

Good 

Cambridgeshire and Peterborough 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)
RT113	CPFT at Fulbourn Hospital	Denbigh Ward	CB21 5EF
RT113	CPFT at Fulbourn Hospital	Willow Ward	CB21 5EF
RT1JJ	CPFT at Cavell Centre	Maple 1	PE3 9GZ
RT1JJ	CPFT at Cavell Centre	Maple 2	PE3 9GZ

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Wards were generally clean and safe. Furnishings and clinic rooms were well maintained. Environmental risks were managed in line with the needs of individual patients.
- The service had a good safety record with 21% of incidents recorded over a 12 month period as resulted in 'low harm' and staff had received feedback from investigations across their directorate.
- Wards made use of dementia friendly, reminiscence material and activities to meet the needs of the patients.
- Care records showed there was a good response to physical healthcare needs and assessment. Staff showed a good awareness of individual patient needs and how to meet them. There was access to specialists where required. Patients were complimentary about the support they received.
- Staff were observed to interact with patients in a responsive and respectful manner and showed a good

understanding of patient's needs. Staff reported positive job satisfaction and high morale and had been able to undertake development and leadership opportunities. Staff were well supported by their managers/matrons and were empowered to raise concerns

However

- There were clear arrangements for ensuring that there was single sex accommodation on the majority of wards. However, improvement was needed to ensure that arrangements for managing mixed sex accommodation at Maple 1 ward were followed to ensure the privacy of patients.
- Some staff were unclear about what constituted restraint and how this should be recorded.
- Formal assessment and recording of capacity to consent for care and treatment on both informal patients and those subject to Deprivation of Liberty safeguards (DoLs) were not clearly recorded or evidenced by decision specific rationale.

Summary of findings

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

Are services safe?

We rated Safe as good because:

- Wards were generally clean and safe with furnishings and clinic rooms well maintained. Environmental risks were managed in line with the needs of individual patients.
- Staffing was at a safe level and, where bank/agency staff were employed, staff were familiar with the wards.
- Staff had received mandatory training and the average rate was over 90%.
- The service had a good safety record and staff had received feedback from investigations across their directorate.

However

- Some staff were unclear about what constituted restraint and how this should be recorded.

Good



Are services effective?

We rated Effective as good because:

- Care records showed there was a good response to physical healthcare needs and assessment.
- Staff showed a good awareness of individual patient needs and how to meet them. With good access for patients to specialists where required.
- Staff had regular team meetings and received regular supervision.
- Multi-disciplinary meetings were effective and demonstrated respectful working relationships.
- Dementia friendly reminiscence material and activities were used.

However:

- Formal assessment and recording of capacity to consent for care and treatment on both informal patients and those subject to Deprivation of Liberty safeguards (DoLs) were not clearly recorded or evidenced by decision specific rationale.

Good



Are services caring?

We rated Caring as good because:

- Staff were observed to interact with patients in a responsive and respectful manner and showed a good understanding of patient's needs.

Good



Summary of findings

- Patients were complimentary about the support they received to help them cope with their care and treatment.

Are services responsive to people's needs?

We rated Responsive as good because:

- The service had a range of facilities to support the care and treatment of its patients and families, with quiet areas and outside space.
- Patients had access to drinks and food with dietary choices available to meet the needs of a diverse patient group when required.
- Patients and families were complimentary about the service and staff and managers handled complaints effectively.

However:

- PLACE survey results were 79% and patients commented on poor quality of food which was below the national average for NHS trusts.
- There were clear arrangements for ensuring that there was single sex accommodation on the majority of wards. However, improvement was needed to ensure that arrangements for managing mixed sex accommodation at Maple 1 ward were followed to ensure the privacy of patients.

Good



Are services well-led?

We rated Well-led as good because:

- Staff reported positive job satisfaction and high morale and had been able to undertake development and leadership opportunities.
- Staff were striving for excellence as a team and were proud to have received the trust recognition for achievements.
- Staff were well supported by their managers/matrons and were empowered about raising concerns.

Good



Summary of findings

Information about the service

The wards for older people with mental health problems are part of the trust's services for older people with mental health problems living in Cambridgeshire and Peterborough. They are situated in two hospitals run by the trust.

Denbigh and Willow wards are situated at the Fulbourn Hospital in Cambridge. Denbigh ward is an 14 bed mixed sex ward for patients over 65 years with cognitive impairment. Willow ward is an 18 bed mixed sex ward for patients over 65 years with acute functional illness.

Maple 1 and Maple 2 wards are situated at the Cavell Centre in Peterborough. Maple 1 ward is a 10 bed mixed

sex ward for patients over the age of 65 years with cognitive impairment. Maple 2 ward is a 16 bed mixed sex ward for patients over 65 years with acute functional illness.

The trust has been inspected 12 times on unannounced visits and 15 Mental Health Act review visits.

Cambridgeshire and Peterborough NHS Foundation Trust at Fulbourn Hospital had previously been non-compliant at the September 2013 inspection for regulation 11. The safeguarding procedures were not as clear or robust as they should have been. The trust had since reviewed these procedures and addressed this by the time of this inspection.

Our inspection team

Our inspection team was led by:

Chair: Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC

Inspection Manager: Lyn Critchley, mental health hospitals, CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected the wards for older people with mental health problems consisted of a CQC inspection manager, CQC inspector, a nurse and social worker all of whom had recent mental health service experience and an expert by experience that had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

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?

Summary of findings

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

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

We carried out an announced visit from 18 to 22 May 2015.

During the inspection visit, the inspection team:

- visited all four of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 7 patients who were using the service
- spoke with 3 relatives/carers of patients
- spoke with the 4 managers/matrons for each of the wards
- spoke with 15 other staff members; including doctors, nurses, student nurses, occupational therapists, physiotherapists and social workers
- attended and observed 2 hand-over meetings and 2 multi-disciplinary meetings.
- looked at the care and treatment records of 19 patients.
- carried out a specific check of the medication management on four wards.
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients were positive about the wards and staff. They told us staff were respectful, caring and always listened and were helpful. Patients we spoke with commented on how they were involved in their care and treatment. Relatives were also complimentary about the services provided.

However patients told us that they found it confusing at times to distinguish staff roles from the clothing worn and staff identification.

Good practice

There was good practice in the monitoring and response to physical health needs of patients.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that arrangements in place to manage mixed sex accommodation are always adhered to.

Cambridgeshire and Peterborough 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
Denbigh Ward	CPFT at Fulbourn Hospital
Willow Ward	CPFT at Fulbourn Hospital
Maple 1	CPFT at Cavell Centre
Maple 2	CPFT at Cavell Centre

Mental Health Act responsibilities

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

- Patients had direct access to the Independent Mental Health Advocacy Service (IMHA) and staff also made referrals. IMHAs made regular contact with the wards to check for any newly detained patients.
- Staff were working within the constraints of the Mental Health Act, Code of Practice and the guiding principles.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had mandatory training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs)
- DoLs applications were made when required and in urgent cases.
- MCA and DoLs considerations were embedded in the trust's practices.

Detailed findings

- Staff made reasonable attempts to record when patients lacked capacity. However periodic reviews of capacity, how it was assessed and recorded was not always evidenced.

Are services safe?

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

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

Our findings

Safe and clean environment

- The ward layouts were safe for the needs of patients and genders. Outdoor areas were accessible and safe.
- Ligature risks were proportionate and appropriately managed by individual patient assessments and deployment of staff. There were good lines of sight. Dementia friendly traditional taps were still in place on the dementia wards as these taps are considered easier for people with dementia to use independently. Where risks had been identified these had been adequately mitigated by positioning of staff and individual patient management.
- Clinic rooms were fully equipped with accessible emergency equipment and drugs. There were regular checks and audits carried out. All clinic rooms were checked during the inspection and found to be in order.
- There were no seclusion facilities on any of the four wards.
- The wards were generally clean and well maintained.
- There were alarm/nurse call systems in place.

Safe staffing

- There were set staffing levels on all four wards. There were four staff vacancies on the wards, with vacancies filled and the trust was recruiting to remaining vacancies. To cover gaps there was cross support between the wards on both hospital sites.
- Regular bank and agency staff were used. Staffing pressures occurred mostly where there was a clinical need such as enhanced observations.
- Bank or agency staff were familiar with the wards and patients where possible. Ward managers told us they were able to adjust the staffing levels daily to take account of patient needs. Two patients commented that there did not appear to be enough staff at weekends and nights.
- There was no evidence of escorted leave or activities being cancelled due to inadequate staffing levels.

- There was medical cover day and night and doctors were able to attend in an emergency. Junior doctors were available and out of hours arrangements were in place.

Assessing and managing risk to patients and staff

- Risk assessments were undertaken for every patient on admission. Assessments covered all aspects of mental and physical health needs. However we saw some evidence of generalised blanket care plans and poor recording of changing needs.
- Recognised risk assessment tools were used to manage risks such as risk of pressure sore development.
- Patients we spoke with commented that they felt safe on the wards.
- The use of observation was in accordance with individual risks and assessed accordingly.
- There were no seclusion facilities within the wards. There were procedures and training in place for the use of both restraint and 'safe holds' and neither were used on a frequent basis. However, not all staff were clear what interventions constituted restraint, and how this practice should be recorded.
- Staff were trained in safeguarding and were able to provide examples demonstrating their awareness.
- Medicines were stored and administered in a safe manner. Pharmacists attended the wards twice weekly and there are regular audits undertaken to monitor adherence to policy.
- Staff were aware of the risks associated with falls and pressure ulcers. There were no reported new pressure ulcer incidents within the last 6 months.

Track record on safety

- There were no infections or urinary tract infections within the last twelve month period and no new pressure ulcers within the last six months.

Reporting incidents and learning from when things go wrong

Are services safe?

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

- All staff knew what and how to report. A manager told us about an incident that had occurred several days prior to the trust inspection where a staff member had reported a member of staff for abusive behaviour to a patient. The trust took prompt action including referral to Human Resources, police and involved the family.
- Incidents were fully investigated and debriefing sessions took place afterwards. Staff gave examples of feedback from investigations which had occurred across the service and locations

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- There were comprehensive and timely assessments completed for admission.
- Care records showed physical examinations had taken place and there was ongoing monitoring of physical health problems.
- Health care staff carried out baseline assessments on a daily basis recording blood pressure, pulse and temperature. These assessments allowed staff to recognise any changes in the patient's general health and treat these accordingly. Information within progress notes showed care plans and updates. Staff showed a good awareness of the overall needs of the patients and how to respond to those needs.

Best practice in treatment and care

- We looked at records that showed that medication was administered appropriately
- Activities on the dementia wards enhanced the well being of patients. Dementia friendly and reminiscence materials were used. Staff were able to engage patients and activities were flexible to accommodate the changing mental state of the patients. All wards were supported by occupational therapy. Staff were noted to have introduced additional activities including baking, cookery, games and musical instruments sessions to further enhance the patient experience.
- Rating scales were employed to monitor risks such as nutrition, hydration and tissue viability. There were good links with specialist services to ensure patients' needs were met. We found patients had access to drinks and food throughout the day. Staff followed relevant NICE guidance.

Skilled staff to deliver care

- Patients had access to occupational therapy, physiotherapy, speech and language therapy (SALT) and dietetics. This helped to ensure that patients were supported with their care requirements.
- There were suitably skilled staff teams on the wards. Staff mandatory training records indicated over 90% of staff had completed their mandatory training. Staff told

us they were well supported, had regular supervision and took part in team meetings. Staff were encouraged and supported by the trust and line managers to develop their skills, expertise and to attend training courses. We found examples of staff who had been funded to undertake degree courses, commence nurse training and undertake occupational therapy assistant roles.

Multi-disciplinary and inter-agency team work

- Multi disciplinary team (MDT) meetings took place regularly. We attended two MDT meetings. The staff who attended included consultant psychiatrist, junior doctors, nursing staff, occupational therapists, a physiotherapist and social workers. Patients and relatives were invited to attend but did not always take part through choice or illness. In these situations the consultant made contact with the patient following the meetings. Information from these meetings was used to update care records.
- We attended two handover meetings where each patient was discussed. Handovers were effective and information on the care and risk needs of the patients was disseminated.

Adherence to the MHA and the MHA Code of Practice

- A Mental Health Act reviewer was part of the inspection team for the duration of the inspection and visited all four wards. Maple 2 ward had a Mental Health Act 1983 monitoring visit as part of this inspection.
- Patients had direct access to the Independent Mental Health Advocacy Service (IMHA) and staff also made referrals. IMHAs made regular contact with the wards to check for any newly detained patients.
- Staff were working within the constraints of the Mental Health Act, Code of Practice and the guiding principles.

Good practice in applying the MCA

- Staff had mandatory training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs)
- DoLs applications were made when required. We noted some delays in uploading of Mental Health Act paperwork.
- MCA and DoLs considerations were embedded in the trusts practices.

Are services effective?

Good 

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

- Patients were supported to make decisions where appropriate and when they lacked capacity staff recognised the importance of best interest decisions. However, we saw evidence that how this was recorded and decision specific varied across the four wards.
- Staff made reasonable attempts to record when patients lacked capacity. However periodic reviews of capacity and how it was assessed was not always recorded.
- We saw that, in the 19 patients' files we reviewed, they all contained an assessment of their mental capacity.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff interacted with patients in a dignified, responsive and respectful manner. During the inspection staff were observed to spend time with patients and dealt with patients in a relaxed and calm manner. We saw staff supporting patients offering reassurance and guidance where needed. On Maple 2 ward a patient told us, “I feel staff listen to me and act upon my wishes”, A patient we spoke with on Willow ward told us, “staff respect you and if you want to talk they will listen and help” and on Denbigh ward a patient commented “I feel staff have my best interest at heart”. Carers/relatives told us “staff are lovely and caring” and “relative is well looked after here, I’m now getting support”

- Staff demonstrated a good understanding of the individual needs of patients, from their likes and dislikes to how they wanted to be responded to in specific interactions.

The involvement of people in the care they receive

- Patients newly admitted to any of the services were provided with an information pack. Notice boards on the wards held a variety of information for patients and carers as well as staff picture boards.
- Patients and carers were encouraged to be involved in their care. Patients were observed and recorded to have attended MDT meetings and they or their relative had been given copies of care plans.
- Patients we spoke with told us they attended patient forums, meetings and participated in surveys to provide feedback on the services they receive.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The service provided in-patient care for both men and women over the age of 65 who had a diagnosis of either organic or functional mental health problems living in the Cambridgeshire and Peterborough areas.
- The average bed occupancy is 90.5% and the service had one out of area placement in the last six month period.
- In the past Denbigh ward had 16 delayed discharges as a result of waiting for nursing home/ residential placement. At the time of inspection this had reduced to two.

The facilities promote recovery, comfort, dignity and confidentiality

- The environments were generally light, airy with space for patients to walk, particularly evident on Maple 1. Signage was available including pictorial prompts. However, this was not always clearly evident across the wards.
- Arrangements had been put in place for managing mixed sex accommodation on the wards. However, improvement was needed to ensure that arrangements were always followed at Maple 1 ward were to ensure the privacy of patients.
- Patients had access to a safe outdoor space during the day. Private space was available for visitors on the wards. Nevertheless one patient said there were not enough quiet areas when their relatives visited. The wards had separate activity rooms where staff could spend time with patients. We observed individual and group activities.
- Staff had made use of ward areas with a specific 'dementia-friendly' reminiscence lounge on Maple1, with pictures, 1950's fashioned television and sweetshop designed to stimulate and engage the

patients. Staff gave us one example of a patient who had presented with challenging behaviour who engaged for several hours with a radio or music from times past. Staff told us the equipment was on loan and each ward had to wait if this was in use at a different location. On Denbigh ward there were memorabilia and memory boxes clearly available within the main lounge dining area.

- Patients were able to personalise their bedrooms.
- Patients had access to hot drinks and snacks throughout the day.
- Activities were available throughout the week, although at weekends these were carried out by nursing staff. Managers told us they had encouraged staff with specific interest in activities to take on the responsibility for these weekend activities.

Meeting the needs of all people who use the service

- The ward environments provided access for patients with disabilities.
- There was provision to meet the needs of patients from different ethnic, cultural and religious backgrounds. This included food and dietary choices, spiritual support and use of interpretation services.

Listening to and learning from concerns and complaints

- Across the service there were four complaints within the last twelve month period. Some patients knew how to complain. One patient had a complaints leaflet but had not needed to use it. Another patient told us that they attended a patient's forum and another that they would ask staff. A relative told us that if they needed to complain they were confident to speak with a nurse or doctor.
- Staff knew how to handle complaints provided examples and described how learning had occurred from any investigations carried out.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff we spoke with knew the organisation's values. They were able to tell us who senior members of management and the board were. Staff knew who the chief executive was and many of those we spoke with had met him in person.
- Staff spoke positively about the trust and gave examples of training opportunities and managerial support provided to them.

Good governance

- Staff had regular supervision usually once a month and had received mandatory training.
- Wards were staffed sufficiently with the appropriate skill mix for the needs of the patients.
- All wards were overseen by a head of service and modern matron and information about lessons learned from incidents were discussed at the directorate meeting and cascaded to the wards both electronically and at team meetings.

Leadership, morale and staff engagement

- Staff told us that they were part of a good team with low sickness and absence rates.
- Staff felt supported by the management arrangements on the wards and we were told staff felt the service was safe.
- All staff we spoke with told us they could raise concerns where needed. We were given an example of a whistle blowing by a member of staff that was dealt with swiftly and efficiently by the management team.
- Staff reported a high sense of morale and job satisfaction and told us that senior staff were always available for support.
- Staff had opportunities for leadership development evident from the roles of staff we spoke with.

Commitment to quality improvement and innovation

- One manager described plans to research further and introduce a new initiative to help with easy identification of the levels of risks patients presented of falls. This was encouraged by the trust.