Jasmine Court Independent Hospital

Quality Report

Paternoster Hill,
Waltham Abbey,
Essex,
EN9 3JY
Tel: 01992 787 202
Website: www.barchestermentalhealth.com

Date of inspection visit: 14 March 2017
Date of publication: 08/09/2017

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

we rated Jasmine Court as good because:

- The ward was clean and tidy. The provider kept furniture well maintained. All cleaning records were up to date and completed correctly.
- Staff received regular mandatory training. Staff compliance with mandatory training was 91%. Staff who had outstanding mandatory training had been booked onto courses.
- Staff completed comprehensive and timely assessments of patients upon admission. Staff used this information to formulate patient's initial care plan.
- Staff received regular supervision and annual appraisals. Supervision rates for staff were 100%. Appraisal rates for staff were 91%.
- Staff were kind, caring and compassionate. They treated patients with dignity and respect. Patients told us that staff were caring and supportive and helped them meet their needs.
- Patients had access to activities seven days a week. The activities coordinator organised activities between Monday and Friday. Nursing staff would do activities with patients at the weekends.
- The provider had good systems in place to monitor staffs compliance with mandatory training, supervision, and appraisals. The manager maintained up-to-date records and monitored these regularly.
- Provider had good systems in place to provide feedback from lessons learnt from incidents and complaints. We reviewed the governance meeting minutes, team meeting minutes, and handover minutes which showed regular discussion on incidents and complaints.

However;

- The provider had not documented best interest decision meetings for three out of the nine patients who lacked capacity. There was no evidence that the provider had discussed the decisions with all those involved in the patient's care to ensure that they had taken decisions in the patient's best interest.
- The Mental Capacity Act policy was not easily available to staff. The provider was in the process of reviewing the policy and this was waiting to be approved. Senior staff could not easily locate a copy of the policy on the day of inspection.
- Staff had not always given patients a copy of their care plan. We found that three patients had not received a copy of their care plans. Staff had not documented any reasons why they not give patients a copy of their care plan such as refusal or lacking capacity.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for older people with mental health problems	Good	

Summary of findings

Contents

Good

Jasmine Court

Services we looked at:
Wards for older people with mental health problems;

Summary of this inspection

Background to Jasmine Court Independent Hospital

Jasmine court is a 15 bedded hospital for male patients aged 50 and older. They treat patients with a diagnosis of a type of dementia or cognitive impairments and with associated complex and challenging behaviours associated with the type of dementia or cognitive impairments. Patients may require detention under the Mental Health Act or Deprivation of Liberty Safeguards authorisations.

The registered manager was Jodie Ramcharitar

Following the previous inspection the provider was told they must:

- Ensure that all patients receive a physical health examination upon admission and that this is recorded in the patient records.

As a result of this the provider was issued a requirement notice for a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Following the previous inspection the provider was told they should:

- The provider should ensure that all staff receive dementia care training.
- The provider should ensure that an appropriate outcome measure is used for patients with a diagnosis of dementia.

Our inspection team

Team leader: Lee Sears

Our team consisted of 2 Inspectors and a specialist advisor who has experience of working with older adults with mental health problems.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 2 patients who were using the service;
- met with two carers of patients who use the service;
- interviewed the registered manager of the ward;
- spoke with 7 other staff members; including Doctor, nurses, support workers, activity coordinator and house keeper;
- attended and observed a hand-over meeting and three multi-disciplinary meetings;
- looked at 6 care and treatment records of patients;

Summary of this inspection

- carried out a specific check of the medication management on the ward;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke to two patients and two carers during the inspection.
- Patients told us that the staff were very kind and caring and supported them to meet their needs.
- Carers told us staff treated their relatives with care and respect.
- Carers told us that staff communicated regularly if there was a change in needs.
- Carers told us they felt that they were involved in their relatives care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

we rated safe as good because:

- The ward was clean and tidy. The provider kept furniture well maintained. All cleaning records were up to date and completed correctly.
- Staff received regular mandatory training. Staff compliance with mandatory training was 91%. Staff who had outstanding mandatory training had been booked onto courses within the next two months.
- Staff completed risk assessments of patients upon admission. Staff reviewed these regularly and updated in care reviews or following an incident or if there was a change in presentation.
- The provider had good medicines management procedures in place. There was a colour-coded system in place so staff could match the medication administration records to the blister pack in which they were kept.
- Staff reported incidents appropriately, in line with the provider's policy. Managers investigated incidents and identified lessons to be learnt. They shared these with staff through handover meetings and team meetings.

However;

- The provider had a high rate of staff sickness at 10% over the past 12 months.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive and timely assessments of patients upon admission. Staff used information they gathered during the assessment to formulate patients initial care plan.
- Patients received a physical health examination upon admission. The provider arranged admissions of patients on Thursday when the GP was present to complete physical healthcare checks. There was evidence of ongoing physical health care monitoring in patient's records.
- Each patient had an up-to-date personalised and holistic care plan. Staff reviewed these on a monthly basis during care reviews or if there was a change in needs.
- Staff received regular supervision and annual appraisals. Supervision rates for staff were 100%. Appraisal rates for staff were 91%. Staff that had not yet had an appraisal had been booked in over the next two months.

Summary of this inspection

- There were effective handovers between teams. There was a handover at the end of each shift as well as a daily 10 to 10 meeting in which staff met to discuss patients care over the previous 24 hours.
- The provider adhered to the Mental Health Act and the Code of Practice. All staff had received training in the Mental Health Act. The provider employed a Mental Health Act administrator to oversee the implementation of the Mental Health Act. Mental Health Act administrator completed Mental Health Act audits on a six monthly basis.

However;

- The provider had not documented best interest decision meetings for three out of the nine patients who lacked capacity. There was no evidence that the provider had discussed the decisions with all those involved in the patient's care to ensure that they had taken decisions in the patient's best interest.

Are services caring?

Good

We rated caring as good because:

- Staff were kind, caring and compassionate. They treated patients with dignity and respect. Patients told us that staff were caring and supportive and helped them meet their needs.
- Patients actively participated in the writing of their care plans. Staff documented patient views within the care plan. Patients regularly attended care reviews where they had input into their care plan.
- The provider regularly held community meetings and patient forums. This gave patients the opportunity to have input into the service provided.
- The provider had introduced a monthly family and carer forum. This gave families and carers the chance to share their views on the service.

However;

- Staff had not always given patients a copy of their care plan. We found that three patients had not received a copy of their care plans out of the six records we checked. Staff had not documented any reasons why they not give patients a copy of their care plan such as refusal or lacking capacity.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- The provider had a range of rooms and equipment to support the care and treatment of patients. These included quiet lounges and an occupational therapy kitchen.
- Patients had access to outdoor space. There was a garden area that was available for patients should they require fresh air.
- Patients told us that the food was of good quality. There was a choice of foods for patients with special dietary requirements such as diabetes or allergies. The chef attended community meetings and patient forums to discuss menus with patients.
- Patients had access to activities seven days a week. The activities coordinator organised activities between Monday and Friday. Nursing staff would do activities with patients at the weekends.
- The provider had good systems in place to manage complaints. The ward manager would investigate complaints and identify any lessons to be learned. The manager would share these with staff during handovers and team meetings.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew the providers visions and values. Staff were able to describe these and also, how they underpinned the work they did by putting the patients and family's first and providing care that reflected the organisations visions and objectives.
- The provider had good systems in place to monitor staffs compliance with mandatory training, supervision, and appraisals. Staff who had outstanding training and appraisals had these booked over the next two months.
- Staff were able to maximise their time with patients. Staff spent the majority of their time in the lounge interacting with patients and supporting them to meet their needs rather than completing administration work.
- The provider had good systems in place to provide feedback from lessons learnt from incidents and complaints. We reviewed the governance meeting minutes, team meeting minutes, and handover minutes. These showed lessons learned incidents and complaints were a standard agenda item.
- Staff were open and honest and informed patients when things went wrong. We reviewed incident forms, which showed staff apologised to patients following incidents or changes in planned activities.

However;

- The Mental Capacity Act policy was not easily available to staff. The provider was in the process of reviewing the policy and this

Summary of this inspection

was waiting to be approved. Senior staff could not easily locate a copy of the policy on the day of inspection. This meant that staff would not be able to review the policy should they need guidance on Mental Capacity Act.

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.

- There were two patients detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 100%.
- We reviewed patients care records and saw that staff informed them their rights on a monthly basis.
- Staff completed The Mental Health Act 1983 paper documentation correctly including Section 17 leave forms.
- Second opinion appointed doctors had assessed patient's ability to consent to treatment where appropriate and the necessary documentation completed.
- The provider had accessible copies of original Mental Health Act paperwork. A mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured that photographs of the patients in the care records were on their medicine administration records as required by the Mental Health Act Code of Practice.
- Patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 96%.
- Staff completed Mental Capacity Act assessments. Staff completed these on a decision specific basis. However, three out of the nine patients did not have best interest decision meetings documented in their records where they lacked capacity. There was no evidence that the provider had discussed the decisions with all those involved in the patient's care to ensure that they had taken decisions in the patient's best interest.
- There were seven patients subject to Deprivation of Liberty Safeguards. Staff had appropriately completed all the applications.
- Staff demonstrated good knowledge on the Mental Capacity Act. There are able to describe how they would assess patient's capacity.
- There was not a copy of the mental capacity policy available for staff to refer to should they need it. The provider was in the process of updating the Mental Capacity Act policy.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Wards for older people with mental health problems

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

Are wards for older people with mental health problems safe?

Good

Safe and clean environment

- The ward layout did not always allow staff to observe all parts of the ward. The ward was set out in a square shape with bedroom corridors around the outside with the lounge and garden area in the middle. However, the provider had installed mirrors to assist staff to observe the blind spots more easily.
- There were ligature points in the bedroom and lounge areas. The provider had completed a ligature risk assessments which included all identified ligature risks. This included an action plan as to how the provider would mitigate these risks. These included staff observations and completing individual patient ligature risk assessments. We saw evidence of these ligature risk assessment within patient records. Provider completed environmental risk assessments on an annual basis. This included the ligature risk assessment. This contained action plans which stated how the provider would mitigate risks identified such as using observations and patient's individual ligature risk assessment.
- The ward complied with guidance on same-sex accommodation. The ward had recently changed from mixed sex to all-male accommodation.
- The provider had a fully equipped clinic room with equipment for physical healthcare checks. The clinic room was small, and did not have enough space for the staff to carry out a full physical examination. There was no examination couch for this to happen. Staff told us that they would take the patient their bedroom if they needed to lie down for a physical examination.
- Resuscitation and emergency equipment was easily accessible. Staff knew how to use the emergency equipment. Training compliance with basic life support training was 88%. This was kept in the staff office so all staff could easily access it. Staff checked the defibrillator daily and the emergency equipment on a weekly basis. We reviewed the records for these checks and saw that staff completed these checks regularly. However, actions identified such as ordering suction equipment and adrenaline pens were not actioned for four weeks.
- The provider did not have a seclusion room.
- All ward areas were clean and tidy and the furnishings were in good condition and well maintained. We reviewed the cleaning records for the past six months. This showed that staff regularly cleaned the ward environment in line with the provider's schedule.
- Staff adhered to infection control principles, including hand washing. We observed staff regularly washing their hands and using disinfectant gel following care activities.
- The provider kept equipment well maintained. However, staff did not always clean equipment regularly. We reviewed the infection control audits, which staff completed on 27 January 2017. This stated that staff had not cleaned beds and pressure mattresses as well as, wheelchairs, and walking aids. This identified the need for stickers to highlight when staff had cleaned wheelchairs, and walking aids. There were some

comments on the infection control audits about actions that staff should take however the action plan was blank. Staff would not know what action they would have to take to reduce the risk of infection.

Safe staffing

- The provider had estimated the number of substantive staff as 21. The provider had an establishment of six whole time equivalent qualified nurses and 15 whole time equivalent support workers. The provider had two vacancies for qualified nurses and three vacancies for support workers.
- The sickness rate for the service over the past 12 months was 10%.
- Number of shifts covered by bank or agency staff between October 2016, and December 2016 was 193. This equates to an average of one shift per day covered by bank or agency staff. We reviewed the duty rotas. This showed that the provider was using regular bank and agency staff to cover shifts. Regular bank staff were required to complete the providers mandatory training. Bank staff were also required to take part in supervision and have an annual appraisal. This meant there was continuity in staffing for the patients and the provider could support the development of bank staff and monitor their performance.
- The provider always maintained at least one qualified nurse each shift. During inspection, there was always staff present in communal areas.
- There were enough staff so that patients could have regular one-to-one time with their named nurse. Staff told us that they never cancelled activities or leaves due to staff shortages. There was always sufficient staff available to carry out physical interventions, if needed. We reviewed the duty rotas for the past 3 months and saw there was adequate staff on each shift. We only found one day where there were staff shortages.
- The provider had adequate medical cover during the day and out of hours. The two consultants were available on an on call rota for staff to contact any time. If there was a medical emergency staff would have to call an ambulance.
- Staff were up to date with their mandatory training. Mandatory training compliance was 91%. We reviewed the training records for staff. Out of the 26 mandatory training courses, only four were below 75%. Staff who still had mandatory training outstanding were booked on courses over the next two months.

Assessing and managing risk to patients and staff

- There were no incidents of seclusion or long-term segregation in the past six months.
- In the six months prior to 22 December 2017 there were six incidents of restraint involving one patient. None of these restraints were in the prone (facedown) position.
- Staff had undertaken a risk assessment of every patient upon admission. We reviewed the care records of six patients. These showed that risk assessments were complete, thorough, and reviewed on a regular basis. Staff updated risk assessments following incidents. The provider used their own risk assessment tool which was used across the organisation. This covered a range of risks, including violence and aggression, suicide, self-harm, and vulnerability.
- There were no blanket restrictions within the service.
- The provider had policies and procedures for the use of observations. These ranged from level one to four. Level one was general observations where staff checked patients hourly. Level two observations, staff checked patients every 15 minutes. Level three observations are one-to-one within eyesight. Level four observations are one-to-one within arm's reach. The provider had a search policy. However, staff told us they did not need to use this for their patient group.
- Staff only used restraint after de-escalation techniques had failed. The service had a low rate of restraint use in the last six months. This demonstrated that staff were able to de-escalate patients and prevent the use of restraint.
- The provider's policy for the use of rapid tranquilisation followed the National Institute for Clinical Health Excellence guidelines. We checked the incident forms for the incidence of restraints, and these showed that there had not been any use of rapid tranquilisation in the past six months.
- Staff were trained in safeguarding vulnerable adults and children. Training compliance for safeguarding was 96%. Staff we spoke to were able to explain safeguarding procedures and how they would identify abuse.
- There was good medicines management practices in place. The provider had the medication dispensed in blister packs. Each separate medication was in the different blister pack. These were colour-coded, and medication administration recording sheets were highlighted with the same colour as the corresponding blister pack. When dispensing medication from the

packet staff would write how many remaining tablets were left on the medication administration records sheet. This was in response to an incident following medication audits where one patient's tablets did not correspond to how many staff had dispensed.
- Staff were aware of issues such as falls and pressure sores. Staff completed falls risk assessments and water low assessments for pressure sores. The service had one patient who used a pressure-relieving mattress. However, there had been no incidents of grade two or above, pressure sores in the past six months.
- The provider had safe procedures for children visiting the hospital. The provider did not allow children within the ward area. However, patients could come out of the ward area and see visitors in the conference room.

Track record on safety

- There had not been any serious incidents requiring investigation, within the last 12 months.
- Staff were using PRN (as required) medication as first line management for agitation rather than distraction and redirection. The provider recognised that staff were over using PRN medication. The provider worked with staff around the use of PRN medication and has improved staff trained in, MAPA which is a management of actual physical aggression training. This focuses on the use of de-escalation as first line management for aggression. The provider had seen a reduction in the use of PRN medication since.

Reporting incidents and learning from when things go wrong.

- All staff knew how to report incidents. Following incidents, staff completed paper incident forms. The manager then reviewed these and placed them on the computer system. The manager then investigated incidents and identified any lessons learned. We reviewed the incident forms for the past three months. This showed that staff were reporting incidents appropriately and that they were open and transparent and explained to patients when things went wrong. There was also a section on the incident forms were the manager documented their investigation and any lessons learnt identified.
- Staff received feedback from incident investigations. Staff discussed these in the daily handover meeting and the monthly staff meeting. We reviewed the minutes of the meetings from the past six months and saw that incidents were a standard agenda item. This included feedback and lessons learned from incidents. We also reviewed clinical governance meetings. Incidents were also a standard agenda item in these meetings.
- Findings from a medication audit identified that staff could not account for some medication. Following the incident, the provider made changes to medication management processes. Staff wrote the number of tablets left in the packet after each administration.
- Staff received debriefs and were offered support following incidents. We saw evidence of these debrief sessions written down and attached to the back of incident forms.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Patients received a comprehensive and a timely assessment following admission. We reviewed the care records of six patients. Staff completed an assessment of each patient's needs and they transferred this information into the patient's care plan.
- Patients received a physical examination upon admission. We found evidence of ongoing physical health monitoring. Following the last inspection in May 2016 it was identified that patients were not receiving a physical examination upon admission. We reviewed the care records of patients admitted since this inspection and found that each patient had received a physical examination. Staff told us that they arranged admissions on a Thursday when the GP visited the hospital to ensure that they completed a physical examination within 24 hours of admission.
- Care records contained up to date, personalised, and holistic care plans. Staff reviewed care plans on a monthly basis. However, we found that staff had left one care plan for six weeks without review. Care plans covered a range of needs, including diet and nutrition, personal care needs, prevention of pressure sores, manual handling, and prevention of falls.

- Information needed to deliver care was kept in paper format and stored securely in the nurses office. This was easily accessible for all staff.

Best practice in treatment and care

- Staff followed the National Institute for Clinical Health Excellence guidelines for prescribing medication. We reviewed the medications management policy which referred to the National Institute for Clinical Health Excellence guidance used, and there was a hyperlink so staff could click and access the guidance.
- The provider did not offer any psychological therapies recommended by the National Institute for Clinical Health Excellence. However, the provider was in the process of recruiting a psychologist to fulfil this role.
- There was good access to physical healthcare. Staff registered patients with the local GP who visited the ward every Thursday to manage patient's physical health care needs. The provider was able to access specialist services when needed, such as, diabetic nurses, podiatrists, and opticians.
- Staff assessed and met patients nutritional and hydration needs. We saw evidence in patient's records of ongoing monitoring of nutrition and hydration. Staff worked with the chef to provide specialist diets when necessary.
- Staff participated actively in clinical audits. We reviewed the clinical audits such as daily clinic room temperature and defibrillation checks, weekly emergency equipment checks, monthly medication stock balance and medication records, quarterly Mental Health Act consent forms and six monthly Mental Health Act audits. Staff completed these in line with the provider's policy.

Skilled staff to deliver care

- There was a range of mental health disciplines. This included nurses, support workers, doctors, activity coordinators, and the provider was in the process of recruiting an occupational therapist. All staff disciplines provided input into the ward.
- Staff had the necessary experience and qualifications for the roles they performed. Staff received an appropriate induction upon commencing employment. These included standards set out in the care certificate for health care assistants.
- Staff received regular supervision and appraisal. Supervision rates on the day of inspection were 100% and appraisal rates was 91%. The provider had introduced a supervision structure for staff so all staff knew who their supervisor was. We reviewed the appraisal records. There were 13 staff who did not have a written appraisal. However, the manager was able to demonstrate that they had received an appraisal prior to him commencing employment and that when they were due in the next two months these would be completed and placed in the file.
- The provider offered staff specialist dementia training. The provider had arranged for staff that had not completed this training to attend future training within the next two months.
- Poor staff performance was addressed promptly and effectively. We reviewed staff supervision records and saw that when staff performance was not up to standard that this was being discussed regularly and staff were being supported to make necessary improvements.

Multi-disciplinary and inter-agency team work

- There were effective handovers within the team. There was a handover at the end of each shift and there was a 10 to 10 meeting. The 10 to 10 meeting happens at 10 am each day where staff and managers discuss what happened over the previous 24 hours. We attended the 10 to 10 meeting on the day of inspection. Staff discussed all patients and if there are any changes of needs or risks. Staff also discussed any recent incidents or complaints.
- There were effective working relationships with teams outside of the organisation such as the local authority, social services, GPs, and community mental health teams. Staff invited care coordinators to Care Programme Approach meetings.

Adherence to the MHA and the MHA Code of Practice

- Staff compliance with Mental Health Act training was 100%. This included training in the Mental Health Act code of practice. Staff we spoke to had a good understanding of the Mental Health Act and the guiding principles of the code of practice.
- Staff adhered to consent to treatment and capacity requirements. Copies of the treatment forms as well as capacity assessments were located in the medication records of patients.
- Staff informed patients of their rights under the mental health act upon admission and then monthly. We reviewed the care records and saw that this was happening on a regular basis.

Good

Wards for older people with mental health problems

- The provider had a Mental Health Act administrator who was able to provide support and legal advice on implementation of the Mental Health Act.
- We reviewed the detention paperwork of two patients currently cared for under the Mental Health Act. Staff had completed all detention paperwork correctly, it was up to date and stored within the patient's care records.
- Staff completed audits to make sure they were applying the Mental Health Act appropriately. We reviewed the last two audits and found that staff had completed these correctly with no issues identified.
- Patients had access to an independent mental health advocate service. Information was displayed around the ward about how to access the service. Staff were aware of how to access and support patients in engagement with the service.

Good practice in applying the MCA

- Staff compliance with mental capacity act training was 96%. Staff we spoke to demonstrated good understanding of the mental capacity and the five statutory principles.
- The provider currently had seven patients admitted under Deprivation of Liberty Safeguards.
- There was a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards which staff were aware of. However, when asked to see this policy, senior staff found it difficult to locate. The provider was in the process of reviewing and ratifying the current policy and senior management could not easily access this. This meant it would be difficult for staff to access should they need to refer to it at any time.
- Patients with impaired capacity, had their capacity to consent to treatment assessed and recorded. Staff did these on a decision specific basis. However, we found two patients who lacked capacity to consent to treatment but did not have a best interest decision meetings documented within the care records. This meant that the provider had not discussed patient's treatment plans with all appropriate people to ensure that the provider was making decisions in patient's best interest.
- Staff knew where to get advice regarding the mental capacity act and Deprivation of Liberty Safeguards. Staff told us they would discuss this with their line manager or the Mental Health Act administrator.
- Staff made Deprivation of Liberty Safeguards referrals when required. We reviewed all referrals to the past six months. Staff completed referrals following mental capacity assessments.

Are wards for older people with mental health problems caring?

Good

Kindness, dignity, respect and support

- We observed staff caring for and interacting with patients. We found staff to be kind, caring, and respectful at all times. Staff spent time throughout the day engaging with patients. Staff were encouraging patients to get involved in daily activities and assisting patients to do this where appropriate.
- Patients felt that staff were kind and caring towards them. We spoke to two patients who felt that staff treated them kindly and were very supportive.
- Staff understood individual patient's needs. Staff supported patients to attend to their needs and therapeutic activities throughout the day. Staff were able to tell us the needs of their patients and how they were being met.

The involvement of people in the care they receive

- The admission process informed and orientated patients to the ward. Staff showed patients around the ward and their bedroom and introduced them to their named nurse.
- Patients were involved in, and participated in the planning of their care. We reviewed the care plans of six patients. There was evidence to show that patients were involved. However, we found staff had not given three patients their care plan. There was nothing on their care plan to indicate any reason for this, such as refusing a copy or lacking capacity. However, one patient's care plan had been signed by their wife as they did not have capacity to do so themselves. Staff updated patient's care plans monthly as part of their multi-disciplinary team review. We attended the review of three patients. If the patients were unable to get to the room for the review, the doctor went to see them individually and then discussed the patients care with the staff afterwards.

Good

Wards for older people with mental health problems

- Patients were able to access an advocacy service. The provider used a local advocacy service and information was displayed around the ward for the patients. Staff were aware of how to refer to the advocacy service should the patient be unable to do so themselves.
- There was appropriate involvement of families and carers. Families and carers were invited to care reviews. The provider had recently introduced a family and carers forum where, families and carers could provide input into the service.
- The provider held regular patient forums and community meetings. We reviewed the minutes of both the patient forum and the community meeting. This showed that the provider acted on concerns and issues patient's had raised.

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

(for example, to feedback?)

Good

Access and discharge

- The average bed occupancy between June 2016, and December 2016, was 65%. This was due to the service transitioning from a mixed sex ward to an all-male ward. The provider had been slowly reducing the number of female patients. The provider had kept all vacant beds free to maintain compliance with Department of Health guidance on guidance mixed sex accommodation.
- Beds were available when needed for patients within the catchment area. The provider had a long-term plan for bed management. The manager told us they would slowly start increasing numbers of patients over the next six months. The manager told us that they were working with the local care-commissioning group who were supporting their bed management plan.
- Staff did not use patient's beds if they went home for leave.
- Patients were discharged at an appropriate time of day. Since the last inspection, the provider had started using the care programme approach meetings to plan discharge. Families, carers, and care coordinators were invited to these meetings to assist staff in planning discharge.
- The provider did not have any delayed discharges in the six months prior to inspection. Discharges were only delayed for clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. This included an occupational therapy kitchen and a lounge where there were games and where other activities could take place. However, the clinic room did not have enough space to examine patients. Staff would have to do this in patient's bedrooms.
- There were quiet areas on the ward where patients could meet visitors. These included a quiet lounge and a conference room that was staff used to facilitate child visits.
- There was not a phone for patients to use. However, staff told us that patients could use the portable office phone and make private calls in their bedroom.
- Patients had access to outdoor space. Patients could access the garden area, if they would like to get some fresh air.
- The food was of good quality. There was choice of meals for patients. We reviewed the community meeting minutes in which the chef would attend. On one month patients complained that the food was bland. The chef agreed to adjust the seasoning to give it more flavour. The following months, patients commented that this food was much improved.
- Hot drinks and snacks were available 24 hours a day. The provider used special flasks of hot water so patients were able to safely make their own hot drinks.
- Patients were able to personalise their rooms. During the tour of the ward, we saw that patients had brought in their own items to decorate their bedrooms.
- There was access to activities including at weekends. The provider had an activity coordinator who provided the daily ward activities. During the weekends, staff would do activities with patients. There was a full activity programmes on display in the lounge and dining area for the patients.

Meeting the needs of all people who use the service

Good

Wards for older people with mental health problems

- The hospital was on the ground floor therefore, there were no issues with disabled access. All doorways were wide enough for wheelchair access and the corridors were wide so disabled patients would be able to easily move around the hospital.
- There was a patient information pack on display in the lounge area. This contained various information regarding the hospital, local services, patients' rights, and how to complain. This information was in an easy read format. Staff said they could provide this information in different languages if required.
- The provider had access to an interpreter service that they could use if required.
- There was a choice of food available to meet patient's dietary requirements. The chef would regularly meet with staff and attend patient forums and community meetings to discuss menu choices. The provider could also cater for the dietary requirements of patients from different faiths such as halal and kosher foods.

Listening to and learning from concerns and complaints

- The provider had received three complaints in the last 12 months. Two of these were formal complaints and one was an informal complaint. The provider investigated all complaints. However, the provider did not uphold either of the formal complaints. These were both anonymous complaints so the provider was unable to give any feedback to the complainant.
- Patients knew how to complain. Information on making complaints was displayed in the lounge area.
- Staff knew how to handle complaints appropriately. Staff we spoke to explained how they would escalate complaints or concerns to the line manager and that they would then investigate complaints.
- Staff received feedback from the outcomes of investigations into complaints. Staff told us they received feedback during handovers and team meetings. We reviewed the minutes of team meetings as well as the 10 to 10 daily handover meeting and saw that feedback from complaints was a standard agenda item.

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

Good

Vision and values

- Staff knew the provider's visions and values. Staff were able to describe these and also, how they underpinned the work they did by putting the patients and family's first and providing care objectives that reflected the organisations visions and objectives. Senior staff described how they were making improvements to make sure the hospital provided high-quality care.
- Staff told us they knew who the most senior managers in the organisation were. The divisional director visited the service on a regular basis. The divisional director was at the service on the day of inspection. They knew all the staff and patients and chaired the 10 to 10 handover meeting.

Good governance

- The provider had good processes in place for monitoring staffs compliance with mandatory training. The new registered manager had implemented a 90 day plan to improve mandatory training compliance. In December 2016 mandatory training compliance was 56% and on the day of inspection it was 91%.
- The provider had systems in place to monitor staff compliance with supervision and appraisal. The registered manager had introduced a new supervision structure where the manager would supervise nurses, and nurses would supervise support workers. This meant there was more consistency in the providers approach to supervision.
- The provider covered shifts with sufficient numbers of staff of the right grades and experience. We reviewed the duty rotas for the previous three months. This showed the provider was consistently meeting their staff requirements.
- Staff were able to maximise their time on direct care activities. Staff spent the majority of their time in the lounge interacting with patients. Staff would encourage patients to participate in daily activities and were available to support patients with their daily needs or to offer one to one support.
- Staff participated actively in clinical audits. We reviewed various clinical audits such as clinic room checks,

emergency equipment checks, and medication audits, Mental Health Act audit, and infection control audits. Clinical staff were involved in completing all of these audits.

- The provider had systems in place to feedback lessons learnt from incidents and complaints. We reviewed handover meeting minutes, team meeting minutes, and clinical governance meeting minutes. This demonstrated that lessons learnt from incidents and complaints shared with staff at senior level as well as clinical staff on the ward.
- The provider followed safeguarding, Mental Health Act, and Mental Capacity Act procedures. Provider had a Mental Health Act administrator who oversaw the implementation of the act. The provider had policies in place for staff to follow regarding safeguarding and implementing the Mental Capacity Act. However, the policy on the Mental Capacity Act was currently being reviewed and a copy was not easily accessible the staff.
- The provider used key performance indicators to measure productivity and gauge performance. These included medication and the use of as required medication, mandatory training, accident and incident reporting, and budgetary performance. Staff discussed these in team meetings and they were involved in developing plans, where there were issues. We saw evidence of this in team meeting minutes.
- Staff were able to submit items to the providers risk register. Staff told us if they had any concerns they would report it to the manager who would then place these on the risk register.

Leadership, morale and staff engagement

- Staff sickness rate for the past 12 months was 10%. This included both long-term and short-term sickness.
- The provider did not have any cases of bullying or harassment open at the time of inspection.
- Staff knew how to use the whistleblowing policy. Staff told us they would feel confident in using the whistleblowing policy should they have any concerns.
- Staff told us they felt they would be able to raise concerns without fear of victimisation. They told us the manager was very approachable and would listen to any concerns, and investigate and act on these appropriately.
- Staff told us they felt that there were opportunities for leadership development. Staff felt that the provider would support them if they wished to move further on in their careers and that training was available to assist them in this.
- Staff were open, honest and transparent and explained to patients when things went wrong. We reviewed the incident forms the past three months. For example, following a medication error where staff had not administered a patient's medication staff sat down with the patient and explained what had happened.
- Staff had the opportunity to give feedback on the services and input into service development. During team meetings, staff were able to share ideas on how to improve the service. There was also a suggestion box outside the manager's office.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that when patient lacked capacity to make decisions concerning their care that best interest meetings are held and documented within the care records.
- The provider should ensure that they gave each patient a copy of their care plan. However, patient refuses or lacked capacity then these should be documented in care records.
- The provider should ensure that the mental capacity act policy is available for staff at all times.