

Derbyshire Community Health Services NHS
Foundation TrustWards for older people with
mental health problems

Quality Report

Derbyshire Community Health Services NHS
Foundation Trust
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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)
RY8Y5	Newholme Hospital	Riverside Hospital	DE45 1AD
RY8Y2	Walton Hospital	Linacre Ward	S40 3HW
RY8Y2	Walton Hospital	Melbourne Ward	S40 3HW
RY8Y8	Cavendish Hospital	Spencer Ward	SK17 6TE

This report describes our judgement of the quality of care provided within this core service by Derbyshire Community Health Services 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 Derbyshire Community Health Services NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire Community Health Services NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- Patients and carers were positive about the standard of care and described the care as excellent.
- Wards were clean, clutter free and safe.
- De-escalation techniques such as distraction, talking and guiding patients to quiet areas were widely used to manage patient behaviours.
- Staff undertook both physical and mental health assessments on admission. Staff updated assessments frequently as patient needs changed.
- There was a range of mental health professionals available to patients. All wards had access to psychological therapies and social work input.
- Patients and carers were able to give feedback on the service they received via comment boxes and meetings.

- Access to advocacy was available to all patients on all wards
- Effective and detailed handovers took place on all wards. Handover meetings gave staff the understanding of current patient need.

However:

- Patients were not given copies of their care plans.
- On all four wards there was no systematic recording relating to section 17 leave. We noticed old section 17 leave forms not crossed through.
- Staff did not have access to the computer care recording system used by Derbyshire Healthcare NHS Foundation Trust, therefore did not have access to all patient information.

Summary of findings

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

Are services safe?

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- We saw all the wards were clean, clutter free, had good furnishings and were well maintained. Each ward had cleaning staff who kept furnishings maintained to a high standard.
- There were enough staff on duty for patients to have 1-1 time, escorted leave and managed physical interventions.
- All wards were locked; however, informal patients could leave at will. We saw a notice at all ward entrances, stating the door was locked. However, if an informal patient wanted to leave, they could ask staff to unlock the door. We saw staff followed the Trust's Locked Door Policy.
- Over the past twelve months, Riverside, Linacre, Melbourne and Spencer Wards did not report any serious incidents requiring investigations.

Good



Are services effective?

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- Staff completed a comprehensive and timely assessment on admission. We saw on all wards, patients' notes included various assessments, for example, risk assessment, falls prevention management plans, skin pressure ulcer and continence.
- Ward managers said they would attempt to have one general trained nurse and one mental health nurse on duty, to make sure the patient received holistic care and treatment.
- Staff assessed patients' nutrition and hydration needs using various assessment tools. For example on admission, staff completed Gulp Dehydration Risk Assessments with patients, which assessed the patient's risk of dehydration.

However:

- All ward managers said they did not have access to Derbyshire Healthcare NHS Foundation Trust's computer system, making information sharing difficult when patients were admitted out of office hours.
- On all four wards there was no systematic recording relating to leave of absence section 17 leave. We noticed old section 17

Good



Summary of findings

leave forms were not crossed through. Psychiatrists would give verbal permission for section 17 leave when emergency transfer was required to acute services. No risk assessment was completed prior to section 17 leave.

Are services caring?

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- Carers and relatives said the standard of care on the wards was excellent. They said they were told of any problems their family members were experiencing and kept informed of any changes relating to their care. Carers said they could approach staff and ask questions which were answered.
- Patients were able to give feedback on the service they received. There were comment forms and boxes on all wards and staff said that carers gave feedback about the ward. The admission pack contained a comments/complaints form for patients and carers. Carers gave feedback at the weekly Carer's Café. Patients gave feedback at weekly community meetings, held on all wards.
- All wards had a good range of communal rooms. Patients were encouraged to move freely around the ward and engaged with other patients. Communal areas were used for activities, for example, Spencer Ward held a weekly singing group ran by volunteers and Riverside ward held the Lambkins, pet therapy group.
- Mobile phones were available to patients on all wards to make private calls. However, all ward managers said in some cases, access to a mobile phone was subject to a risk assessment.

However:

- Patients could not access religious books apart from the Bible.

Good



Are services responsive to people's needs?

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- Staff arranged patient discharge at a time that was appropriate to the individual's needs. For example, staff negotiated patient discharge with available family support and negotiated with care providers to arrange the best time and date to discharge the patient. We attended a Section 117 meeting where patients, carers and staff planned visits to residential homes in preparation for discharge. However, the social worker did not attend this meeting, which delayed discharge planning.

Good



Summary of findings

- Ward staff used an external interpreting and sign language service. All staff said they knew how to access this service.
- There was a choice of food to meet dietary requirements of religious and ethnic groups. All staff said they would inform the hospital kitchen staff if a patient had a specific need.
- Staff said all patients had access to spiritual support if requested. For example, Riverside had a minister who visited the ward on a monthly basis. Spencer ward staff encouraged patients to attend community faith groups. There was a bible in every patient's wardrobe.

However:

- All staff said over the past 12 months, there had been delayed discharges. For example, Spencer Ward staff said three patient discharges were delayed due to the lack of social care resources. We saw evidence in patient notes staff experiencing difficulty waiting for funding for placements and finding suitable placements.

Are services well-led?

We rated Derbyshire Community Health Services NHS Foundation Trust as good because:

- Staff knew and agreed with the organisational values, which were quality service, quality people, quality business. Staff demonstrated these values in the way they gave care and support to patients and carers.
- All staff we spoke with said they were positive about the leadership on the older adult mental health wards. They said they could approach management about any issues they had about the service.
- All staff received mandatory training. Newly appointed staff completed mandatory training before they started their employment on the ward. We saw evidence of staff completing mandatory training. Ward managers monitored mandatory training for all staff via an electronic staff recording system.
- The provider used key performance indicators to measure team performance. For example, all wards used training and the Friends and Families Test as performance indicators to measure staff performance.
- All ward managers said they had sufficient authority. For example, they arranged bank staff to meet patient need and staff sickness. Administration staff supported all ward managers.

Good



Summary of findings

- However, qualified and unqualified nursing staff we spoke to did not know who most of the senior management team were. They said they rarely visited the ward.

Summary of findings

Information about the service

Derbyshire Community Health Care NHS Foundation Trust's older adult mental health inpatient Services are provided over four locations within the Derbyshire area.

Riverside Ward, based at Newholme Hospital, Bakewell, is a ten-bedded ward for older people who have a mental health diagnosis. Patients are admitted for up to six weeks for an initial assessment.

Linacre and Melbourne Wards, both based at Walton Hospital, Chesterfield, are 16-bedded wards, which provided acute care for patients with complex needs for up to six weeks for an assessment.

Spencer Ward, based at Cavendish Hospital, Buxton provides respite and care for up to ten patients.

All wards provide a service for patients with predominately an organic mental illness. All are mixed gender wards. Each location has at least one ward manager and one ward sister who provide day-to-day management on the wards.

The Care Quality Commission last inspected Derbyshire Community Health Care NHS Foundation Trust in March 2014. The Mental Health Act Commission inspected Melbourne and Spencer Wards on the 19 January 2015.

Psychiatric services was provided by Derbyshire Healthcare NHS Foundation Trust, under a service level agreement with Derbyshire Community Health Care NHS Foundation Trust.

Our inspection team

Our inspection team was led by: Carolyn Jenkinson, Head of Hospital Inspection

Chair: Elaine Jeffers

Team Leader: Carolyn Jenkinson, Care Quality Commission

The team included CQC inspectors, inspection managers, pharmacy inspectors, an inspection planner and a variety of specialists including:

Clinical Project Manager, Non-Executive Director, Community Children's Nurses, Community Health

Visitors, Dentist, Dietitian, Occupational Therapists, Physiotherapists, Paramedic, Nurse Consultants, District Nurses, Palliative Care Director, GP, Learning Disability Nurses, Specialist Nurses and a Mental Health Act Reviewer.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services 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?

Summary of findings

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

During the inspection visit, the inspection team:

- visited four inpatient wards at the three hospital sites, looked at the quality of the ward environment, and observed how staff were caring for patients
- spoke with five patients who were using the service
- completed two short observational framework for inspection observations (SOFI)
- spoke with the ward managers for each of the wards

- spoke with 16 other staff members; including doctors, nurses and occupational therapists
- interviewed the divisional director with responsibility for these services
- attended and observed one hand-over meeting, one clinical meeting, two multi-disciplinary meetings and one peer supervision meeting
- collected feedback from five carers visiting the ward
- looked at 20 patient records and 30 prescription charts
- carried out a specific check of the medication management on two wards
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients and carers we spoke with were positive about the standard of care their family member received. All five carers said they were very happy with the care and treatment their family member received. They wished their family member could remain on the ward as they had confidence their family member was receiving a high quality service.

Five patients told us they were very happy with the care and treatment they received from all of the wards. All of the ward managers we spoke with said they had not received any complaints from patients and carers over the past year.

Good practice

Staff on Riverside, Melbourne and Linacre Wards, facilitated by the Occupational Therapist, were regional partners in the Dementia and Imagination programme understanding art in dementia friendly communities, ran by Bangor University. The aim of this research programme was to explore the use of visual arts within the dementia community.

Staff attended quarterly safeguarding supervision meetings to discuss current safeguarding referrals and to discuss safeguarding matters.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all patients have copies of their care plans.
- The provider should ensure all staff abide by the Mental Health Act Code of Practice's guidance on the completion of leave of absence (Section 17) forms.
- The provider should ensure ward staff can effectively share patient information with Derbyshire Healthcare NHS Foundation Trust

Derbyshire Community Health Services 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
Riverside Ward	Newholme Hospital
Linacre Ward	Walton Hospital
Melbourne Ward	Walton Hospital
Spencer Ward	Cavendish 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.

100 % of staff on Linacre, Melbourne, Spencer and Riverside wards completed training in the Mental Health Act (MHA) and MHA Code of Practice. Staff we spoke with were clear on the guiding principles underlying mental health legislation.

The Mental Health Act administrator audited all files to make sure detention paperwork was correct and up to date. We saw in the patient notes, staff had told patients

about their rights. We spoke to three patients detained under the MHA. They said they understood how the MHA applied to them and they knew about their rights to appeal.

The paperwork in patient notes relating to the MHA was in good order, however, on all four wards there was no systematic recording relating to section 17 leave. We noticed old section 17 leave forms were not crossed through, therefore patient leave dates was not clear and confusing to the patient and professionals.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, 100 % of staff on Riverside, Spencer, Linacre and Melbourne wards had received training in the Mental Capacity Act (MCA). New staff completed MCA training before they started working on the ward. On every ward there were patients detained under the Deprivation of Liberty Safeguards (DoLS): Linacre – seven patients, Melbourne – five patients, Spencer – four patients and Riverside – one patient.

Staff we spoke with had a good understanding of the MCA and the five statutory principles. They were aware of the MCA policy and procedures. Staff said there were delays in Deprivation of Liberty assessments due to the lack of best interest assessors. Ward administration staff would contact the Local Authority DoLS Team, to obtain an update on referrals.

The multidisciplinary team assessed capacity and consent on admission, then afterwards for specific decisions. There was an annual routine reassessment of mental capacity found in patient's files. We saw evidence of re-assessment of capacity, which was documented either in the legal section of the files, or in the appropriate care plan.

Issues such as restraint were managed within an appropriate legal framework, as the relevant care plans quoted relevant definitions. There were good administration arrangements in place to ensure patients received information on their rights and thereafter. We saw the paperwork used in the MCA audit completed by the mental health act administrator.

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

- All areas of the ward layout allowed staff to observe all parts of the ward.
- There were ligature points on all wards, which were adequately mitigated. Staff regularly reviewed and managed risks to individual patients. For example, Riverside Ward had ligature points, which had been risk assessed with management plans. We saw all wards had ligature audits, which the teams updated frequently. The audits were part of the provider's clinical audit tool.
- All wards were of mixed gender. Male and female sleeping areas were separate on all wards and complied with guidance on same sex accommodation. Male and female bedrooms and bathrooms were in separate corridors, however, we noticed on all wards lounges were mixed. All wards had more than one lounge and quiet rooms for patients to use if requested.
- On all wards, the clinic rooms were fully equipped with resuscitation equipment, refrigerators and medication cupboards. Sample and medication refrigerators were clean; however, we did not see an examination couch in the clinic room. Physical examinations took place in patient's bedrooms.
- Staff checked and cleaned resuscitation equipment daily. Portable electrical appliances had been tested and stickers showed these tests were in date. Staff checked emergency drugs regularly, which were in date. There were three oxygen cylinders in each clinic room, which were full and checked daily.
- The wards did not have a seclusion room.
- All the wards were clean, clutter free, had good furnishings and well maintained. Each ward had cleaning staff who kept furnishings maintained to a high standard. Cleaning records were up to date. Clean stickers were visible and in date. Patients and carers said the standards of cleanliness were good.
- Staff adhered to infection control principles, including handwashing. Staff conducted regular infection control and prevention audits. For example, we saw at Riverside, the infection control nurse visiting the ward

conducting an audit with the ward "infection control champion". We saw on all wards, handwashing facilities were available to patients, carers and staff outside and inside the wards.

- Environmental risk assessments were regularly undertaken. Portable electrical appliances were tested and stickers clearly displayed. The Estates Department checked fire alarms and doors frequently. All wards had access to alarms, which staff knew how to use.

Safe staffing

- The safe staffing audit carried out by the Trust set the established levels for qualified nurses at two per shift. Spencer Ward had three qualified nurses and two health care assistants. Riverside Ward had three qualified nurses and one health care assistant. Melbourne Ward had two qualified staff and five health care assistants. Linacre Ward had two qualified nurses and five health care assistants.
- At the time of inspection, all wards had qualified nursing vacancies. All ward managers said there was a rolling recruitment programme due to the difficulties recruiting staff. Riverside Ward had 0.29 vacancies, Linacre Ward had 3.6 vacancies, Melbourne Ward had 3.1 vacancies and Spencer Ward had .89 vacancies.
- All wards used bank and agency nurses. Ward managers accessed and authorised bank staff via a staff rota computerised system. Bank staff were familiar with the wards as they were employees of Derbyshire Community Healthcare NHS Trust. Use of agency staff was authorised by the matron.
- Ward managers said all bank and agency staff received an induction to the ward.
- From March 2015 to February 2016, the sickness rates for the wards were Spencer Ward 5.65, Riverside 8.37, Linacre 2.78 and Melbourne 5.95.
- Managers were able to adjust staffing levels based on the needs of patients. This was an important issue on the acute wards, Linacre and Melbourne Wards, as these wards had the highest amount of patient beds and challenging environment to manage patient safety.
- There was enough staff on duty for patients to have 1-1 time, escorted leave and managed physical interventions.

Are services safe?

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

- There was adequate medical cover covering all wards. Riverside and Spencer Ward had daily afternoon GP cover and a psychiatrist visited one day a week. Psychiatrists would visit Linacre and Melbourne Wards daily and a physician visited the wards daily in the afternoon.
- All staff had received mandatory training in a range of topics including safeguarding, equality and diversity and moving and handling.

Assessing and managing risk to patients and staff

- There were 93 incidents of restraints on 12 patients between September 2015 and February 2016. The highest proportion of these was on Riverside Ward; with 63 restraints carried out on two patients. We reviewed the situation for the two patients and identified decreasing use of restraint over time. This was documented in the patients' notes. The lowest number of restraints was three restraints on three patients on Spencer Ward.
- Staff used clinical holding techniques on the wards to support patients during personal care. The Management of Actual and Potential Aggression (MAPA) policy covered this. All staff received training in the Prevention and Management of Violence and Aggression training. We found evidence that no prone restraints were used on any of the four wards.
- Staff used various risk assessment tools on admission and during the patient's stay on the ward. For example, Malnutrition Universal Screening Tool, Face Risk Profile, Absconion Risk, Gulp Dehydration Risk Assessment and Continence Full Assessment Tool.
- Staff used blanket restrictions when justified. For example, staff looked for items such as glass picture frames and cigarette lighters to reduce the risk of harm to the patient and others. Staff used a sensitive approach in partnership with the patient and their family.
- Observational policies and procedures were in place to minimise against the risk of harm from ligature and falls. Staff spoke about using four different levels of observation, which varied from arm's length to general observation.
- All wards were locked; however, informal patients could leave at will. We saw a notice at all ward entrances, stating the door was locked. However, if an informal patient wanted to leave, they could ask staff to unlock the door. We saw staff followed the Trust's Locked Door Policy.
- Staff used restraint as a last resort. Staff on all wards used de-escalation techniques such as distraction, talking and guiding people to quiet areas. They saw challenging behaviours as a communication method; staff would spend time with patients trying to understand the reasons for the behaviour.
- The wards did not use seclusion rooms or used long-term segregation, favouring patients to move freely around the ward. Staff used patients' bedrooms for de-escalation, after discussion in the multi-disciplinary team and recorded the decision in the patient's notes. Staff discussed patients' behaviour in the daily handover meetings.
- Over the past twelve months, no ward reported use of rapid tranquilising medication.
- All staff demonstrated a good understanding of the safeguarding process. One hundred per cent of nursing staff and health care assistants completed training in Safeguarding Adults Level 2 and Safeguarding Children. Staff we spoke with knew how to report a concern. All staff attended three monthly safeguarding supervision meetings to discuss safeguarding referrals and current cases. Staff said they felt much supported by the Safeguarding Team.
- There was good medications management practice. Pharmacy technicians and pharmacists attended the wards daily and identified issues with medication. We saw evidence in patients' notes of a pharmacist documenting medication concerns about prescribed medication. All prescription charts seen had medicine reconciliation completed in a timely manner.
- All staff was aware of and addressed any outlier issue. We saw evidence in patient notes, of assessments for falls and pressure ulcers. Staff completed assessments on admission and updated these throughout the patient's stay on the ward.
- There were safe procedures for children that visited the ward. Staff said family visits including children were encouraged, all wards had rooms where children could safely visit their family.

Track record on safety

Are services safe?

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

- From March 2015 to February 2016, Riverside, Linacre, Melbourne and Spencer Wards did not report any serious incidents requiring investigations.

Reporting incidents and learning from when things go wrong

- From March 2015 to February 2016 there were four incidents of trips and falls, two on Linacre and one fall on Spencer and Melbourne Wards respectively. There was one outbreak of diarrhoea that affected patients and staff on Melbourne Ward.
- Staff said ward managers investigated incidents. All staff reported incidents onto a computerised incident reporting system, ward managers investigated these and fed back the outcome to the team.
- Ward managers stated if two trips or falls occurred, they completed a root cause analysis, which looked at similar themes that may have occurred during these incidents. The ward manager presented analysis in a Falls Triangulation Prevention Plan and feedback to the team. The multidisciplinary team updated the patient's risk assessment.
- Staff were given feedback from incidents at meetings, communication books and emails. For example, Spencer Ward staff said they had a "bed head huddle" after an incident to debrief staff.
- Staff gave feedback and information to patients and carers as soon after an incident had occurred and recorded in the patient's notes.

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

- Staff completed a comprehensive and timely assessment on admission. On all wards, patients' notes had various assessments, for example, risk assessment, falls prevention management plans, skin pressure ulcer prevention plan and continence full assessment tools.
- We saw all care plans addressed the assessed patient's needs. We reviewed 20 patient notes and saw care plans regularly reviewed and updated. All care plans were holistic and recovery focussed, covering the patient's physical and mental health needs. Staff said the ideal focus of care planning was to discharge the patient to their homes; however, staff said this was not possible in many cases.
- In five of the care plans, we saw staff did not give patients a copy of their care plan.
- All information needed to deliver care was stored securely and available to staff when they needed it in an accessible form. On all wards, we observed Derbyshire Community Healthcare NHS Foundation Trust staff recorded patient information in paper files. Admission and discharge information was stored on a patient file computerised system.
- Psychiatrists employed by Derbyshire Healthcare NHS Foundation Trust, recorded written information in a separate patient file and used a separate computerised system. Staff said they did not have access to the computerised system used by Derbyshire Healthcare NHS Foundation Trust. Ward staff psychiatrists printed off information found on the computerised system they used and placed it in the patient's paper files.
- We saw separate psychiatry and health care professionals paper files stored together in a locked cabinet, in the nurses' office. All staff members had access to all paper files.
- Qualified staff had access to a patient computerised system, however ward managers said they did not have access to the computer system used by Derbyshire Healthcare NHS Foundation Trust, making information sharing difficult when patients were admitted out of office hours.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence (NICE) guidance CG42 – Dementia; supporting people with dementia and their carers in health and social care. They implemented NICE guidance CG161 Falls in Older People.
- Staff referred patients to psychology as required. Psychological therapies, for example, cognitive behavioural therapy were available for patients.
- Patients had access to physical health care. Riverside and Spencer Wards had a local GP who attended the ward daily in the afternoons. A physical health physician employed by Derbyshire Community Health Services NHS Foundation Trust, attended Linacre and Melbourne Wards on a daily basis. Both the GP's and consultant physician would focus on the patient's physical health needs.
- All wards employed general nurses who specialised in providing physical healthcare for patients. Ward managers said they would attempt to have one general trained nurse and one mental health nurse on duty, to make sure the patient received holistic care and treatment.
- Staff assessed patients' nutrition and hydration needs. We saw staff on all wards using various assessment tools. For example on admission, staff completed Gulp Dehydration Risk Assessments with patients, which assessed the patient's risk of dehydration.
- Staff completed HoNOS to assess and record severity and outcomes. The aim of this assessment was to assess the severity of patients' mental health needs and monitor how the patient was progressing. Staff said this assessment was completed and stored on the computerised patient system with the patient notes.
- All staff contributed to clinical audits, for example, health and safety risk assessment, ligature and infection control. Housekeepers were involved in the dignity and nutrition audit. These audits were part of the audit tool used by the provider.

Skilled staff to deliver care

- All wards had a range of mental health disciplines, which included general, and mental health qualified nurses, health care assistants, occupational therapists, pharmacy and psychiatry. All wards had access to psychology, podiatry, speech and language therapy and social work.
- Staff were experienced and qualified. For example, on all wards qualified nursing staff was general and mental

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.

health trained nurses. Ward managers said they attempted to have one general and one mental health nurse on each shift. This was to ensure patients received a holistic service.

- Health care assistants said they had the opportunity to gain further skills and qualifications such as phlebotomy, dysphagia care and electrocardiogram training. Qualified staff on Riverside, Spencer, Linacre and Melbourne Wards had the opportunity to apply to Learning beyond Registration courses at Nottingham and Derby Universities.
- Ward managers said staff received an appropriate induction. All staff completed a two-week induction course prior to working on the wards. Ward managers had access to an electronic staff records system for their team, which allowed them to see staff progress in completing training and prompted staff to complete their training on time.
- All staff said they received regular supervision, where they were able to reflect on their own practice and incidents that had occurred on the ward. Staff received individual supervision and attended clinical groups discussing patient care.
- We attended a clinical group on Spencer Ward (Team Talk) facilitated by the ward sister. This group was open to all staff to reflect on patient care they provided.
- Managers addressed poor performance through supervision and formal disciplinary procedures. A ward manager described the process stating a "letter of expectation" was given to a staff member about their poor performance.

Multi-disciplinary and inter-agency team work

- On each ward, there was an effective handover at every shift change. We attended a handover meeting. This detailed handover gave staff the opportunity to obtain current information about the patient's needs. For example, staff gave information on skin integrity, moving/handling, continence, daily goals, nutrition and change management.
- There was a standardised format, documenting patient information given to incoming staff. At the end of the shift, staff gave handover notes back to a senior nurse who shredded them.
- Staff spoke about the effective working relationships with care co-ordinators. All staff said care co-ordinators

and workers from mental health teams attended multi-disciplinary team meetings. Mental health workers kept in contact with patients when the patient was placed on the ward, and involved in the discharge process.

- Staff on Spencer ward spoke about the effective relationship they had with social services. Spencer Ward staff said a social worker attended a weekly meeting to discuss patient discharge. However, staff on Riverside, Linacre and Melbourne Wards said generic social workers would attend meetings, not having an understanding about mental health conditions.
- We attended a Section 117 meeting. The multidisciplinary team postponed this meeting due to the social worker not attending. Staff spoke about frequent poor engagement with local authority staff. They said lack of local authority input in meetings had an impact on discharge planning and delayed discharge.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- One hundred per cent of staff on Linacre, Melbourne, Spencer and Riverside wards completed training in the Mental Health Act (MHA) and MHA Code of Practice. Staff we spoke with were clear on the guiding principles underlying mental health legislation.
- On all the wards, there were patients detained under the MHA: Riverside – five patients, Linacre Ward – five patients, Melbourne Ward – five patients and three patients on Spencer Ward.
- The Mental Health Act administrator audited all files to make sure detention paperwork was correct and up to date. We saw in the patient notes, staff told patients about their rights. We spoke to three patients detained under the MHA. They told us that they understood how the MHA applied to them and they knew about their rights to appeal.
- Paperwork in patients' notes relating to the MHA was in good order, however, on all four wards there was no systematic recording relating to leave of absence section 17 leave. We noticed old section 17 leave forms were not crossed through. Psychiatrists gave verbal permission for section 17 leave. For example, verbal permission for section 17 leave when emergency transfer was required to acute services. However, staff did not complete a risk assessment prior to section 17 leave. Patient leave dates were not clear to the patient and professionals.

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.

- Staff referred patients to the Independent Mental Health Advocate (IMHA) service. Staff described how referrals for IMHA's were made. There were posters and leaflets about advocacy services available on the wards for patients and carers.

Good practice in applying the Mental Capacity Act

- At the time of our inspection, 100 % of staff on Riverside, Spencer, Linacre and Melbourne wards received training in the Mental Capacity Act (MCA).
- On every ward, there were patients detained under Deprivation of Liberty Safeguards (DoLS): Linacre – seven patients, Melbourne – five patients, Spencer – four patients and Riverside – one patient.
- Staff we spoke with had a good understanding of the MCA and the five statutory principles. They said they were aware of the MCA policy and procedures.
- Due to the lack of best interest assessors, there were delays in Deprivation of Liberty assessments. Ward administration staff contacted the Local Authority DoLS Team, to obtain an update on referrals.
- Capacity and consent was assessed on admission, and then afterwards for specific decisions. There was an annual routine reassessment of mental capacity found in patient's files. We saw some evidence of re-assessment of capacity, which was documented either in the legal section of the files, or in the appropriate care plan.
- Issues such as restraint were managed within an appropriate legal framework, as the relevant care plans quoted relevant definitions. There was good administration arrangements in place to ensure patients received information on their rights and thereafter. We saw the paperwork used in the MCA audit, completed by the MHA administrator.
- Patients were referred to the Independent Mental Capacity Advocate service and staff described how these referrals were made. There were posters and leaflets about advocacy services available on the wards for patients and carers.

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

- We used the short observational framework for inspection tool (SOFI). We observed on all wards, all the interactions between patients and staff were very positive. Staff sat with patients, provided reassurance and engaged in conversations with patients. For example, on Spencer Ward we saw staff and patients participated in a weekly singing group ran by volunteers. Patients walked freely on the ward, for example, on Riverside ward, we saw staff monitoring patients walking freely from a discreet distance.
- Carers and relatives we spoke with said the standard of care on the wards were excellent. They said they were told of any problems their family members were experiencing and kept informed of any changes relating to their care.
- Carers said they could approach staff and ask questions which were answered. They said their family member was treated with dignity and respect. Three carers we spoke with said they knew how to complain if they had any issues regarding patient care.

The involvement of people in the care they receive

- Patients and carers were welcomed to the ward on admission. Admissions to all four wards were planned. Staff took patients and carers to a quiet place to speak about the ward environment. Staff gave an information pack to patients and carers, which contained leaflets for example, falls, long term conditions programme and complaints.
- We saw patients and carers actively involved and participated in care planning. For example, on Linacre Ward, we attended a Section 117 Mental Health Act

meeting where we saw the patient and carer actively involved and participating in the meeting. We saw the multidisciplinary team actively sought patient and carer's views. Carers said staff listened to their views and concerns.

- Access to advocacy was available to all patients on the ward. Information about advocacy services was displayed on notice boards on all wards we visited. Staff we spoke with knew how to refer a patient to advocacy services. For example, Spencer Ward referred all patients to advocacy services.
- However, staff said patients did not use advocacy services as expected. They said a different advocate would visit the ward, making it difficult for patients to develop a relationship with the advocate. Staff had not discussed this problem with advocacy services.
- Carers and families said they were fully involved in their family member's care. Carers said they were able to ask staff questions about their concerns. On Riverside ward carers said they were able to speak to staff members individually or speak to staff at the weekly Carer's Café.
- Patients were able to give feedback on the service they received. There were comment forms and boxes on all wards and staff said that carers gave feedback about the ward. The admission pack contained a comments /complaints form for patients and carers. Carers gave feedback at the weekly Carer's Café. Patients gave feedback at weekly community meetings, held on all wards.
- We saw advanced decisions in place. For example at the front of patient files on Melbourne and Linacre wards, we saw Do Not Attempt Cardiopulmonary Resuscitation forms. Carers said they were involved in discussing these decisions. Staff said conversations about advanced decision were held on admission.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The Trust made the decision to reduce bed occupancy on all wards due to safe staffing. Beds were reduced on Linacre and Melbourne Wards from 24 to 16 beds. Riverside Ward was reduced from 16 beds to 10 beds and Spencer Ward reduced from 12 to 10 beds.
- At the time of the inspection, Linacre Ward had 13 patients, Melbourne Ward 11 patients, Riverside Ward 10 patients and Spencer Ward 10 patients. Staff we spoke to said wards occupancy was at 90% capacity.
- There were no out of area placements in the last six months. Staff said beds were available for patients in their catchment area and they rarely had out of area patients. A bed was always available for patients returning from leave.
- Patients were not moved between wards during an admission episode unless due to clinical grounds. Staff on Riverside and Spencer Wards said patients who experienced deterioration in their mental state were transferred to the acute wards, Linacre and Melbourne Wards. Patients could be transferred to a ward nearer to their home in order to maintain the relationship with their families.
- Staff arranged patient discharge at a time that was appropriate to their needs. For example, staff negotiated patient discharge with available family support and with care providers to arrange the best time and date to discharge the patient.
- Staff worked with patients and carers towards patients' discharge. We attended a Section 117 meeting where we saw patients, carers and staff plan visits to residential homes in preparation for discharge. However, the social worker did not attend this meeting, which delayed discharge planning.
- All staff said over the past 12 months, there had been delayed discharges. For example, Spencer Ward staff said three patient discharges were delayed due to the lack of social care resources. We saw evidence in patient notes of staff experiencing difficulty waiting for funding for placements and finding a suitable placement for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards had a good range of communal rooms. Patients were encouraged to move freely around the ward and engaged with other patients. Communal areas were used for activities, for example, Spencer Ward held a weekly singing group ran by volunteers and Riverside ward held the Lambkins pet therapy group in the communal areas.
- Mobile phones were available to patients on all wards to make private calls. However, all ward managers said in some cases, access to a mobile phone was subject to a risk assessment.
- All wards had access to outside space. However, patients on Spencer Ward only had access to an outside balcony, as this ward was on the second floor. Staff escorted patients to use this space. Staff said there were enough staff to escort patients to use the balcony.
- All patients and carers said food was of good quality. We saw on all wards, patients made choices for their meals. Staff said kitchen staff food freshly made in the hospital kitchens and delivered to the ward. There was a notice board in the kitchen of all wards that listed patients' allergies and food preferences.
- On all wards, patients had access to cold drinks. However, we saw staff frequently offered patients hot drinks and snacks. On Spencer Ward, patients were encouraged to make their own breakfasts on the ward kitchen.
- Patients personalised their rooms on all wards with pictures and photographs, however staff told us this was subject to a risk assessment.
- All patients had somewhere secure to store their possessions. Staff said on all wards patients stored their valuable possessions in the hospital safe. On admission, an inventory was taken of all patients' possessions.
- There was access to activities. Occupational therapy staff oversaw a variety of activities on all wards. We saw staff encourage patients to engage with individual and group activities. Nursing staff and activity co-ordinators continued with patient activities at the weekend and evenings.

Meeting the needs of all people who use the service

- There was good access on all wards for people with mobility issues. All wards had space for patients with mobility issues to move around the wards safely. There was lift access to Spencer Ward, as this ward was on the second floor. Bathrooms were available with height adjusting reclining baths, hoists and handrails.

Are services responsive to people's needs?

Good 

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

- Staff told us all the patients on all wards spoke English. We saw leaflets in easy read language and in pictorial form. Staff said leaflets were available in other languages if required. Each ward had notice boards with information for example complaints, advocacy and activities.
- Ward staff used an external interpreting and sign language service. All staff said they knew how to access this service.
- There was a choice of food to meet dietary requirements of religious and ethnic groups. All staff said they would inform the hospital kitchen staff if a patient had a specific need.
- Staff said all patients had access to spiritual support if requested. For example, Riverside had a minister who

visited the ward on a monthly basis. Spencer ward staff encouraged patients to attend community faith groups. There was a bible in every patient's wardrobe, we saw no other religious books were available to patients.

Listening to and learning from concerns and complaints

- In the last twelve months, all the wards we visited received no complaints from patients or carers. Spencer Ward had not received a complaint for three years. Patients, carers and their families we spoke with knew how to complain and receive feedback.
- Staff knew how to handle complaints appropriately. On all wards, staff explained the process of how to handle complaints. They said staff would receive feedback on complaints in team and multi-disciplinary meetings.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff knew and agreed with the organisational values, which were quality service, quality people, quality business. We saw staff demonstrated these values in the way they gave care and support to patients and carers.
- All staff we spoke with said they were positive about the leadership on the older adult mental health wards. Leadership on all wards consisted of a ward sister/charge nurse, ward manager and matron, who were responsible for the day to day management of the ward.
- Staff said they could approach management about any issues they had about the service. Ward managers said they have frequent management meetings about the ward.
- Ward management knew who the senior managers were, stating they were supportive and visited the ward. However, qualified and unqualified nursing staff we spoke with did not know who most of the senior management team were. They said the senior management team rarely visited the ward.

Good governance

- All staff received mandatory training. Newly appointed staff completed mandatory training before they started their employment on the ward. We saw evidence of staff completing mandatory training. Ward managers monitored mandatory training for all staff via an electronic staff recording system.
- The provider used key performance indicators to measure team performance. For example, all wards used training and the Friends and Families Test as performance indicators to measure staff performance.
- All ward managers said they had sufficient authority. For example, ward managers arranged bank staff to meet patient need and staff sickness. Administration staff supported all ward managers.
- Staff had the ability to submit items to the Trust's risk register. All ward staff said they were involved in clinical audits, which then contributed to the provider's clinical audit system. However, a minority of staff said after the introduction of the clinical audit system, there were too many audits to complete.

Leadership, morale and staff engagement

- The highest sickness rates were 8.37% on Riverside Ward and the lowest 2.78% for Linacre Ward.
- There were no cases of bullying and harassments on the wards we visited.
- All staff knew how to use the whistle-blowing process and would use it if needed. They were confident to raise concerns without fear of victimisation.
- All staff said morale and job satisfaction was good. For example, a member of staff described the team as happy and caring. Another staff member said it can be stressful at times but staff support each other. Staff said they were able to raise issues with their manager and felt their manager would listen to them and address their concern.
- There was opportunity for leadership development. For example, on all wards, qualified nurses had the opportunity to supervise non-qualified staff and mentor nursing students. Health care assistants had the opportunity to receive specialised training such as electrocardiogram and phlebotomy. Staff had the opportunity to attend training to become Quality Always Champions and cascade information based on auditing to other ward staff.
- Staff were open and transparent and explained to patients if and when something went wrong. For example, the ward manager on Riverside Ward described an incident about an apology given to a family in line with Duty of Candour.
- Staff were offered the opportunity to give feedback on services and input into service development. For example, all staff on Riverside and Spencer, Melbourne and Linacre Wards were "champions" for a specific ward issue such as patient experience, quality and safe care. Information obtained from "champions" would then be part of the quality assurance programme.

Commitment to quality improvement and innovation

- Riverside Ward was involved in the Arts for Dementia programme in partnership with Bangor University. The aim of this research programme was to explore the use of visual arts within the dementia community.