Good

Leicestershire Partnership NHS Trust

Wards for older people with mental health problems

Quality Report

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Date of inspection visit: 09 -13 March 2015
Date of publication: 10/07/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RT5KT	Evington Centre	Gwendolen, Coleman, Wakerley wards.	LE5 4QG
RT5KF	The Bradgate Mental Health Unit	The Bennion Centre (Welford and Kirby wards)	LE3 9DZ

This report describes our judgement of the quality of care provided within this core service by Leicestershire Partnership 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 Leicestershire Partnership NHS Trust and these are brought together to inform our overall judgement of Leicestershire Partnership 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

Contents

Summary of findings

Overall summary

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

- Wards provided safe environments where patients felt secure. Patients' needs were assessed and monitored individually. There was good physical health care and good therapeutic treatment and activities. Wards for people with dementia had dementia-friendly elements; particularly the activity rooms and there was commitment to build on this. Assessed risks were well-managed and staff showed a good awareness of individual needs and how to respond to them. Staff showed a good awareness of patient rights.
- Patients were full of praise for staff and the care and support they offered. They and their carers were kept informed and involved in their treatment and care.
- Staff interacted with patients in a responsive and respectful manner at all times and showed a good understanding of individual needs. Where English was not the first language of patients, the service provided interpreters. The service was proactive in ensuring the welfare and well-being of patients and in ensuring suitable activities. There was a good level of occupational therapy input and good support to help maintain patients' physical health. Staff showed high levels of motivation and morale, felt part of a positive team and felt well supported and trained.

However:

- There were no records of capacity being assessed for patients' consent to treatment, and no clear evidence of best interests decisions being agreed.
- We noted a box for discarded needles being left unattended in a communal area. This practice stopped once we drew attention to it.
- There were delays in maintenance and repairs in some areas.

Summary of findings

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

Are services safe?

Good 

We rated safe as **good** because:

- Wards were safe and clean.
- Environmental risks were managed in line with the needs of individual patients.
- Gender separation was managed
- Staffing was at safe levels
- Individual risks were assessed and managed appropriately.
- The service had a good safety record and the service showed it learnt from incidents and improved procedures and practice.
- We noted a box for discarded needles being left unattended in a communal area on Wakerley ward. This practice stopped once we drew attention to it.

Are services effective?

Requires improvement 

We rated effective as **requires improvement** because:

- Treatment without consent was being undertaken on patients subject to DoLS authorisation without clear records of formal capacity assessments or best interests decisions having being taken.
- There were gaps between DoLS applications expiring and applications for renewal. This meant people were being unlawfully deprived of their liberty at these times.

However:

- Staff showed awareness of individual needs and how to meet them. There was support to meet patients' physical needs with a range of well trained and motivated staff and good inter-agency work.

Are services caring?

Good 

We rated caring as **good** because:

- Staff interacted with patients in a positive and supportive manner.
- Staff showed good understanding of patients' needs.
- Patients and relatives were very complimentary about the service, were involved in care and treatment decisions and were kept informed about these.

Are services responsive to people's needs?

Good 

We rated responsive as **good** because:

Summary of findings

- The service met the needs of a diverse patient group, providing interpreters where needed.
- Bed occupancy rates allowed for flexibility as patients who were on leave had their bed available if they needed to return.
- Activities helped patient recovery. These took place in suitable areas and were well supported by the service.

However:

- Discharges were planned, but at times were delayed by a lack of suitable alternatives that could satisfactorily meet the needs of individual patients.
- There were delays in repairs, such as a leaking shower, on one ward.

Are services well-led?

Good

We rated well led as **good** because:

- Staff felt valued by the trust, and well led by their matrons and managers.
- Staff were positive about their roles and felt able to raise issues of concern.
- Sickness levels were low.
- Morale was good and staff were enthusiastic.

However:

- Some staff expressed concern about the amount of time spent on documentation.

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.

The Bennion centre is situated at the Bradgate mental health unit and the older person's service consists of 2 wards, Welford and Kirby, each with 24 beds. They specialise in the assessment and treatment of patients with depression, anxiety and psychotic illness.

The Evington centre is situated at Leicester General hospital – and consists of 62 beds divided between three wards, Coleman and Wakerley (21 beds each) and Gwendolen (20 beds). They specialise in assessment and care of patients with dementia.

Neither the Evington centre nor the Bennion centre have previously been inspected by us.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

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

Inspection Managers: Lyn Critchley and Yin Naing

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 wards for older people with mental health problems consisted of two inspectors, a Mental Health Act reviewer, an expert by experience, a doctor and two nurses.

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 on-going 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?

During the inspection visit, the inspection team:

- visited five wards at two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 12 patients who were using the service
- spoke with 6 relatives/carers of patients
- spoke with three managers/matrons and two deputies.
- spoke with 14 other staff members, including doctors, nurses and student nurses.
- attended and observed two hand-over meetings and two multi-disciplinary meetings.

Summary of findings

- looked at the care and treatment records of 12 patients.
- 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 very positive about the staff; consistently telling us how helpful, patient, calm and understanding they were. Relatives and staff told us there were always staff around to help when required.
- Relatives were complimentary. They told us they were kept informed and involved in care and in decisions.
- A patient told us he felt he was treated as an individual by staff. Other patients told us they felt listened to.

Good practice

- We saw good practice in monitoring and addressing physical health needs. General nurses, either as matron, or as nurse practitioner were pro-active in physical health care issues. This minimised the occurrence of physical health care problems amongst the older people using this service and minimised admissions to general hospital wards.

Areas for improvement

Action the provider MUST take to improve

- The trust MUST ensure that consent to treatment is properly sought and recorded for those patients subject to Deprivation of Liberty Safeguards (DoLS) authorisation.
- The trust MUST improve recording of formal capacity assessments and best interests decisions.

Action the provider SHOULD take to improve

- The trust should ensure that maintenance and repairs take place promptly.

Leicestershire Partnership NHS 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
Gwendolen, Coleman, Wakerley wards.	Evington Centre
The Bennion Centre (Welford and Kirby wards)	The Bradgate Mental Health Unit

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.

- Staff were working within the constraints of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff made reasonable attempts to inform patients of their rights, and these were recorded, even when patients lacked capacity. There were reminders of these throughout patients' stays. There was an automatic referral of detained patients to independent mental health advocacy (IMHA) when the patient lacked capacity. Leaflets were available informing patients about IMHA services.
- Section 17 leave forms were signed. However, one form we looked at did not indicate whether the signee was a responsible clinician or the approved clinician acting in their absence, as required by the Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All ward staff had basic in-house training in the Mental Capacity Act 2005, with more in-depth training of qualified staff.
- Consideration of Deprivation of Liberty Safeguards (DoLS) was embedded in routine practice.
- There was evidence of DoLS and the Mental Health Act being used at different times in individual cases in accordance with patients' changing needs.
- Urgent DoLS authorisations were applied for.
- Patients were supported to make decisions where appropriate. When they lacked capacity, decisions were

made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. One staff on duty at the Bennion centre told us how a patient had just refused to have their blood pressure checked. They said they would return and ask again later and anticipated the patient would probably agree at some point in the day. They said that if the patient persistently refused over a period of days and the lack of blood pressure readings became a concern, then a best interests meeting would take place to decide on a course of action. The staff member felt it was unlikely to be required, as patients usually consented to blood pressure monitoring, if not immediately, then at the second or third request.

- Staff used restraint as a last resort, and referred to it as 'safe holding' which reflected the minimal nature of the restraint for this service. One member of staff gave an example to explain what they meant. During the 6 month period of June to December 2014, there were a total of 27 episodes of restraint on wards at the Evington centre of which 2 were in the prone position. 15 of these episodes and both prone restraints were on Gwendolen ward. There were 17 episodes at the Bennion centre on Welford and Kirby wards with none in the prone position. There were no episodes of seclusion on any of the wards during that 6 month period.
- DoLS applications were made when required.
- On Coleman ward we noted an example where a patient had been discharged whilst still under a DoLS authorisation. They had then been readmitted under section 2 of the Mental Health Act, which meant they were both detained under the Mental Health act and deprived of liberty under DoLS.
- We also noted that where DoLS applications had expired, there were often gaps between the expiry and a further application being made. This meant that patients were, in effect, being unlawfully deprived of their liberty for this period.
- It was unclear on Coleman and Kirby wards how medical treatment for patients on DoLS was authorised. There were no records of mental capacity assessments or best interests decisions.

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Good

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

Summary of findings

We rated safe as **good** because:

- Wards were safe and clean.
- Environmental risks were managed in line with the needs of individual patients.
- Gender separation was managed
- Staffing was at safe levels
- Individual risks were assessed and managed appropriately.
- The service had a good safety record and the service showed it learnt from incidents and improved procedures and practice.
- We noted a box for discarded needles being left unattended in a communal area on Wakerley ward. This practice stopped once we drew attention to it.

Our findings

Safe and clean ward environment

- The ward layouts were appropriate for the needs of patients. There were safe places for patients to mix and also to have privacy. There were safe, accessible outdoor areas. CCTV was in use in communal areas to help monitor patient safety and record incidents.
- Ward staff had assessed the wards for ligature risks. They had taken action appropriate to the patient group to minimise identified risks. There were collapsible curtain rails in bedrooms. On wards for people with dementia, 'traditional' taps were in place, as these were more 'dementia friendly', and patients there were seen as minimal ligature risks.
- There were mixed and separate wards to meet the needs of patients and also to meet fluctuating demand. At the Evington centre there were three wards. One was male, one was female ward and one was mixed. The mixed ward had a male and female wing, as well as a female only lounge. Staff told us this was rarely used. Staff told us of one female patient who had been on the mixed ward and had not interacted well with male patients. They were then moved to the female only ward and became more settled. There was a female ward and a mixed ward at the Bennion centre. The mixed ward was appropriately segregated, with separate female facilities.
- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that were checked regularly. We saw evidence of regular checks of equipment and drugs.
- There were no seclusion rooms. There was a 'low stimulus' room with pale blue walls and sofas where staff could sit with a patient who had become agitated. Staff told us this room was rarely used and that patients would never be alone in there.
- The wards were clean, uncluttered, free from any unpleasant odours and generally well-maintained. Patients and relatives commented favourably on the cleanliness and freshness of wards. One visitor to the Evington centre told us the ward was "clean and tidy and never smells."
- There were call bells in rooms. We saw these being responded to in a timely manner.

Safe staffing

- There were set staffing levels on each ward. These were adhered to. There were a number of staff vacancies at Evington for which the service was recruiting. To cover gaps in rotas, existing part-time staff were asked if they wished to work extra shifts. After that, bank and agency staff were used to ensure safe staffing levels were maintained. One relative of a patient on Wakerley ward praised staff but felt there were sometimes not enough of them, particularly at weekends. On Wakerley ward, where staffing pressures were most acute, only 14 of the 21 beds were occupied at the time of our visit. This enabled safe staffing ratios to be maintained. Staffing was not an issue at the Bennion centre.
- Agency and bank staff were generally familiar with the service and the people using it.
- Staffing numbers were adjusted to take account of additional observations.

Good

Are services safe?

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

- Escorted leave and ward activities took place as planned as the staffing was at the required level. We had positive comments from patients about ward activities. One patient said the activities "stop you getting bored."
- There was adequate medical cover, day and night, and a doctor was able to attend each ward quickly in an emergency. There were junior doctors attached to the service and suitable out of hours arrangements in place.

Assessing and managing risk to patients and staff

- Risk assessments were undertaken for every patient on admission. These were updated in accordance with changing need. Assessments covered all aspects of mental and physical health needs.
- Recognised risk assessment tools were used to assist in minimising specific risks, such as dehydration and the risk of pressure sores developing.
- Care was individualised. At the Bennion centre, staff and patients all had wrist fobs which allowed individual access to restricted areas such as bedrooms and kitchens. This meant patient access could be individually tailored and amended according to risk. At Evington, patients had access to areas unless there were specific safety risks.
- There were a number of informal patients at the Bennion centre. Staff told us they could leave if they wished, but that people rarely wanted to go out unescorted. We saw no evidence of people expressing a wish to leave. On the wards for people with dementia, where people were either detained or were subject to, or awaiting, DoLS we did not witness people expressing a wish to leave.
- Observations were done proportionately and effectively, ensuring that patients were monitored in accordance with their assessed risk and vulnerability.
- Staff consistently referred to restraints as 'safe holds' reflecting the relatively gentle use of restraint and the frailty and vulnerability of the people on these wards. Staff on both units consistently told us that 'safe holds' were used rarely. Throughout all wards there was a calm and positive atmosphere. We saw calm, gentle and effective de-escalation being used whenever someone showed signs of agitation.
- Staff received safeguarding training and were aware of how to report safeguarding concerns. Staff showed they were clear about what to raise and how to raise it.
- Medicines were stored and dispensed in a safe manner. However, on Welford ward at the Bennion centre, we saw that a 'sharps' container, housing discarded needles, was kept underneath the medicines trolley. The trolley was locked when the nurse was not in attendance, but the sharps container could have been misused by a patient or visitor. We informed the ward about this and action was taken. The pharmacist visited the ward unannounced the next day and told us the 'sharps' container was stored safely.
- Staff were aware of the risk of pressure sores and falls and monitored patients proportionately. Records showed that such risks were assessed, monitored and managed.

Track record on safety

- There were few adverse events in this service. There had been a grade 3 pressure sore reported six months ago. This had been investigated and actions taken to minimise the likelihood of a recurrence. Patients consistently told us they felt safe and well cared for in this service. Relatives told us they felt patients were safely cared for.
- The service responded well to actual or assessed risks. There were good procedures and practices in place to minimise risks of pressure sores and falls. Staff told us of liaison and support from the trust and health professionals in respect of falls prevention and tissue viability.

Reporting incidents and learning from when things go wrong

- All staff knew what to report and how to report it. We witnessed an incident where one patient tapped another patient on the wrist. Although this was a gentle action, it was done with some agitation and staff gently guided this patient away. We later saw this incident had been noted and recorded and was mentioned in the handover, in case it might have resulted in any bruising in a day or two. We were told by the manager about an incident where a student reported an agency staff for abusive behaviour. Prompt action, including police involvement, was taken.

Good

Are services safe?

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

- Falls were fully investigated, with reports, reviews and recommendations made to help limit such occurrences in future. Staff told us of debriefing sessions that had taken place after incidents. One staff member told us they were “always learning.” We were told by staff of reflective practice sessions at Evington centre led by a consultant where practices and approaches were discussed by staff.
- A grade 3 pressure sore had been reported as a serious incident on Welford ward in October. We saw records of how this had been investigated and lessons learned. There were additional checks in place for patients assessed as high risk in respect of pressure areas. Wards displayed notices saying they had had been free of pressure sores for over a hundred days.
- Staff we spoke with were aware of the duty of candour responsibility.

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.

Summary of findings

We rated effective as **requires improvement** because:

- Treatment without consent was being undertaken on patients subject to DoLS authorisation without clear records of formal capacity assessments or best interests decisions having being taken.
- There were gaps between DoLS applications expiring and applications for renewal. This meant people were being unlawfully deprived of their liberty at these times.

However:

- Staff showed awareness of individual needs and how to meet them. There was support to meet patients' physical needs with a range of well trained and motivated staff and good inter-agency work.

Our findings

Assessment of needs and planning of care

- There were comprehensive and timely assessments completed after admission. We looked at a recent admission which showed nutritional screening, falls, and pressure area screening had all been done.
- Care records showed that physical examinations had been undertaken and that there was on-going monitoring of physical health problems. Staff at the Evington centre were very positive about having a general nurse as matron for that service, as they complemented the mental health nurses. This was reflected in the pro-active way in which physical health care issues were managed.
- Progress updates did not always get entered on the full patient record. Some staff were still not fully comfortable with the RIO computer system, and some staff felt they had to spend too much time putting in information. Staff showed awareness of the most current concerns or recent contacts with patients. They also showed awareness of the overall needs and wishes of patients and of the best way to respond to those needs. This knowledge and awareness enabled staff to meet patient needs effectively.

Best practice in treatment and care

- Medication was dispensed appropriately. While giving medicines to patients, staff asked them if they were in any pain anywhere. Staff stayed with the patient until they were confident medicines had been taken.
- Staff at the Bennion centre gave examples of psychological therapies taking place for individual patients, such as support and guidance in alleviating anxiety.
- Activities on the wards for people with dementia enhanced the well-being of patients. Staff were able to engage patients in activities that stimulated them and improved their well-being. All wards were well supported by occupational therapists, and assistants, to engage patients in appropriate activities, either in groups or on an individual basis.
- There was good access to physical healthcare, including access to specialists when needed. A health care support worker at Evington explained, for example, how one patient's fluid intake had been effectively monitored and improved. There was an advanced nurse practitioner at the Evington centre three days a week to look specifically at physical health care issues. This good practice was reflected in the relative physical well-being of the patients.
- Recognised ratings scales were used to monitor risks such as tissue viability, nutritional and hydration needs. Staff were aware of individual patient needs and ensured support was given as required.. One patient told us "There is always lots of drink and food around to stop me getting hungry or thirsty". A "track and trigger" procedure was used which helped ensure that potential risks were monitored and acted upon.
- Clinical audits were completed on wards to check the thoroughness and effectiveness of approaches. We saw audits that showed, for example, that diabetes monitoring took place regularly.

Skilled staff to deliver care

- There was a suitable mix of qualified and unqualified nurses on duty on all wards.
- A range of mental health professions provided input to the ward. There was good support from physical health care professionals. This helped ensure patients' physical

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.

health needs were met and that any potential problems were identified and addressed at an early stage. There was a particularly strong representation of occupational therapists and assistants. This helped ensure that patients were supported and motivated to engage in meaningful activities.

- Staff were experienced and received mandatory training. Across the trust 90% of staff completed mandatory training. Staff told us they were well supported, had regular supervision and appraisals and took part in regular team meetings.
- Staff received specialist training for their role; for example dementia training for staff on wards for people with dementia. One relative told us that "staff appeared well trained and know what they're doing."
- Managers told us how poor performance was addressed. We heard of recent examples that showed the service promptly recognised and addressed performance issues in a supportive manner. Performance was discussed through supervisions. In one instance a performance plan had been put in place. The staff member had responded positively to this and had excelled in areas where they had previously been under-performing. Managers took appropriate disciplinary action if necessary, with the well-being of patients being the prime concern.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary meetings took place. Consultants, junior doctors, occupational therapists and nurses were present. Patients' relatives were invited to attend. Handovers and care plans were updated during these meetings.
- There were effective handovers within the team. Handovers covered relevant information such as observation levels, falls risks, physical health issues, discharge plans, and the Mental Health Act status of patients.
- Working relationships were effective, including good handovers with other teams in the organisation (e.g. Care co-ordinators, CMHT, Crisis Team). The manager of the Bennion centre told us that audits had shown that community teams sometimes did not know that their patients had been admitted onto wards. As a consequence of the audit, community team staff were informed more promptly to avoid any potential misunderstandings.
- There were effective working relationships with teams outside of the organisation, such as local authority social services or GP services. We spoke with a mental health professional who was visiting a ward on Evington as part of planning a discharge for a patient. They were positive about the work done by the ward and the effectiveness of links between agencies. This showed inter-agency co-operation was working to benefit patients. There was effective liaison with care home managers and outreach staff to support effective discharge planning.

Adherence to the MHA and the MHA Code of Practice

- Staff were working within the constraints of the Mental Health Act, the Code of Practice and the guiding principles. Patients were lawfully detained.
- Staff made reasonable attempts to inform patients of their rights, and these were recorded, even when patients lacked capacity. There were reminders of these throughout patients' stays. There was an automatic referral of detained patients to Independent Mental Health Advocacy (IMHA) when the patient lacked capacity. Leaflets were available informing patients about IMHA services.
- Treatments were given lawfully under the Mental Health Act.
- Section 17 leave forms were signed. One form we looked at did not indicate whether the signee was a responsible clinician or the approved clinician acting in their absence, as required by the Code of Practice.

Good practice in applying the MCA

- All ward staff had basic in-house training in the Mental Capacity Act 2005, with more in-depth training of qualified staff.
- Consideration of Deprivation of Liberty Safeguards (DoLS) was embedded in routine practice.
- There was evidence of DoLS and the Mental Health Act being used at different times in individual cases in accordance with patients' changing needs.
- Urgent DoLS authorisations were applied for.
- Patients were supported to make decisions where appropriate. When they lacked capacity, decisions were made in their best interests, recognising the importance

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.

of the person's wishes, feelings, culture and history. One staff on duty at the Bennion centre told us how a patient had just refused to have their blood pressure checked. They said they would return and ask again later and anticipated the patient would probably agree at some point in the day. They said that if the patient persistently refused over a period of days and the lack of blood pressure readings became a concern, then a best interests meeting would take place to decide on a course of action. The staff member felt it was unlikely to be required, as patients usually consented to blood pressure monitoring, if not immediately, then at the second or third request.

- Staff used restraint as a last resort, and referred to it as 'safe holding' which reflected the minimal nature of the restraint for this service. One member of staff gave an example to explain what they meant.
- DoLS applications were made when required.
- On Coleman ward we noted an example where a patient had been discharged whilst still under a DoLS authorisation. They had then been readmitted under section 2 of the Mental Health Act, which meant they were detained under the Mental Health act and deprived of liberty under DoLS.
- We also noted that where DoLS applications had expired, there were often gaps between the expiry and a further application being made. This meant that patients were, in effect, being unlawfully deprived of their liberty for this period.
- It was unclear on Coleman and Kirby wards how medical treatment for patients on DoLS was authorised. There were no records of mental capacity assessments or best interests decisions.

Good

Are services caring?

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

Summary of findings

We rated caring as **good** because:

- Staff interacted with patients in a positive and supportive manner.
- Staff showed good understanding of patients' needs.
- Patients and relatives were very complimentary about the service, were involved in care and treatment decisions and were kept informed about these.

Our findings

Kindness, dignity, respect and support

- Staff interacted with patients in a respectful manner. Staff were proactive in ensuring the welfare and well-being of patients. They provided practical and emotional support for patients. We saw staff helping people to mobilise in a warm, supportive manner, offering lots of guidance and reassurance.
- Patients we spoke with were very complimentary about staff. A patient on Evington told us that staff were always asking if they needed anything, and called them by the name they wanted to be known as. Patients we spoke with at the Bennion Centre made comments such as "I feel well looked after and the staff are great."
- Staff showed a good understanding of the individual needs of patients. Staff on wards for people with dementia, for example, were able to tell us about patients' particular likes and dislikes, and their backgrounds, and why this may influence some of their behaviours and the responses to these.

The involvement of people in the care they receive

- Patients and carers were encouraged to be involved in all aspects of their care, such as assessing risks and care planning. Families and carers told us they were kept informed and involved. One relative told us "I attend reviews and I know staff value my views and respect what I'm saying."
- Patients had advance decisions in place. Staff showed a good awareness of what patients had made decisions about.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated responsive as **good** because:

- The service met the needs of a diverse patient group, providing interpreters where needed.
- Bed occupancy rates allowed for flexibility as patients who were on leave had their bed available if they needed to return.
- Activities helped patient recovery. These took place in suitable areas and were well supported by the service.

However:

- Discharges were planned, but at times were delayed by a lack of suitable alternatives that could satisfactorily meet the needs of individual patients.
- There were delays in repairs, such as a leaking shower, on one ward.

Our findings

Access, discharge and bed management

- A number of patients were on leave. Their beds were available for them in the event of their return. We met one patient who had just returned from leave and who appeared comfortable in a familiar environment.
- Where patients were moved between wards during an admission episode, this was because of clinical reasons. For example, one lady had been admitted to a mixed ward, as this had initially appeared to be what they wished, but had then moved on to a female only ward when it became apparent she was not responding positively to male patients.
- Discharges were delayed for clinical reasons, or where there was a difficulty in identifying suitable placements. Staff told us there could sometimes be a delay in having a care package arranged, but that the main issue was the difficulty in finding suitable services to meet the needs of the patient.

The ward optimises recovery, comfort and dignity

- There was generally a good range of rooms, with a variety of activity rooms and quiet lounges in wards. There were visitor rooms where patients could meet visitors if privacy was desired. Nevertheless, two patients at the Bennion centre said there were no quiet areas to talk with relatives during a visit. Alcoves around the wards at the Evington centre provided small informal areas where patients and visitors could sit and chat in semi-privacy without being isolated from the rest of the ward. These seating areas were popular with patients and visitors.
- Patients on Welford ward in the Bennion centre were not happy with the showers, saying the water 'dribbled out.' Staff told us the issue had been reported, but that attempts to improve them had so far been ineffective. There was a door and a window at Welford ward at the Bennion centre that were awaiting repair. These were not a safety risk, but were unsightly with black and yellow warning tape across them. Staff told us, and we saw from records, that these had been awaiting repair for over three weeks. Staff felt that repairs took far longer with an outside contractor than they used to under the previous 'in-house' estates management.
- There were specific 'dementia-friendly' activity rooms on wards at Evington. Coleman ward at the Evington centre was not especially dementia-friendly. The manager acknowledged it needed refurbishment to make it more dementia-friendly and said they were hoping to access money to enable this. The ward had one small dementia friendly 'pub' room, with lots of pictures and items to engage and stimulate the patients.
- Patients could make or receive calls in private. There were cordless phones in use so patients could take these to a private area if they wished to talk with callers.
- There were accessible outside spaces. Patients told us they liked going outside in good weather although on the day of our inspection it was mostly used by smokers.
- We received mixed comments on the food. At Evington, people were positive about the food. One patient told us "The food is very good and I can pick what I want." One relative told us "I sometimes have a meal here with my partner and the food is very good – hot and tasty." At the Bennion centre patients gave a mixed response to meals, with some saying it was good, and others saying it lacked variety and was not of a very good quality. Patients could make hot drinks or snacks, according to

Are services responsive to people's needs?

Good

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

ability and risk. On the wards for people with dementia, patients had drinks and snacks upon request. At the Bennion centre patients could make drinks with varying levels of support, according to risk.

- Patients were able to personalise rooms if they wished. Bedrooms we saw were mostly personalised by the addition of personal and family photographs and cards.
- Occupational therapists and assistants worked Monday to Saturdays, so that activities were arranged six days a week.

Meeting the needs of all people who use the service

- There was access for wheelchairs and handrails to help those with restricted mobility and at risk of falling.
- Information leaflets were available in different languages. We saw a small number of these and were told by staff they could be obtained in different languages. There were a few patients in different wards for whom English was not their first language. Some staff spoke a variety of Asian languages and helped patients to communicate. We saw healthcare support workers and doctors speaking with patients in different languages in order to ascertain their wishes. Interpreters were available at short notice.
- Outside caters were used to provide food. Specific dietary requirements were catered for. We saw patients being offered food and drink outside of the main meal times.
- We were told by staff that specific spiritual support could be accessed as required. This was confirmed by patients and relatives.

Listening to and learning from concerns and complaints

- There were notices informing patients and relatives of how to complain if they were not happy with any aspect of the service. Staff and managers told us that complaints were frequently responded to at an informal, local level and were able to give examples of these. Relatives told us they were able to raise concerns if needed and were confident of getting responses
- Patients knew how to complain.
- Staff knew how to handle complaints appropriately. We were given examples of how practice had been improved following the investigation of a complaint.

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.

Summary of findings

We rated well led as **good** because:

- Staff felt valued by the trust, and well led by their matrons and managers.
- Staff were positive about their roles and felt able to raise issues of concern.
- Sickness levels were low.
- Morale was good and staff were enthusiastic.

However:

- Some staff expressed concern about the amount of time spent on documentation.

Our findings

Vision and values

- Staff felt they shared the organisation's values.
- Staff felt themselves to be part of the trust and supported by it.
- Staff spoke positively, for example, of professional support, such as falls prevention and pressure care advisors, being accessible within the trust.

Good governance

- Staff felt well supported on wards. They told us they received regular supervision. They received mandatory training. New staff received a four week induction and theytold us this gave them a good introduction to their roles on the wards.
- Wards were covered appropriately by sufficient numbers of staff of the right grades and experience.
- Staff were able to concentrate on direct care activities. Observation and fluid charts were accessible on the wards so they could be completed promptly. However, some staff felt that what they saw as excessive documentation was taking them away from direct patient care.
- Staff felt able to bring up concerns at team meetings.
- Ward managers had sufficient authority and support on wards to make changes to improve care.

Leadership, morale and staff engagement

- Sickness rates reflected a small number of long term sicknesses, which made the average higher. Otherwise, short term sickness was low. We were consistently told by staff that they were part of a good team and that everyone worked together.
- Staff, patients and carers told us how positive, supportive and safe the service felt.
- Staff we spoke with were clear about the whistle-blowing policy. Staff said they felt able to raise concerns without fear of victimisation. Morale appeared high on wards, with staff showing a good level of job satisfaction and sense of empowerment. Good team work was frequently mentioned by staff.

Commitment to quality improvement and innovation

- Dementia care mapping and Enriched Models of Care approaches were being used.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulations 18 HSCA 2008 (Regulated activities) Regulations 2010** **Consent to care and treatment** The trust did not make appropriate arrangements to ensure the consent to care and treatment of all services users**.** • Not all patients had recorded assessments of capacity. • Procedures required under the Mental Capacity Act were not always followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.