Requires improvement

Sussex Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RX240	The Harold Kidd Unit	Grove Ward	PO19 6AU
RX2C8	Horsham Hospital	Iris Ward	RH12 2DR
RX2A3	Salvington Lodge	The Burrowes	BN13 3BW
RX2Y5	Lindridge	Brunswick Ward	BN3 7JW
RX277	Meadowfield Hospital	Larch Ward	BN13 3EF
RX213	Mill View Hospital	Meridian Ward	BN3 7HZ

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**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 the wards for older people with mental health problems as requires improvement because:

- Five out of six wards we visited did not meet the Department of Health guidance on eliminating mixed sex accommodation.
- We did not see evidence of regular supervision in the 16 staff files we viewed.

However:

- The trust had taken action to address and manage all of the ligature risks identified on the wards. However, the ligature risk assessment tool did not have dates to show when works would start or be completed by.
- There was good medicines management on all wards we visited.
- There was learning from incidents which resulted in new ways of working in some areas.
- All 16 care plans we read were person centred and included information gathered from patients, carers and other health professionals. However, not all care plans were signed or indicated if patients or carers had been offered or received copies.
- National Institute of Health and Care Excellence guidelines were followed on Larch Ward when prescribing medicines to patients.
- Staff explained patients' rights to them when they were admitted on to the wards we visited. There were notices inside ward entrance doors explaining why they were locked and that patients could speak with staff to discuss if they wanted to leave the ward.
- Section 17 leave records we viewed were up to date.
- The paperwork we viewed for patients who were detained was in date and completed correctly.
- During our visit, staff were kind and caring when interacting with patients.
- Staff told us how they managed care planning in ways which reduced stress to patients with advanced dementia.
- During our visit, we spoke with two carers who said that staff involved them very much in planning care for their family members. This was documented in care plans.
- Some wards focused on carer involvement in their regular staff governance meetings.
- On Burrowes ward, staff offered patients a choice of drinks and food during lunch time.
- Feedback gathered from the trust's patient safety peer reviews and friends and family test showed that carers and patients found staff to be compassionate, caring and kind.

Summary of findings

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

Are services safe?

Requires improvement

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

- Five out of six wards we visited did not meet the Department of Health guidelines for eliminating mixed sex accommodation.

However:

- The trust had taken action to address and manage all of the ligature risks identified on the wards. However, the ligature risk assessment document did not have dates to show when works would start or be completed by.
- There was good medicines management on all wards we visited.
- There was learning from incidents which resulted in new ways of working in some areas.

Are services effective?

Good

We rated effective as **good** because:

- All 16 care plans we read were person centred and included information gathered from patients, carers and other health professionals. However, not all care plans were signed or indicated if patients and carers had been offered or received copies.
- National Institute of Health and Care Excellence guidelines were followed on Larch Ward when prescribing medicines to patients.
- Staff explained patients' rights to them when they were admitted on to the wards we visited. There were notices inside ward entrance doors explaining why they were locked and that patients could speak with staff to discuss if they wanted to leave the ward.
- Section 17 leave records we viewed were up to date.
- The paperwork we viewed for patients who were detained was in date and lawful.

However:

- We did not see evidence of regular supervision in the 16 staff files we viewed.

Are services caring?

Good

We rated caring as **good** because:

- During our visit staff were kind and caring when interacting with patients.

Summary of findings

- Staff told us how they managed care planning in ways which reduced stress to patients with advanced dementia.
- During our visit we spoke with some carers who said that staff involved them very much in planning care for their family members. This was documented in care plans, however care plans were not always signed by patients and carers or an explanation given why they where not signed.
- Wards focused on carer involvement in their regular staff governance meetings.
- On Burrowes ward staff offered patients a choice of drinks and food at lunch time.
- Feedback gathered from the trust's patient safety peer reviews and friends and family test showed that carers and patients found staff to be compassionate, caring and kind.

Summary of findings

Information about the service

The inpatient wards for older adults provided by Sussex Partnership NHS Foundation Trust. All of the functional older adult wards operated as "ageless" services, accepting admissions under 65 years of age alongside older people, providing specific ward criteria were met. All of the wards were mixed gender.

Grove ward at The Harold Kidd Unit in Chichester is a 10-bedded assessment ward for older people who experience dementia.

Iris ward at Horsham Hospital in Horsham is a 12 bedded assessment ward for older adults who experience dementia.

The Burrowes unit at Salvington Lodge in Worthing is a 10 bedded assessment ward for older adults who experience dementia.

Brunswick ward at Lindridge in Hove is a 15 bedded assessment ward for older adults experiencing dementia.

Meridian ward at Mill View Hospital in Hove is a 19 bedded assessment ward for older adults experiencing functional mental health conditions including anxiety, depression and psychosis.

Larch ward at Meadowfield Hospital in Worthing is an 18 bedded assessment ward for older adults experiencing functional mental health conditions including anxiety, depression and psychosis.

Our inspection team

The team comprised: three inspectors, one inspection manager, one assistant inspector, a Mental Health Act reviewer, and a specialist advisor. The team was led by Linda Burke.

Why we carried out this inspection

We inspected this service to find out whether the trust had made improvements to inpatient wards for older people with mental health problems since our last inspection in January 2015.

When we previously inspected this core service in January 2015 we were concerned about:

- patients receiving inappropriate treatment (relates to Larch ward).
- patients being informed about their rights to leave their wards (relates to Iris and Grove wards).
- Whether patients' mental capacity was assessed appropriately (relates to Iris and Grove wards).
- how medication was stored and managed on wards (relates to Brunswick, Burrowes, Iris and Grove wards).
- unlawful control and restraint of patients (relates to Iris and Grove wards).
- wards not meeting guidance on eliminating mixed sex accommodation (Brunswick, Larch, Burrowes, Iris and Grove wards).
- management of ligature risks on some of the wards and how the wards learnt from incidents (relates to Brunswick, Larch, Burrowes, Iris and Grove wards).
- lack of important patient information in care plans (relates to Brunswick, Burrowes, Iris and Grove wards).
- low levels of supervision, appraisal and training for staff (relates to Meridian, Larch, Burrowes, Iris and Grove wards).

We inspected these concerns as part of this responsive inspection. We found improvements had been made and

Summary of findings

requirements were met in most areas of concern. However, five of the six wards we visited did not meet the Department of Health's guidance on eliminating mixed-sex accommodation.

How we carried out this inspection

We carried out this unannounced inspection in order to follow up the areas of concern we had identified in January 2015, we concentrated on three key questions:

- Is it safe?
- Is it effective?
- Is it caring?

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

During the inspection visit, the inspection team:

- visited all six of the wards and looked at the quality of the ward environment and observed. how staff were caring for patients.
- spoke with three patients who were using the service.
- spoke with two carers of patients who were using the service.
- spoke with the managers or acting managers for each of the wards.
- spoke with 30 other staff members; including nurses, nursing assistants, pharmacists, estates manager, an activity co-ordinator and occupational therapist.
- looked at 27 treatment records of patients.
- looked at 16 patient care plans.
- looked at supervision records for 14 members of staff.
- carried out a specific check of medication management on all six wards.
- looked at a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

We spoke to two relatives of patients on the wards. They told us that staff cared for their family members very well. Relatives also told us that staff included them when planning care for their family members on the wards.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that wards comply with the Department of Health requirements for eliminating mixed sex accommodation requirements.

Action the provider SHOULD take to improve

- The provider should ensure that all care plans indicate why a patient has not signed, if a copy has been given to a relative or why a copy has not been given or accepted.
- The provider should ensure that all staff receive supervision and appraisals in line with trust policy and that this is documented in a timely manner.

Summary of findings

- The provider should ensure that all actions on ligature risk logs for all wards indicate whether tasks are pending, being done or have been completed.

Sussex Partnership NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Grove Ward	The Harold Kidd Unit
Brunswick Ward	Lindridge
Meridian Ward	Mill View Hospital
Larch Ward	Meadowfield Hospital
The Burrowes Unit	Salvington Lodge
Iris Ward	Horsham Hospital

Mental Health Act responsibilities

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

- Staff explained patients' rights to them when they were admitted on to the wards we visited. On Grove ward we saw evidence that staff told patients of their rights, however staff did not document this ongoing on patients' files. We spoke with one patient on Iris ward who was aware of their right to leave. There were notices inside the entrance tothe ward doors of Grove and Iris wards explaining why they were locked and that patients could speak to staff to discuss if they wanted to leave the ward. On Grove ward we saw that Mental Health Act reports were in place in the four records seen. On Iris ward the admitting doctor completed forms for capacity to consent to treatment for all patients. However, on one file we saw the form was not signed or dated. We saw evidence in files that patientswho were detained under the Mental Health Act were read their rights.
- On Grove ward Section 17 leave records were up to date and signed.

Detailed findings

- On Grove ward all patients were detained. The detention paperwork we saw on four patient files was in date and completed correctly. On Iris ward all patients were detained except for one who was an informal patient.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in and had good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We viewed 12 DoLS authorisations on the wards we visited. Where emergency authorisations had been granted the service had applied for and received regular authorisation.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

- Five of the six wards we visited did not meet the Department of Health guidance for eliminating mixed sex accommodation. Male and female sleeping areas were not separate on five of the six older adult inpatient wards we visited. Attempts had been made to cluster male and female bedrooms at opposite ends of the ward corridors to work towards gender segregation. Meridian ward had a separate female sleeping area. However, at the time of our visit a male patient had been admitted to one of the rooms in the female sleeping area. Brunswick, Iris and Grove wards did not have separate bathing facilities on the wards for male and female patients. This meant that female patients had to walk past bedrooms and corridor areas occupied by male patients to access bathing facilities. There were no separate female only lounges on Burrowes, Iris and Grove wards. The female only lounge on Larch ward was also used as a general quiet room. To support patients with their privacy and dignity, staff escorted patients when walking to ward bathing facilities and supported them during bathing to manage risks where appropriate.
- Following our visits on 25 and 26 January 2016, the trust confirmed they made a number of urgent changes to meet guidance on eliminating mixedsex accommodation. Brunswick ward will become a male only ward. The trust estimates this will happen by end of February 2016. Iris ward will become a female only ward by end of March 2016. The trust anticipate that Grove ward will become a male only ward by the end of March 2016.
- The trust had taken action to address and manage all of the ligature risks identified on the wards. We viewed a trust wide ligature risk assessment which the estates department developed. This assessment listed all risks on each of the wards we visited and detailed how they were managed, if they were to be replaced or had been removed. However, this document did not show dates when work would start or be completed by. Staff told us that they managed ligature risks on the wards we visited by risk assessing patients when they were admitted to the ward and adjusting observation levels depending on patient risk and need. For example, staff on Larch ward did not give patients at risk of self harm adaptable beds because they had trailing wires which could be used to self harm. All staff we spoke to identified the risk points on their wards and knew how to manage patient risk around these areas. Bathing areas and toilets which had handrails that might be used as a ligature point were locked when not in use. Staff supervised and supported patients when they used those areas. Staff on Grove ward managed risk around the use of clinical waste bags for disposing of personal care items. This meant that nurses carried bags in their pockets which were used for personal care instead of lining bins with clinical waste bags which could be a potential risk for patients. We saw 'policy on a page' laminated cards on wards to remind staff to remember risk and ligature points when working on the wards.

Assessing and managing risk to patients and staff

- There was good medicines management on all of the wards we visited. Medicine checks were carried out routinely on all wards by appropriate members of staff including pharmacists. Pharmacists attended weekly team reviews with a range of professionals. All staff had medication management training. Staff noted patients' allergies on their medicine charts. There were no unused controlled drugs in the clinic cupboard across all wards we visited. Pharmacists removed all medication no longer in use from the wards to be destroyed. All medication we saw was in date and labelled for individual patient use. Staff on all the wards, apart from Brunswick ward wore a red tabard to make sure they were not disturbed by other staff when administering medicines. On the Burrowes Unit staff had developed individual folders for prescribed medicines for each patient.
- Where medicines were needed to be given covertly to patients, this was decided as part of a best interests meeting involving the pharmacist and relatives of the patient. Covert medicines was where staff gave a patient medicine disguised in food or drink when a patient was too unwell to understand why they needed to take it. On

Requires improvement

Are services safe?

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

Burrowes unit staff followed the ward covert medication procedure. The procedure was attached to a prescription chart to support staff with administering this. Best interest plans around the decision to give covert medicines were reviewed weekly. Staff on Iris ward followed covert medication practice in line with trust policy on 11 of the 12 medication charts we saw. One file we saw had been signed by the doctor but not by the pharmacist and the nurse and therefore was not in line with policy. We alerted the staff nurse to this. On Grove ward all decision making about covert medicines was carried out between the pharmacist, consultant and ward manager. However, the four records we saw were not signed by patients' relatives. This meant there was a lack of recorded evidence that staff had spoken to relatives about their family members' covert medicines. However, a relative we spoke to told us that staff involved them very much in decision making about their family member's care and medicines, and they were very aware this was being given covertly.

Reporting incidents and learning from when things go wrong

- The ward managers shared learning from incidents with staff in regular staff meetings. On Larch ward we saw a table developed by the ward manager which showed incidents which happened on the ward. The ward manager monitored the table for trends. For example, a high number of patient falls were recorded on the table and in response the manager developed a falls pilot for staff to ensure that patients got the right support following falls and to prevent further incidents with those patients where possible. On Brunswick ward the staff confirmed that risks were discussed in handover following any incidents that happened on the ward.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- All 16 care plans we read on the wards we visited were patient centred. This meant they listed patients' likes and dislikes and how they or their relatives wanted them to be treated. Staff included patients', relatives' and other relevant health professionals' views in the plans. Staff monitored food and fluid charts in multi disciplinary meetings and via blood tests. On Grove ward the ward manager told us that staff monitored patients' food and fluid intake for the first 48 hours while they were on the ward. However, this was not consistent practice as we saw one file where there was no evidence that staff monitored the patient's food or fluid when they were admitted to the ward.

Best practice in treatment and care

- When we inspected Larch ward in January 2015, patients were routinely prescribed intramuscular injections on admission regardless of their individual needs or presentation. During our visit in February 2016, Larch ward followed the National Institute of Health and Care Excellence (NICE) guidelines in relation to the safe and effective use of medicines to enable the best possible patient outcomes. This meant that staff only gave patients' medication which was prescribed to them by their doctors and this was stored and administered appropriately.

Skilled staff to deliver care

- We did not see evidence of regular supervision in the 16 staff files we viewed. Some staff had supervision two months in a row and some staff had gaps of three or four months in between sessions. Supervision notes were not available on Iris, Burrowes and Meridian wards. Staff and managers we spoke to said that supervision did not always take place as regularly as it should. However staff told us they had access to informal managerial and clinical support whenever they needed it. Not all appraisal records were present on Grove, Burrowes and Larch wards. Appraisal reports were not available on Iris ward. The trust developed a trust wide e-learning programme called My Learning. They also offered classroom based training sessions. On Grove, Iris, Larch and Burrowes wards ,training records were not up to date and showed levels of expired training or low levels of completion for both classroom and the trust's e-learning sessions. Ward managers told us that the completion rates were inaccurate as there was a delay in completed training showing on the e-learning system. Staff told us they sometimes found it difficult to find available computers to use for e-learning. However they found the system helpful as it sent reminders when mandatory training was due.
- Following our visit, the trust wrote to us to confirm they were undertaking a trust wide audit of supervision practice. They also confirmed that they were undertaking work to improve recording of training on their new e-learning system and assured us they would reach their year end e-learning target of 75%. The trust was reviewing delivery of class room based training. They sent us figures showing that current trust wide training completion rates in their nine areas of mandatory training were at 64% which was above the Quarter 3 target of 60%.

Adherence to the MHA and the MHA Code of Practice

- Staff explained patients' rights to them when they were admitted on to the wards we visited. On Grove ward we saw evidence that staff told patients of their rights, however staff did not document this ongoing on patients' files. We spoke with one patient on Iris ward who was aware of their right to leave. There were notices inside the entrance tothe ward doors of Grove and Iris wards explaining why they were locked and that patients could speak to staff to discuss if they wanted to leave the ward. On Grove ward we saw that Mental Health Act reports were in place in the four records seen. On Iris ward the admitting doctor completed forms for capacity to consent to treatment for all patients. However, on one file we saw the form was not signed or dated. We saw evidence in files that patients who were detained under the Mental Health Act were read their rights.
- On Grove ward Section 17 leave records were up to date and signed.
- On Grove ward all patients were detained. The detention paperwork we saw on four patient files was in date and completed correctly. On Iris ward all patients were detained except for one who was an informal patient.

Good practice in applying the MCA

Are services effective?

Good

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

- On the wards we visited there were no records to detail the exact numbers of staff trained in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). On Iris ward there was evidence that best interest meetings were held for patients where appropriate. These were meetings where relevant staff and member of patients' families made decisions for their family members on the ward who did not have the capacity to. The staff followed appropriate DoLS procedures, such as following up DoLS applications with the local authorities. On Iris and Grove wards we saw that Deprivation of Liberty Safeguards (DoLS) authorisations were in place and timely.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- During our visit, staff were kind and caring when interacting with patients. We saw staff speak to patients in an appropriate manner and they always used the patients' names when addressing them. The care plan records documented that staff had spoken to many agencies, such as care homes and community doctors, to get background information about patients so they could develop care plans which were supportive and respectful of patients' likes and dislikes. Staff spoke with kindness and caring when talking about the patients on their wards.
- Staff told us about how they managed care planning in ways which reduced distress for patients with advance dementia. They did this by not giving a copy to these patients as it can be distressing for people who do not realise they have dementia to read they have the illness. This showed us that staff worked with kindness and respect for their patients and their needs.

The involvement of people in the care they receive

- During our visit we spoke to two carers who said that staff involved them very much in caring for their family members. This was documented in the care plans we read. One carer told us that staff asked them for information about their relative's likes and dislikes. The carer told us that they felt listened to in meetings and was fully included in decisions around covert medication.
- Relatives and friends were involved in planning all aspects of patients' care in the care files we viewed. In particular, families had been involved in important issues such as sensitive decisions regarding resuscitation of patients.
- Burrowes, Larch and Iris wards had an agenda item in their regular staff governance meetings to focus on carer involvement. We read that three letters of thanks had been received recently from carers thanking staff for past and present care received by their family members on Burrowes and Iris wards.
- On Burrowes unit we sat in on lunch time in the ward dining room. We saw staff giving patients choice by asking them if they wanted to eat in their rooms or in the dining area and then offering them a choice of where to sit, eat and drink. However, one patient stating they did not want to sit with the other patients while staff gently insisted they sit down with the other patients.
- Feedback gathered through the trust's patient safety peer reviews and friends and family test showed that carers found staff to be compassionate, caring, kind, welcoming and considerate to patients' needs on mixed wards. Patients responded that they felt safe and well looked after and appreciated the support they received from caring staff.
- However, the care plans we scrutinised on Brunswick ward were not always signed or an explanation given as to why they were not signed by patients or their carers. The matron held weekly sessions for relatives to discuss their family member's care plans. This was documented in the care plans we viewed. On Grove and Iris wards staff told us that patients did not sign their care plans because of capacity issues due to their advanced dementia. They also told us they did not give care plans to patients with advanced dementia as they became distressed with the amount of information on the pages. However, they did not record this or reasons why a patient was unable to be involved in writing their care plans. In the Burrowes unit it was clear on four out of the five care plans we saw where patients had declined to sign or where relatives had been offered or given copies of the plans.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises In five out of the six wards we visited there were no separate sleeping areas for male and female patients. Male and female bedrooms were not clustered at opposite ends of the ward corridors. **(Relates to Brunswick, Larch, Burrowes, Iris, Grove.)** Four out of the six wards we visited did not have dedicated female only lounges. **(Relates to Larch, Burrowes, Iris, Grove.)** Four out six wards did not have separate bathing facilities on the wards for male and female patients. This meant that female patients had to walk past bedrooms and corridor areas also used by men to access bathing facilities. **(Relates to Brunswick, Larch, Iris, Grove.)** This was a breach of Regulation 15(1)(c)