train the trainer' dementia course provided by Stirling University. An identified member of staff from each ward completed the training in order to assist with the development of the staff team.
- Band three nursing staff had received training in performing electro cardio grams and venepuncture.
- Because of learning from previous serious incidents relating to physical health, the Trust had developed a physical health strategy, which involved public health. The clinical commissioning groups noted that there were still some gaps and areas that needed to be fully embedded in the strategy.
- New staff to the wards undertook an initial two day induction period. During this time, they were supernumery and not allocated as part of the ward numbers on shift.

Multi-disciplinary and inter-agency team work

- There appeared to be unanimity of purpose and good working relationships between clinical leads including consultants, ward managers, psychologist, occupational therapists, and community psychiatric nurses, as evidenced in observation of the discussions at the two multi-disciplinary meetings.
- The Multi-disciplinary meeting at Meadow ward had good attendance with a nurse, consultant psychiatrist (chair), occupational therapist, Social Worker (seconded / link), psychologist, and day hospital representative. The discussion was structured and coherent, with relevant specialities contributing when required.
- The two ward rounds that we had attended on Salter ward, had a robust structure which was problem solving orientated and went through all aspects of care and medication. Patients had the option of speaking to the consultant or nurses before the ward round if they did not want to attend in person.

Are services effective?

Requires improvement 

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

- We observed the handover on Salter ward which was carried out by band six nursing staff. The content and information shared with the team addressed a range of needs for

both individuals and the patient group as a whole.

- On Meadow ward, the manager told us that a mental health social worker from the local team used to attend the ward reviews as part of the local section 75 agreement. Due to cutbacks in local authority spending, this had been stopped. The process of referral was now more prolonged due to this and the social workers taking the referrals seemed to have limited experience of mental illness. The ward manager told us they would now attend the social work meeting once a month in order to aid the referral process and strengthen joint working relationships.

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

- Staff told us they had not received updates on the Mental Health Code of practice or principles as they were not part of the trust yearly mandatory training schedule. This meant that staff were not fully informed of the changes to the code implemented in April 2015 and therefore would not be able to identify whether the code is being adhered to with patients in their care.
- The manager on Salter ward told us that staff are asking for Mental Health Act training. As no formal training was in place, peer training was available.

- Guidance from the risk team and the Mental Health Act office was also available for staff.
- On Meadow ward, the ward manager told us there were no mandatory updates for the Mental Health Act or Mental Capacity Act.
- In the care records viewed, we saw no advanced decisions in place. This meant that some patients' views and wishes may not be taken in to account if they are unable to convey them due to their mental state.

Good practice in applying the Mental Capacity Act

- Staff told us more support was required to understand the Deprivation of Liberty safeguards (DOLS) and the Mental Capacity Act (MCA).
- Training in the Mental Capacity Act was carried out on an adhoc basis. The manager on Meadow ward told us this also took place in clinical supervision. We were informed that staff had been reluctant to carry out MCA assessments and would wait for the consultant psychiatrist or ward manager.
- The manager on Meadow ward had sourced external training in MCA for the band 6 nurses .
- Staff acknowledged that they need practice and confidence to use MCA in the correct way. The policies were available on the intranet, however staff expressed difficulties in navigation to the site.
- We saw completed MCA forms in the care records, mostly relating to placement decision making, which were completed to a good standard.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- PLACE data 2015 for the older people's wards at Penn and Edward Street hospitals were as follows: Dignity, privacy and well-being 92% at Edward Street and 95% at Penn hospital.
- One patient told us that they had complete trust in the nursing staff and they were very kind.
- Staff were caring and always respected people's privacy by knocking before entering the patients' bedroom.
- We observed staff attending to a patient who was experiencing pain, discomfort and emotional distress. The staff were caring, kind and mindful of the patients' needs.

In the Lounge on Meadow ward, we observed staff interactions with patients. All staff

showed good care, warmth and a genuine wish to enquire after how the patients were and

had conversations with them.

- Patients' and carers had positive experiences with all three wards and were very complimentary about staff and the care they had been delivering. The focus groups held prior to the inspection also had positive feedback from carers.

The involvement of people in the care they receive

- We observed a community meeting on Meadow ward. Issues discussed included food, activities and the ward environment. Patients' participated in discussions including agreeing the minutes from the last meeting and feedback regarding any actions taken. Almost all the care plans we viewed included the patients' views and were completed to a good standard.
- Although patients' had been involved in the planning of their care some felt they had not been given a choice about being on the ward or the care they should receive. Others did not know if they had a care plan. From the 32 care records viewed, 10 patients had not received a copy of their care plan. This meant that there was limited evidence of patient involvement in the care planning process. Thirteen patients had not received copies of their care plans
- One patient on Chance ward said they felt powerless in the decision-making and felt they had no choice and wanted to go home.
- Three patients on Meadow ward said that they either did not have a care plan or were not aware that one existed. On Salter ward one carer told us their relative had not received a care plan but they had attended the ward review meeting.

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

- Meadow ward mean percentage bed occupancy between December 2014 and May 2015 was 91%. Chance ward was 79% and Salter ward was the lowest at 74%. The mental health bed occupancy for the trust was consistently below the national average for the last twelve months.
- Staff told us that beds were available for people when requested; any waiting times would be less than 2 weeks.
- During our visit on Meadow ward, a patient on section 17 leave had a bed available for them on return to the ward.
- On Chance ward we saw a patient who had prepared for a planned discharge to their home. The hospice at home team and the carer had been involved in the pathway of care and were prepared in order to facilitate the discharge.
- In the multi-disciplinary meeting on Meadow ward, we saw forward discharge planning. Staff discussed forward planning on future accommodation including referrals for funding. Discussions regarding dates for discharge and capacity assessments also took place for each patient.
- Information from the trust stated the total number of delayed discharges had risen over the past year it peaked in January and July 2015.
- Over the past 6 months the percentage of delayed discharges on Chance ward were 4%, Meadow ward 0.4% Salter ward 0%. The maximum number of delayed days were sixty-four on Chance ward.
- Thirty-eight out of forty delayed patients were waiting for residential home placement. Nineteen were waiting for public funding, sixteen were due to disputes and fourteen were due to patient or family choice.
- On the day of the inspection on Meadow ward, there were three delayed discharges and a possible delay the following week. Staff told us that one of the delayed discharges had been because of a lack of sheltered accommodation. The patients' mental and physical health on occasions deteriorated resulting in a re-assessment for residential care.

The facilities promote recovery, comfort, dignity and confidentiality

- On meadow ward, there were separate therapy spaces for therapeutic activities and a visitors lounge.
- On Meadow and Chance ward, the well-maintained garden is readily available and accessible to patients.
- We saw Mindfulness sessions taking place and quiet reflective thinking in the lounge. cooking and art group, bingo, recovery and wellness exercise groups also took place on all three wards.
- Light hand touch for people who cannot engage in full relaxation, helps to relax and manage anxiety and calms challenging behaviour.
- Pet therapy was also available at edward street hospital with a specially trained pat dog being brought to the ward every two to three- weeks.
- The overall PLACE scores for food at Edwards Street and Penn hospital were above the national average, at 92% and 89% respectively. Penn hospital was below the national average for ward food at 91%. Patients' said that the food was "sloppy" and that there was limited choice.

Meeting the needs of all people who use the service

- There was a prayer room on Meadow ward for all faiths and religions. The minister attended the wards fortnightly and offered mindfulness practices to the patients. This was also available to other denominations on request. Patients' could attend a place of worship, if well enough. Families and carers were also able to attend. Communion is also available to patients' who request it.
- On meadow ward, we saw the patient well-being board, which included reviews, information on advocacy service, medication and case plan information.
- Chance ward had a communal bathroom. It included a speciality bath with lifting and lowering chair in order to meet the reduced mobility of some patients.
- Meadow ward had large spacious corridors and bedrooms.
- Staff told us on meadow ward that interpreters were available daily for patients who do not speak English as a first language. They would also attend ward reviews as required.

Listening to and learning from concerns and complaints

- The complaints procedures were on the wall of the staff room, also available in team meetings. Staff shared experiences of complaints and lessons learnt.

Are services responsive to people's needs?

Good 

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

- The trust data show that chance ward had not received any complaints, Salter ward had four complaints which were upheld and Meadow ward had five complaints upheld. Older people had the highest proportion of upheld complaints at 100%. No complaints were referred to the health ombudsman for any core service.
- Patients' and carers told us that they would speak to the ward manager if they had any issues and were confident in raising concerns and having their issues acknowledged.
- Information on the complaints procedures were featured on the wall of the staff room and on the patient information boards on the wards. Staff also discussed in team meetings shared experiences of complaints and lessons learnt.
- Half of the patients' that we spoke with were not aware of the advocacy service at the trust, voiceability.
- We found that patients' and carers were not always aware of how to make a complaint or the complaints procedure. On Salter ward patients' told us that they would speak to the ward manager who they knew by name. On Meadow ward one patient told us they would speak to their carer, another patient on the ward, said they had observed the complaints procedures around the ward and would speak to staff.

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

- Ward managers told us that they had good support from their managers. On Meadow ward, the manager said they had regular face to face and phone contact with their manager in particular as the ward had been going through a period of transition.
- Weekly and monthly bulletins were cascaded to the wards via the trust database and the executive committee minutes. Staff told us the service manager attends the wards with updates.
- The manager on Salter ward said that although there were no team objectives they followed the trust's objectives. Visions and values of the trust were regularly discussed in appraisals and supervision, it could also be seen on the ward through the staff's committed and caring nature.
- Staff told us regular reflective practice sessions took place, we observed these sessions on Chance ward. The reflective practice gave staff the opportunity to discuss cases and situations that were taking place where discussion in such a group were useful. Visions and values discussions took place in supervision and appraisals.

Good governance

- The trust had a datix system to report on mandatory training, appraisals staff performance and quality. This meant that the trust were able to identify staff who were due to complete or had completed training and appraisals, they had a record of staff performance and quality. Safeguarding, complaints and incidents captured on this system enabled monitoring of risks and management of the ward environment.

Leadership, morale and staff engagement

- On Meadow ward, there was a period of transition taking place. The ward manager was six weeks into the post at

the time of our inspection. The ward manager told us that previously, staff morale was low, there were high incidents of sickness and there was no clear leadership. In the last 12 months, sickness rates for Meadow ward for permanent staff were 11%, Salter ward sickness rates were 7% and Chance ward sickness rates were 13% for permanent staff. The Meadow ward turnaround team had been in place since April 2015, it had developed an action plan, to address amongst other concerns staffing, training, morale, sickness and appraisals. We saw evidence of this in the minutes of the quality and safety steering group meeting 18th June 2015, with updates and any outstanding actions and deadlines. The ward manager was part of the action team. Staff on Meadow ward said previously their jobs were stressful, some had considered leaving, there were no peer supervision or appraisals. However, they felt motivated since the appointment of the new manager, they now had a "Smile on their face".

- On Salter and Chance wards, the managers said they felt very supported in their roles and are encouraged to develop further.
- The manager on Salter ward told us that in supervision they had been looking at enrolling individual staff on excellence training such as Madeleine Carol and Mary Seacole (Masters) development courses.
- Staff on Salter and Chance wards said the managers were approachable and supportive, carers and patients' knew their names and who they were.
- The ward managers encouraged all bands of nurses to reach their full potential. Band five and six nurses carried out supervision and were encouraged to undertake leadership courses. Band two and three Health care assistants (HCA) had development opportunities and were supported to apply for National Vocation Qualification (NVQ) and dementia awareness training (train the trainer) with Stirling University. Also tissue viability, blood pressure and phlebotomy training were available.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated activities)
Nursing care	Regulations 2014
Personal care	Good Governance
Transport services, triage and medical advice provided remotely	Peoples care records were not being maintained securely
Treatment of disease, disorder or injury	Notes were kept unlocked in communal areas where visitors and patients could obtain access. The care notes contained information relating to names, date of birth, address details and national health service numbers.
	This is a breach under governance regulation 17(2)(d) Maintain securely such other records as are necessary to be kept in relation to
	(i)Persons employed in the carrying out of the regulated activity, and
	(ii) the management of the regulated activity

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 HSCA 2008 (Regulated activities)
Nursing care	Regulations 2014
Personal care	Staffing
Transport services, triage and medical advice provided remotely	Staff are not receiving regular training for the Mental Health Act and the Mental Capacity Act
Treatment of disease, disorder or injury	This is a breach under staffing regulation 18 (2)(a) Persons employed by the service provider in the provision of regulated activity must – receive such

This section is primarily information for the provider

Requirement notices

appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform