Jasmine Court Independent Hospital

Quality Report

Jasmine Court Independent Hospital
Paternoster Hill
Waltham Abbey
Essex
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Website: www.barchestermentalhealth.com

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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	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Not sufficient evidence to rate**
Are services well-led?	**Requires improvement**

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.

Summary of findings

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.

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 Jasmine Court as requires improvement because:

- Managers had not ensured staff administered and recorded medicines safely, in line with the provider's medication management policy. Staff made six medication errors as a result of not checking records against previous records for accuracy.
- Staff had not reviewed a patient's T3 form despite some of the medicines being stopped.
- Managers did not complete all actions as a result of investigations of incidents. Staff documentation of completion of three actions was unclear and nine out of ten actions were incomplete. As a result, we were not assured that managers were making improvements to all patients' care following investigations of incidents.
- Managers had not ensured that staff were following the provider's enhanced observation policy for continuous observations. Staff were completing observations for longer than the maximum timeframe of two hours which was not in line with the provider's policy.
- Staff had not ensured all care plan approach meeting records were completed or available within patient records. We were not assured that staff were aware of all updates to care and treatment plans for patients.
- Staff had not completed best interest meeting records for all patients requiring a best interest decision to be made for them. We identified this as an area for improvement at our last inspection in May 2018.
- Managers did not have sufficient oversight of the service to ensure safe care and treatment for patients. Managers still had areas of improvement to be made with regards to medication management, ensuring all records of care programme approach and best interest meetings were available and to record actions as complete as a result of incident investigations. Staff completion of enhanced observations in line with the provider's policy required improvement.

However:

- Managers were working on improving their oversight of concerns raised by stakeholders. The provider had made recent changes to the leadership at the hospital and were advertising for a new registered manager.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Managers had recently implemented a nursing checklist system, a nursing communication book, daily medication checks and medication and documentation audits to enhance the systems and processes in place for staff to improve the quality of patient care.

Summary of findings

Contents

Requires improvement

Jasmine Court Independent Hospital

Services we looked at

Wards for older people with mental health problems

Summary of this inspection

Background to Jasmine Court Independent Hospital

Barchester Healthcare Homes Limited is the registered provider for Jasmine Court Independent Hospital, an independent mental health hospital providing 15 beds for men with dementia and challenging behaviour.

The Care Quality Commission registered this hospital in May 2011 to carry out the following regulated and activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

The provider had an interim hospital director in post and were advertising for a registered manager. The provider has a controlled drugs accountable officer.

The CQC have inspected this location nine times since registration in September 2010. The last inspection was in May 2018. We did not identify any breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we identified some actions that the provider 'should' take relating to their procedures for documenting capacity assessments of patients; reviewing their ligature assessment process to ensure all ligature points are captured and there is effective management oversight; review their process for reviewing level one incidents documentation; review their fire safety assessment process for the hospital; consider the use of positive behavioural support plans with patients and to develop their systems to address the workforce race equality standards. We have identified in our report below that the provider is still not ensuring that best interest decisions were documented in patients' records.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a specialist advisor, pharmacy specialist and an expert by experience.

Why we carried out this inspection

We inspected this service as a result of safeguarding concerns raised by external stakeholders. Concerns related to the management of medication, care plan, risk assessment and capacity assessment documentation, management of physical health needs and the leadership at the hospital. We completed an unannounced focused inspection.

How we carried out this inspection

We carried out this focused inspection as a result of concerns raised by external stakeholders.

During the inspection visit, the inspection team:

- Visited the hospital, looked at the quality of the environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with four relatives of people using the service
- spoke with the interim hospital director
- spoke with six other staff members received feedback about the service from 4 care co-ordinators or commissioners
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with four relatives, two who visited the site on the day of our visit and two who we had contacted by telephone. We also spoke to three patients during our visit.

Feedback from relatives was generally positive. Relatives stated the cleanliness of the hospital was good. They said the staff were caring and approachable. One relative stated that their relative had improved since coming to Jasmine Court Hospital. Three relatives said they were informed of any incidents that occurred involving their relatives; they were updated and involved in any reviews to their relatives' care or treatment.

However, one relative raised a concern about not being informed about an injury that their relative had sustained. We raised this with the provider who sent us the details relating to this incident and their actions as a result.

Both patients we spoke to were very positive about their experiences of the care they received at Jasmine Court. Both patients said they felt safe, staff were kind and caring and that they enjoyed the food.

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?

Requires improvement 

We rated safe as requires improvement because:

- Staff did not use systems and processes safely to administer and record medicines. Staff made six medication errors as a result of not checking medication administration records correctly against previous records for accuracy.
- Staff had not reviewed a patient's T3 form (a form used by second opinion approved doctors to certify either that a patient is incapable of giving consent or has refused to give consent to a plan of treatment) despite some of the medicines being discontinued. This is not in line with best practice. We asked staff to review this.
- Managers did not complete all actions as a result of investigations of incidents. Staff did not clearly document if the action to review three patients' care was completed and did not complete long term actions for nine out of ten incident records. We were not assured that managers ensured improvements to patient care was completed following incidents.
- Managers had not ensured that staff were following the provider's enhanced observation policy for continuous observations. Staff were completing observations for longer than the maximum of two hours which was not in line with the provider's policy.

However:

- Staff used systems and processes safely to prescribe and store medications.
- All ward areas were clean, well maintained, well-furnished and fit for purpose.
- The service had enough nursing staff of all grades to keep patients safe.
- Managers used restrictive intervention data to identify trends of incidents.

Are services effective?

Requires improvement 

We rated effective requires improvement because:

- Staff had not ensured care plan approach meeting records were completed or available within patient records. Care plan approach meetings are held regularly within hospitals to monitor, review and update the care and treatment plans for patients. We were not assured that staff were aware of plans for all patients as records were not available.

Summary of this inspection

- Staff had not ensured best interest records were available for all patients who lacked capacity to make a decision. We reviewed 13 records and could not find best interest meeting records for seven patients. We had identified this as an area for improvement at our last inspection in May 2018.

However:

- Managers had recently begun to provide coaching to staff to make sure they had a range of skills needed to provide high quality care. They supported staff with appraisals and supervision. Managers provided an induction programme for new staff.
- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly. However, it was unclear whether care plans were updated as care programme approach meeting records could not all be found. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff interactions with patients were positive, enabling and supportive. We saw staff making patients laugh and singing with patients.
- Staff involved patients and families in care planning and risk assessment and sought their feedback on the quality of care provided.

Are services responsive?

Not sufficient evidence to rate

Not sufficient evidence to rate.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

- Managers did not have sufficient oversight of areas requiring improvement within the service.
- During our visit medication errors were identified on medication administration charts with regards to reconciliation of medication by nursing staff.
- Managers had not ensured all care programme approach records and best interest meeting records were complete and within files.

Summary of this inspection

- Managers had not ensured long-term actions from incident forms were being completed and it was unclear whether some short-term actions had been completed.
- Managers had not ensured staff completed enhanced observations in line with the provider's policy.

However:

- Managers were working on improving their oversight of issues that threatened the delivery of safe and effective care. The provider had made recent changes to their leadership with an interim director in place to manage recent concerns raised by external stakeholders.
- 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 felt able to raise concerns without fear of retribution.

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.

- As of 18 July 2019, 97% of the staff had received training in the Mental Health Act.
- Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.
- Staff knew who their Mental Health Act administrators were and when to ask them for support.
- The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.
- Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.
- Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.
- Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.
- Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.
- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.
- As of 18 July 2019, 97% of staff in this service had received training in the Mental Capacity Act.
- There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.
- Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.
- Thirteen patients were safeguarded by a deprivation of liberty standard (DOLs).
- Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.
- Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.
- When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. However, all patient documentation of best interest decision meetings was not found. Staff told us that all patients (except two under the Mental Health Act) had best interest decisions made for them but that they were unclear as to the whereabouts of the recording of all meetings. We reviewed 13 records and could not find best interest meeting records for 7 patients.
- Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Not rated	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Not rated	Requires improvement	Requires improvement

Notes

Requires improvement

Wards for older people with mental health problems

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Not sufficient evidence to rate
Well-led	Requires improvement

Are wards for older people with mental health problems safe?

Requires improvement

Safe and clean environment

- Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.
- Staff could observe patients in all parts of the wards.
- The ward complied with guidance and there was no mixed sex accommodation.
- Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.
- Staff had easy access to alarms and patients had easy access to nurse call systems.
- All ward areas were clean, well maintained, well-furnished and fit for purpose.
- Staff made sure cleaning records were up to date and the premises were clean.
- Staff followed infection control policy, including handwashing.
- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- Staff checked, maintained, and cleaned equipment.

Safe staffing

- The service had enough nursing staff of all grades to keep patients safe.
- The service used the Accreditation for Inpatient Mental Health Services (AIMS) recommendations to inform their staffing ratio levels. The service had fifteen patients at the service on the day of our inspection. The provider's staffing ratio included one staff for every three patients for the day shift and one staff for every five patients for the night shift.
- The provider worked with two qualified nurses and four support workers for a day shift and one qualified nurse and two support workers for the night shift.
- The provider had one fulltime and one part time vacancy for support workers and two permanent fulltime senior nurses' vacancies which they had advertised for.
- The provider operated on 25% above the required contracted hours for support workers and 10% above for qualified nurses to allow for annual leave, sickness, training and enhanced continuous observations.
- Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers used bank staff to cover additional enhanced continuous patient observations.
- Managers made sure all bank and agency staff had an induction and understood the service before starting their shift.
- The ward manager could adjust staffing levels according to the needs of the patients.
- Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed.
- Staff had completed and kept up to date with their mandatory training.
- The compliance for mandatory and statutory training courses at 18 July 2019 was 94%.

Assessing and managing risk to patients and staff

Requires improvement

Wards for older people with mental health problems

- Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. The provider had recently commenced regular audits of risk assessments to improve their quality.
- Staff knew about any risks to each patient and acted to prevent or reduce risks.
- Staff identified and responded to any changes in risks to, or posed by, patients.
- Staff followed procedures to minimise risks where they could not easily observe patients.
- Managers did not ensure staff completed enhanced patient observations in line with the provider's policy and procedures. Staff were completing continuous enhanced observations at level three (within eyesight of a patient) and level four (within arms length of a patient) for more than the specified timeframe of a maximum of two hours at a time. The provider's policy for enhanced observations states that " Staff should not be required to undertake a period of observation for more than two hours for level three and four observation unless under exceptional circumstance." Records of the observation allocations for day shifts, up to 18 July 2019, showed that staff completed observations on 23 occasions for more than three hours at a time with no break. Staff completed observations on seven occasions for up to four hours with no break and staff completed observations on one occasion for five hours without a break.
- Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff completed restrictive intervention forms when a restraint took place. Managers had recently reviewed these to ensure staff were now completing the de-briefing of patients' section which had previously remained incomplete and a senior staff member now reviewed and signed off the completion of these forms.
- Managers used restrictive intervention data to identify trends of incidents. This analysis was recorded in clinical governance meeting minutes and reviewed.

Safeguarding

- Staff received training on how to recognise and report abuse, appropriate for their role.
- Staff kept up to date with their safeguarding training.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.
- Staff followed clear procedures to keep children visiting the ward safe.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- Staff had protection plans in place for patients who had been abused.

Staff access to essential information

- Patient notes were comprehensive, and all staff could access them easily. Staff used paper records.
- Records were stored securely.

Medicines management

- Staff followed systems and processes when safely prescribing and storing medicines. However, the service did not always administer and record medicine safely. The provider had recent concerns raised by external stakeholders about their management of medicines within the service. Staff had not verified previous and updated medication administration records accurately following recent changes made to these by the general practitioner. The local pharmacy routinely produced updated patients' medication administration record charts for the service, which nurses checked for accuracy against previous charts. However, the pharmacy had not yet updated the charts with the changes the GP had made. Staff had not checked the accuracy of the new charts against the previous charts with the changes, which led to six recent medication errors. Six patients did not receive the correct medication as a result of the charts not being verified. We made the provider aware of these errors. The provider implemented supervision for all qualified nurses around reconciliation of medication prior to administration. Each patient had their photograph on their own patients' medication administration record chart to assist nursing staff in the identification of patients.
- All patients' demographics and allergy status were recorded on their medication administration record charts.

Requires improvement

Wards for older people with mental health problems

- The provider had recently implemented medicines 'support and enablement plans' for all service users. These care plans detailed information about the indication of all medicines for each service user. The care plans also included PRN (medications administered as required) protocols so that staff knew when to give a medicine and how to use non-verbal cues to decide if administration of a medicine was required.
- We saw the use of body maps to give guidance to staff on where topical preparations needed to be administered.
- Medicines audits were implemented but historically were not completed properly. The hospital manager was working to improve practice in this area.
- Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.
- The provider had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Staff had not reviewed a T3 document (certificate of second opinion) for one patient. The document contained medicines which had been discontinued from the patient's treatment plan. This is not in line with best practice. We asked staff to review this while we were on site.
- Staff administered covert medicines appropriately and when needed. When medicines were given covertly, we saw that this was discussed with the GP and a member of the service users' family, as well as with the pharmacy. Staff completed capacity assessments and ensured the GP prescribed medicines in accordance with the instructions from the pharmacy.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them.
- Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong.
- Managers investigated incidents but did not always record the actions as complete as a result of the investigation. The provider had short and long-term actions to complete as a result of investigating incidents. Staff recording on three incident records were unclear. Staff did not record the completion of short-term actions including a review of care and treatment for three patients. Staff had not completed long term actions for nine out of ten records we reviewed. We were therefore, not assured that required improvements to patient care were being actioned.
- Staff received feedback from investigation of incidents, both internal and external to the hospital. Staff received this feedback in staff meetings and by emails. We saw recent records that confirmed this. Managers had circulated an email of a recent serious incident involving an injury to a patient at another service to ensure lessons learnt were cascaded throughout the organisation.
- Staff understood the duty of candour. They were open, honest and transparent, and gave patients and families a full explanation if and when things went wrong. Managers had recently written to families of patients informing them of recent medication errors involving their relatives. Managers informed families of details of the errors and reassured them that this did not cause ill health or injury. Families were invited to meet with managers to discuss this further if they wished.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.
- Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed eight records.
- Staff regularly reviewed and updated care plans when patient's needs changed.
- Care plans were personalised, holistic and recovery-orientated. Managers had recently audited the quality of care plans and identified areas of improvement. Staff held care plan approach meetings regularly to monitor, review and update the care and treatment plans for patients. However, care plan approach meeting records were not all completed or available in patient records. Out of six records we

reviewed, we could not find three records and two out of the three records we found were not signed or dated. We were, therefore, not assured that staff were aware of updated plans for all patients.

Best practice in treatment and care

- Staff identified patients' physical health needs and recorded them in their care plans. For example, two patients had care plans for diabetes and respiratory health needs and staff recorded the interventions required to support these patients with this.
- Staff made sure patients had access to physical health care, including specialists as required.
- Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration.
- Managers ensured staff completed regular audits.

Skilled staff to deliver care

- The service had access to a full range of specialists to meet the needs of the patients on the ward.
- Managers were ensuring staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Managers held weekly coaching sessions on topics recently identified as requiring improvement by external stakeholders and from results of recent audits completed by managers. Managers had provided coaching on patient documentation and medication management and were continuing to provide teaching in all areas identified as requiring improvement.
- Managers had recently implemented a nursing checklist system, a nursing communication book, daily medication checks and medication and documentation audits to enhance the systems and processes in place for staff to improve the quality of patient care.
- Managers were ensuring staff received a full induction to the hospital before they started work. Stakeholder's feedback was that induction forms did not include any detail. We reviewed ten induction records which required staff to tick a box on completion. Staff had completed eight out of ten records we reviewed. Two records were not signed by both staff. Managers had recently discussed induction modules at the divisional clinical governance meeting and agreed that additional modules would be added to improve the quality of inductions. Managers were reviewing staff induction folders with staff at weekly coaching sessions to provide support and demonstrate understanding of the hospital's policies and procedures.
- Managers supported staff through regular appraisals of their work. The percentage of staff that had an appraisal in the last 12 months was 97%. This exceeded the provider's target of 75%. We reviewed the data for appraisals and not the quality of appraisals.
- Managers provided staff with supervision. The percentage of staff that received regular supervision was 81%. This exceeded the provider's target of 75%. We reviewed the data for supervisions and not the quality of records.
- Managers made sure staff attended regular team meetings or gave information from those they could not attend.
- Managers recognised poor performance, could identify the reasons and dealt with these.

Adherence to the MHA and the MHA Code of Practice

- As of 18 July 2019, 97% of the staff had received training in the Mental Health Act.
- Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.
- Staff knew who their Mental Health Act administrators were and when to ask them for support.
- The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.
- Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.
- Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.
- Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.
- Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Good practice in applying the MCA

Requires improvement

Wards for older people with mental health problems

- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.
- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.
- As of 18 July 2019, 97% of staff in this service had received training in the Mental Capacity Act.
- There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.
- Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.
- Thirteen patients were safeguarded by a deprivation of liberty standard (DOLs) or were awaiting assessment of this.
- Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.
- Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw capacity assessments covering areas such as covert medication, eating, personal care and saw involvement with families.
- When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. However, not all patient documentation of best interest decision meetings were found. Staff told us that all patients (except two under the MHA) had best interest decisions made for them but that they were unclear as to the whereabouts of the recording of all meetings. We reviewed 13 records and could not find best interest meeting records for seven patients. We had also identified this as an area for improvement at our last visit in May 2018.
- Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.
- Staff were discreet, respectful, and responsive when caring for patients.
- Staff interactions with patients were positive, enabling and supportive. We saw staff making patients laugh and singing with patients. During the inspection, we completed a short observational framework for inspection (SOFI) which is a tool we use to be able to capture the experiences of people who use services who may not be able to express this for themselves. We observed five patients for 45 minutes and observed 28 interactions between staff and patients. All observations demonstrated positive and supportive interactions between staff and patients.
- Staff gave patients help, emotional support and advice when they needed it.
- Staff supported patients to understand and manage their own care treatment or condition.
- Patients said staff treated them well and behaved kindly.
- Staff understood and respected the individual needs of each patient.
- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.
- Staff followed policy to keep patient information confidential.

Involvement in care

- Staff made sure patients and carers understood their care and treatment. Staff invited families to multi-disciplinary and best interest meetings to provide input in to the care and treatment of their relatives. Relatives we spoke to confirmed this.
- Patients could give feedback on the service and their treatment and staff supported them to do this. We saw comment boxes for patients and relatives to use.
- Staff supported, informed and involved families or carers.
- Staff helped families to give feedback on the service.

Are wards for older people with mental health problems caring?

Good

Kindness, privacy, dignity, respect, compassion and support

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

(for example, to feedback?)

Requires improvement

Wards for older people with mental health problems

Not sufficient evidence to rate

We did not inspect responsive as part of this focused inspection.

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

Requires improvement

Leadership

- The provider had a recent change of leadership. There was no manager registered with the Care Quality Commission, in post at the time of the inspection. However, two hospital directors were in place to ensure recent concerns raised by stakeholders were addressed.
- Current leaders had the skills, knowledge and experience to perform their roles.
- Leaders had understanding of the service they managed and were working at improving staff delivery of high-quality care.
- Leaders were visible in the service and approachable to patients and staff.
- Leadership development opportunities were available. Managers had recently recruited a valued member of staff to a senior position.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they applied in the work of their team.
- The provider's values were embedded within the minutes of staff meetings and clinical governance meetings. Staff discussed the values within these meetings.
- The provider's values were on display within the hospital.

Culture

- Staff spoke positively about the recent change to leadership within the hospital and felt they were now more effectively supported and valued. Staff spoke about concerns they had with the previous leadership and how this had impacted negatively on their morale.
- Staff felt positive and proud of working within the current team since the recent changes to leadership.
- Staff felt able to raise concerns without fear of retribution.
- Managers dealt with poor performance when needed.

Governance

- Managers were working on improving their oversight of issues that threatened the delivery of safe and effective care. Concerns raised by stakeholders involved the quality of medication management, the quality of care plans, capacity assessments, risk assessments, the insufficient management of patients with physical health problems, particularly diabetes and the leadership at the hospital. However, since being in post, the interim manager had an on-going action plan in place to address these concerns.
- Managers did not have complete oversight of issues to ensure care was delivered safely. Managers had ensured recent audits had taken place to identify concerns and address these. Audits had already been completed and changes made to improve the quality of capacity assessments, care plans, risk assessments and some aspects of medication management. However, during our visit medication errors were identified on patients' medication administration record charts with regards to reconciliation of medication by nursing staff. CPA records and best interest meeting records could either not be found or were incomplete. Long-term actions from incident forms were not being completed and it was unclear whether some short-term actions had been completed.

Management of risk, issues and performance

- Staff maintained and had access to the risk register at ward level. Managers kept a copy of the risk register on a notice board within the staff office for all staff to view and add to.
- The service had plans for emergencies such as adverse weather.

Information management

- The provider used systems to collect data from wards that were not over-burdensome for frontline staff.
- Staff had access to equipment and information technology to do their work. Staff used paper records.

Requires improvement

Wards for older people with mental health problems

- Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff administer and record medication correctly.
- The provider must ensure actions are completed and recorded as a result of incident investigations.
- The provider must ensure that staff complete enhanced observations in line with the observation policy.
- The provider must ensure that documentation records of care programme approach meetings are complete and available.
- The provider must ensure that best interest meeting records are available for all patients requiring a decision to be made in their best interests.
- The provider must improve their oversight of issues to ensure the safe and effective delivery of care.

Action the provider SHOULD take to improve

- The provider should ensure they review and update all T3 records if and when changes are made to medications, in line with best practice.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Managers had not ensured staff administered and recorded medicines safely. This was a breach of regulation 12 (g).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Managers had not ensured care plan approach records were documented and available for all patients. Managers had not ensured best interest meeting records were documented and available for all patients requiring a best interest meeting decision to made for them. Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Managers had not ensured the completion of actions as a result of incident investigations. Managers had not ensured that staff were following the provider's enhanced observation policy for continuous observations.

This section is primarily information for the provider

Requirement notices

Managers had not ensured they had sufficient oversight of issues that compromised the safe and effective delivery of care.

This was a breach of 17 (1)(2)(a)(b)(c).