

Good 

North London 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)
TAF72	Highgate Mental Health Centre	Garnet ward and Pearl ward	N19 5NX

This report describes our judgement of the quality of care provided within this core service by Camden and Islington 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.

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

Overall we rated wards for older people with mental health problems as 'good' because:

- The wards were safe, visibly clean and well maintained. Clinical areas and ward environments were bright, airy and hygienic. Furnishings were of good quality and homely. Up to date cleaning records showed that the wards were cleaned regularly. Handrails helped patients to maintain their balance while walking around the wards. There were wheelchairs and bathing facilities specific to the needs of older frail people. The clinic rooms were fully equipped. Resuscitation equipment was accessible and regularly checked. Nurse call bells were in every bedroom, bathroom and communal area. Staff carried alarms to summon help.
- The provider managed risks to patients well on both wards. There were clear lines of sight from the nursing offices. Where there were blind spots, a convex mirror was used to help staff observe the ward. There was a robust policy on the use of patient observations in place. Environmental ligature points (fittings to which patients intent on self-injury might tie something to harm themselves) were mostly addressed and the provider was taking steps to mitigate the risks from these by using the guidance of the trust observation policy.
- Both wards met the Department of Health guidance and Mental Health Act 1983 Code of Practice in relation to the arrangements for mixed sex accommodation. There was a female only lounge on each ward. Every bedroom had its own basin, shower and toilet. Continence equipment was available.
- The wards supported patient recovery. There were easy read signs at eye level height that used both words and symbols. The dining rooms were spacious and welcoming and encouraged people to talk to each other. There were menu options that included the needs of a culturally diverse group of patients. Food was available in pureed, finger and other forms to meet patient need. Mealtimes were protected from distracting ward activities such as medicine rounds and meetings.

- Care records included comprehensive assessments and care plans. Falls prevention plans were in place, both wards used the 'Fallstop' guidance. Pressure ulcer care was led by a tissue viability nurse. Staff used the 'Modified Early Warning Signs' tool to monitor and assess physical health. There was secure and easily accessible patient information stored on electronic systems. Learning from incidents was shared at handovers and team meetings.
- Managers and clinical staff engaged well with patients and carers. Staff spoke kindly with patients and responded to patient needs with discretion and respect. Carers told us they were supported and welcomed onto the wards. Staff knew what potential abuse was and what to do if they had any safeguarding concerns.
- Ward Managers engaged well with their staff. Staff felt supported to raise concerns without fear of victimisation and told us that morale and job satisfaction was good. Staff had regular supervision and an annual appraisal. The ward managers had sufficient authority to run the ward and administrative support to help them. Staff were provided with opportunities for leadership training at ward management level and staff sickness and absence rates were low.

However:

- Staff told us that more staff were needed. There was an unfilled psychology post.
- Staff said they did not know much about the most senior trust managers.
- Some staff did not know where the ligature cutters (equipment to cut safely through materials used to self harm) were kept.
- Some patients said that the behaviours of other patients at times made them feel unsafe.

On Garnet ward;

- Tablet crushers were found with residue from previous medications. Four more sets of tablet crushers were immediately ordered.

Summary of findings

- Patient names could be identified on the spines of files from outside the nursing station.

On Pearl ward;

- Some patients said staff occasionally responded to them in ways that were not helpful or kind.

- The clinic room and fridge temperature records showed gaps in recording, the worst being a week of no monitoring between 15 February 2016 and 22 February 2016.
- Compression stockings prescribed from 21 January 2016 were marked as unavailable. No alternative had been provided.

Summary of findings

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

Are services safe?

We rated inpatient wards for older people with mental health needs as 'good' for safe because:

Good



- The wards had clear lines of sight from the nursing office. Where there were blind spots, a convex mirror was used to help staff observe the ward. There were policies for the use of observation of patients. Environmental ligature points (fittings to which patients intent on self-injury might tie something to harm themselves) were mostly addressed and the provider was taking steps to mitigate the risks from these by using the guidance of the observations policy.
- The Department of Health guidance and Mental Health Act 1983 Code of Practice in relation to the arrangements for mixed sex accommodation were met on both wards. Every bedroom had its own basin, shower and toilet. Call bells were fitted in both the shower area and the bed space itself. Staff carried alarms to summon help in times of need.
- Clinical areas and ward environments were bright and airy, visibly clean and hygienic. Up to date cleaning records showed that the wards were cleaned regularly. The clinic rooms were fully equipped. Resuscitation equipment was accessible and regularly checked.
- The provider had calculated the number and grade of staff needed to care for patients on a normal day. There was always at least one qualified and experienced nurse on the ward at all times. When necessary, regular bank and agency staff were used who knew the ward and patient group.
- Ward managers were able to adjust staffing numbers depending on the patient need on a day to day basis. Escorted leave was rarely cancelled and activities were never cancelled because of staff shortages.
- Responsible clinician cover and junior doctor was always available.
- Eighty-four per cent of staff had attended prevention and management of violence and aggression training, and 88% had attended infection control training.
- Patients were assessed on admission to the wards and records were updated regularly and following any areas of concern.
- 'Fallstop', a risk management tool for falls, was in use in both wards. Prevention of fall training was regular and ongoing. A full time matron for falls and fractures prevention was in post.

Summary of findings

- Assessments were in use to manage the risk of pressure ulcers. A tissue viability nurse was available to give specialist input to the management of pressure ulcers. There was access to specialist pressure ulcer prevention equipment when required.
- Informal patients could leave the ward on request. There was a separate visiting room for children and families that was off the ward.
- Staff knew about safeguarding and what to do if they suspected potential abuse. Learning from incidents was shared at handovers and team meetings.
- There was no use of seclusion or prone restraint.

However:

- Some staff told us that they felt additional staff were needed. There was an unfilled psychology post and both the wards had one nurse vacancy. Garnet ward had three health care assistant vacancies.
- Three nursing staff on each ward did not know where the ligature cutters (equipment to cut safely through materials used to self harm) were kept.
- Some patients told us the behaviours of other patients made them feel unsafe.

On Garnet ward;

- Tablet crushers were found with residue from previous medications. Four more sets of tablet crushers were immediately ordered.

On Pearl ward;

- The clinic room and fridge temperature records showed gaps in recording, the worst being a week of no monitoring between 15 February 2016 and 22 February 2016.
- Compression stockings prescribed from 21 January 2016 were marked as unavailable. No alternative had been provided.

Are services effective?

We rated inpatient wards for older people with mental health needs as 'good' for effective because:

- Care records showed assessments had taken place and were ongoing. Care plans included physical health care needs as well as mental health needs. Patients were able to get specialist care for physical health care problems.

Good



Summary of findings

- Most patient information was stored electronically and could be easily accessed by the multi-disciplinary team (MDT) when needed. The MDT was made up of psychiatrists, activity co-ordinators, pharmacists, nurses and support workers.
- There were opportunities for continuing professional development in line with service need. Staff were appraised annually and had supervision monthly. Team meetings were held weekly. Handovers took place in the morning and evening at the shift changeover.
- There were good relationships with other teams caring for the patient inside the hospital and within the community.
- Patients were assisted to eat and drink when they needed help.
- Patients had access to hot and cold drinks at all times.
- Staff knew about capacity assessment and the Mental Health Act (1983).

However:

On Garnet ward

- The names of patients could be seen on the spines of folders on an open shelf in the nursing office. This was brought to the attention of staff during the visit.

Are services caring?

We rated inpatient wards for older people with mental health needs as 'good' for caring because:

- We observed interactions with patients and saw that staff were discreet and respectful.
- Staff treated patients with care and compassion.
- Staff understood the needs of the patients and talked to them in ways that made sense.
- Carers told us that they were supported and welcomed onto the wards.
- Carers spoke highly of the care their relatives received.
- Information about the life of the patient before becoming unwell was in the patient bedrooms.

However:

- Care plans did not always show the involvement of the patient.
- Two patients on Pearl ward said that staff were not always helpful.

Good



Are services responsive to people's needs?

We rated inpatient wards for older people with mental health needs as 'good' for responsive because:

Good



Summary of findings

- Food choices included options that met the cultural needs of the patients. Food was prepared in a range of ways so that patients could eat it. Patients said they enjoyed the food on offer. The patient led assessment was unavailable. This was because a special dispensation was granted by NHS England for 2015 to the older people's wards due to the ligature work being undertaken during the assessment period.
- Care plans were placed in the patient bedrooms on Garnet ward to provide guidance for staff when caring for the patient.
- Easy read signage was positioned at eye level on both wards.
- Activity coordinators provided activities daily
- Both wards had a number of areas and rooms that supported care, treatment and recovery. The wards had fully equipped clinic rooms, activity rooms, patient kitchens, female only lounges, communal and quiet rooms. Patients on both wards could make private telephone calls. Patients had photographs and objects that they cared about on display in their rooms.
- Pearl and Garnet wards shared a garden area. Recent improvements to the garden area included new paving that reduced the risk of harm from falling.
- Information about meeting spiritual needs, independent advocacy, access to interpreters, making a complaint and local services for carers was displayed.
- Pearl ward held weekly community meetings. Patients could feedback or offer suggestions about changes and improvements they would like.
- Garnet ward held monthly carer group meetings.

However:

On Pearl ward

- Some patients felt the food portions should be larger.
- Some patients said there was a slow response to concerns raised in the community meetings on Pearl ward.

Are services well-led?

We rated inpatient wards for older people with mental health needs as 'good' for well led because:

- Staff knew of and supported the trust vision and values.
- Staff felt supported to raise concerns without fear of victimisation. Staff told us morale and job satisfaction was good.
- All staff had received mandatory training and all had completed an induction to their job role. There was monthly supervision and an annual appraisal process.

Good



Summary of findings

- Staff were provided with opportunities for leadership training at ward management level. Staff told us they had received development opportunities.
- Ward managers had sufficient authority to run the ward and administration support to help them.
- Both wards were using the 'Productive Ward – Releasing Time to Care' materials. The 'productive ward' initiative encouraged staff to think about managing their time well in order to spend more time with patients.

However:

- Most staff told us that they felt that trust senior management were remote and seldom seen on the wards.

Summary of findings

Information about the service

Camden and Islington NHS Foundation Trust has two older people's wards, Garnet and Pearl. The wards are situated at Highgate Mental Health Centre.

Both wards provide care and treatment for patients aged over 65 years. These patients experience complex needs related to dementia and/ or acute mental health needs.

Each ward offered mixed sex accommodation.

Pearl ward provided 14 beds for older adults with acute mental health needs such as depression, anxiety or psychosis. Ten patients were detained under the terms of the Mental Health Act (MHA) (1983), three were informal (meaning they could leave at will). One was subject to Deprivation of Liberty Safeguards (DoLS).

Garnet ward provided 14 bed specialist assessment and treatment for patients with a dementia related illness. Four patients were detained under the terms of the MHA (1983), eight were subject to DoLS and two were informal.

At the time of the inspection both wards were full.

Garnet and Pearl wards were last inspected by the CQC in 2014. There were three compliance actions made at this time. The compliance actions related to:

- consent, DoLS and the Capacity Act (2005) (Regulation 18 HCSA 2008)
- sharing learning (Regulation 10 HCSA 2008) and
- protecting patients from unsafe care and treatment by providing a policy and guidance for managing the risk of falls (Regulation 9 HSCA 2008)

The compliance actions were reviewed as part of this inspection. The provider was found to be compliant during this inspection.

Pearl ward had a Mental Health Act review visit in July 2015 and Garnet ward was visited in October 2015.

Both wards had been newly refurbished. During the period of refurbishment, the wards were relocated onto Jasper ward. Pearl ward had reopened to patients a week prior to the inspection. Garnet ward had reopened to patients a month prior to the inspection.

Our inspection team

Chair: Prof. Heather Tierney-Moore Chief Executive, Lancashire Care Mental Health NHS Foundation Trust.

Team Leader: Julie Meikle, head of hospital inspection, mental health hospitals. CQC.

Inspection manager: Margaret Henderson, inspection manager, mental health hospitals CQC.

The team that inspected older people's in-patient wards comprised an inspection manager, a CQC inspector, a Mental Health Act reviewer, a pharmacist and two specialist professional advisors. All of them had experience of providing these services.

The team would like to thank all those who met and spoke to inspectors during the inspection to share their experience and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

Summary of findings

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 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 both wards and looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with eight patients who were using the service, and collected feedback using comment cards.

- Spoke with seven carers of people who were using the service.
- Interviewed the managers for each of the wards.
- Met with 16 other staff members; including doctors, nurses and senior management.
- Attended and observed one multi-disciplinary team meeting.
- Reviewed in detail 24 care and treatment records of patients.
- Examined nine sets of Mental Health Act (1983) and four sets of Deprivation of Liberty Standards records.
- Inspected six sets of staff files.
- Carried out a specific check of the medication management on the 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

We spoke with eight patients and six carers. Most of the patients we spoke with were positive about their experience of care on the wards.

The majority of patients said staff knocked before entering their bedrooms and were respectful and polite. One patient said that their escorted leave had been cancelled. Some patients said they felt unsafe when other patients were unwell. Patients were looking forward to being able to access the garden once it was completed. Patients enjoyed the food and some would like larger portions. Some patients said they were not involved in the planning of their care. Some patients could not remember receiving a copy of their care plan.

A number of patients on Garnet ward were not able to tell us about their experience of the care and treatment received. However, carers spoke highly of the care and treatment patients received. Carers on both wards said they had been involved when needed in creating care plans with the patient and multidisciplinary team. Carers said they were welcomed onto the ward and kept appropriately informed about the patient. They said the quality of the food offered was good and that they could help at meal times if they wanted to. Carers said they felt confident to raise concerns with staff. All but one said how much the ward environment had improved following the recent refurbishment.

Summary of findings

Good practice

The trust had a robust action plan to reduce the number of patient falls. 'Fallstop' initiatives led by the matron for

the prevention of falls and fractures were in use across both wards. The wards had seen a reduction of 20% in the number of falls since implementing the Fallstop guidance.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that all staff are aware of the location of the ligature cutters.
- The trust should ensure the garden area is completed promptly to allow the more infirm patients access to fresh air.

- The trust should ensure that the clinic and medication storage fridge temperatures are regularly recorded.
- The trust should ensure that individual medical needs are met (for example compression stockings) quickly.
- The trust should involve patients and their carers as much as possible in their individual care plans.

North London 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

Garnet ward and Pearl ward

Highgate Mental Health Centre

Mental Health Act responsibilities

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

Ten patients on Pearl ward were detained under the terms of the Mental Health Act (MHA) (1983), three were informal (meaning they could leave at will). One was subject to Deprivation of Liberty Safeguards (DoLS).

Four patients on Garnet ward were detained under the terms of the MHA, eight were subject to DoLS and two were informal.

Patients had received their rights under section 132 of the Act and these were repeated at regular intervals. All but one set of MHA legal documentation had been completed

correctly, was up to date and held securely. The responsible clinician was informed of the missing information on the one set of notes. This was immediately corrected. The MHA record keeping and scrutiny was satisfactory. The trust monitored the effectiveness of MHA record keeping. For example, the trust carried out regular monitoring audits.

Staff on duty confirmed they had received recent training in the MHA and displayed a good working knowledge of the Act.

Posters were displayed informing patients of how to contact the independent mental health advocate.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust offered mandatory training in the Mental Capacity Act (MCA). Staff attendance at this training was 51% however staff on duty we spoke to had a good working knowledge about the MCA and DoLS.

The care records showed that patient mental capacity to consent to their care and treatment was assessed on their admission and on an ongoing basis as required.

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

- Both wards were visibly clean, bright, fresh and airy with comfortable furnishings suited to the patient needs.
- Each ward had undertaken a major refurbishment to minimise risk from ligature points (fittings to which patients intent on self-injury might tie something to harm themselves).
- Staff minimised risks to patients by using patient risk assessments and observations. A dedicated matron was employed to lead on falls prevention and investigating the causes of fractures.
- Both wards provided mixed sex accommodation and complied with the Department of Health guidance and Mental Health Act 1983 Code of Practice.
- Ward equipment was well maintained. Cleaning records were up to date and demonstrated that the environment was regularly cleaned. Practices were in place to ensure infection control. Staff had access to protective personal equipment such as gloves and aprons.
- Both wards had resuscitation trolleys that were clean and checked on a regular basis. Staff knew how to use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- Nurse call systems were in patient bedrooms and communal areas on the wards.
- Three nursing staff on Pearl ward did not know where the ligature cutters (equipment to cut safely through materials used to self harm) were kept.
- On Pearl ward some patients said staff sometimes responded to them in ways that were not helpful.
- Some patients on Pearl ward told us the behaviours of other patients made them feel unsafe.
- The clinic room and fridge temperature records on Pearl ward showed gaps in recording, the worst being a week of no monitoring between 15 February 2016 and 22 February 2016.

Safe staffing

- There were sufficient numbers of staff on both wards. Both wards worked on basic numbers of two trained nurses and two healthcare assistants (HCAs) during the early and late shifts, with two trained nurses and one HCA at night.
- Each ward had one vacancy for trained nursing staff. Garnet ward had 3.7 whole time equivalent vacancies for HCAs.
- Data provided by the Trust showed 561 shifts in the past twelve months had been covered by bank or agency staff. At the time the data was provided, these figures would have applied to three older people's wards.
- Sixty shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies, leaving the wards short of staff. When wards were short staffed, permanent staff from other wards or the ward manager would undertake the shift.
- Ward managers were able to adjust staffing levels daily to take into account increased clinical needs such as levels of observation or patient escort.
- The average staff vacancy rate for the past twelve months was eight per cent.
- Duty records over the last three months showed there was always a qualified, experienced member of staff on duty on the ward. Regular bank and agency staff were used to ensure that the correct number of staff were on duty.
- Human resources processes were in place to manage staff sickness. Recruitment to vacant positions was ongoing.
- The training matrix demonstrated the majority of staff had completed their mandatory training. Staff who had not completed their mandatory training were scheduled to attend.

Assessing and managing risk to patients and staff

- There were clear lines of sight from the nursing offices. Where there were blind spots, a convex mirror was used to help staff observe the ward.

Are services safe?

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

- There was a robust observation policy in place.
- Environmental ligature points (fittings to which patients intent on self-injury might tie something to harm themselves) were mostly addressed and the provider was taking steps to mitigate the risks from these by using the guidance of the observations policy.
- Care records included comprehensive assessments and care plans. Falls prevention plans were in place. Both wards used the 'Fallstop' guidance. Pressure ulcer care was led by a tissue viability nurse. There was secure and easily accessible patient information stored on electronic systems.
- The wards supported patient recovery. Staff individually risk assessed patients. Individualised risk assessments were detailed and took into account previous history and current mental state. Risk assessments covered medication, physical health and activities. Where there were particular risks, management plans were put in place. Staff updated risk assessments at ward reviews, care programme approach meetings and after incidents.
- Staff understood what might amount to abuse and described in detail what actions they should take in response to any potential concerns. Neither ward had a seclusion room. Staff told us patients used their bedrooms for de-escalation and the management of aggression. These incidents were recorded appropriately. There were no records that showed prone restraint had been used on either ward.
- Eighty-four per cent of staff had received annual training in prevention and management of violence and aggression.
- Both wards had good medicines management systems in place. Staff gave covert medicines (when a patient refuses to take medicine they need to prevent deterioration in their health) in line with trust policy. Covert medicines were given as described in the care plan and following discussions with the multidisciplinary team and carers. However, the tablet crushers on Garnet ward had not been cleaned properly between uses. This was brought to the attention of the manager who ordered four more sets immediately.
- On Garnet ward falls prevention plans included an assessment of falls risks owing to medicines. The trust's falls risk management booklet listed medicines which placed patients at increased risk of falls.
- Staff documented the reasons for omitting medications.
- The pharmacist visited daily to give advice and to check prescription charts. There was low use of antipsychotic and sedating medicines, and no-one was prescribed above the recommended maximum dose. The trust audited the use of hypnotics in 2015 and only 3% of patients on Garnet and 8% on Pearl were prescribed hypnotic medicines.
- On Garnet ward a patient had been prescribed a weekly patch to relieve pain. There was no evidence the site of application was being rotated every three to four weeks according to the instruction, this was to reduce the risk of side effects. The dates of opening three liquid medicines, which had a 28 day expiry once opened, had not been added to the label. This was brought to the attention of staff.
- Compression stockings had not been ordered for a patient on Pearl ward when medically indicated, nor had an alternative been sourced.

Track record on safety

- The trust provided information relating historically to the three older peoples Mental Health wards. This demonstrated there had been ten incidents of restraint, involving five different patients between May and October 2015. One patient with particular needs had been placed inappropriately. This patient had subsequently transferred to a ward more suited to their need. Each incident of restraint was recorded using the trusts incident reporting system.
- Staff knew the falls prevention and intervention guidance. Both wards were part of the 'Fallstop' campaign. Staff attended monthly falls awareness days. The Matron for falls and fractures prevention provided teaching sessions. Staff had access to risk management booklets for patients with assessment, blood pressure, pulse, medications and pharmacy sections and a post falls risk assessment protocol.

Are services safe?

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

- Staff used the 'Modified Early Warning Signs' (MEWS) tool on both wards. Staff recorded physical observations using the MEWS ratings to make a decision about further action they should take.
 - Discussions took place locally at monthly team meetings about service-wide incidents. There were weekly multidisciplinary meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
 - Ward managers told us they provided feedback in relation to learning from incidents to their teams in weekly team meetings and handovers.
 - Ward managers told us of the need to inform patients and their carers of errors in care delivery.
- Reporting incidents and learning from when things go wrong**
- Staff used the electronic system to report incidents and understood their role in the reporting process. Each ward had access to an online electronic system to report and record incidents and near misses.

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 undertaking assessments and care planning had received training in dementia awareness. Care records for patients receiving care and treatment in the older person inpatient wards showed patient needs were assessed. Referral systems were in place to access services such as podiatry, dentists and tissue viability nursing. Care plans were holistic and recovery orientated, and included patient views where possible. Some patients had a copy of their care plan.
- Patient physical health needs were identified. Physical health examinations and assessments were documented by medical staff following the patient's admission to the wards. Ongoing monitoring of physical health care problems was taking place. Care plans told staff how to meet patient physical health care needs.
- Staff used the electronic recording systems but some paper records still existed such as current paper care plans provided to patients. These matched the patient's electronic records. Records were stored securely and available to staff when they needed them.

Best practice in treatment and care

- Medical and nursing staff said they followed National Institute for Health and Care Excellence and prescribing guidance when caring for patients, for example managing pressure ulcer care.
- Patients accessed a range of physical healthcare services including podiatrists, dentists, tissue viability nurses and opticians.
- Patient's nutrition and hydration need were met. There was a choice of food and drink prepared and served in ways that encouraged patients to eat and drink. Patients could access hot drinks on request. Patients were regularly weighed. Action was taken, for example nutritional supplements were offered, when concerns were identified.
- There was specialist equipment available to those patients at risk of falling that included the use of low rise beds.

- Staff monitored and reported pressure ulcers. There was access to a tissue viability nurse and equipment such as pressure relieving mattresses was available to protect 'at risk' patients from developing pressure ulcers.
- Outcomes for patients using the services were monitored and audited. This included the monitoring of key performance indicators such as length of stay.

Skilled staff to deliver care

- There were skilled mental health professionals employed to deliver care. Each ward had a dedicated responsible clinician who was a psychiatrist.
- Each relevant member of staff had received dementia awareness training.
- The matron offered training sessions supported by the Fallstop guidance.
- Staff had been offered developmental opportunities. For example the mental health act team offered mental health law training and one staff member had been offered leadership training.

Multi-disciplinary and inter-agency team work

- There was good multi-disciplinary team (MDT) input to the wards, including psychiatry, specialist nurses (including tissue viability nurses), physiotherapists, dietician, pharmacy, and activity coordinators. Multi-disciplinary team meetings and ward rounds provided opportunities to assess whether the plan of care was meeting patient need.
- Staff worked closely with community colleagues. For example care co-ordinators attended MDT meetings whenever possible.

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

- All qualified staff we spoke to told us they had received training in the MHA.
- Systems were in place to ensure compliance with the Act and adherence to the guiding principles of the 2015 MHA code of practice. The trust ran a mental health law training programme that is not mandatory that covers the MHA.
- On each ward, we found that MHA paperwork had been completed correctly apart from one instance. This was

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.

rectified immediately. There was administrative support to ensure paperwork was up to date and held appropriately. There was a clear process for scrutinising and checking the receipt of MHA paperwork. MHA record keeping and scrutiny was satisfactory.

- Staff read, explained and repeated at regular intervals patient rights (under section 132 of the MHA).
- There was a trust wide MHA team available to give advice.

Good practice in applying the Mental Capacity Act

- Trust data provided showed a low uptake of MCA and Deprivation of Liberty Safeguards training at 51%. All staff spoken with showed a good understanding of capacity and DoLS.

- Care records showed that patient mental capacity to consent to their care.
- Patients were supported to make their own decisions wherever possible. When they could not, carers were consulted and involved so that decisions were made in the patient's best interest.
- Posters were displayed informing patients and carers how to contact the independent mental health advocate and independent mental capacity advocate and the Care Quality Commission.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- We noted that staff treated patients with care and respect and communicated in ways patients understood.
 - Staff knew of individual needs and concerns, and spoke respectfully about patients.
 - Most patients told us they were treated with respect by staff.
 - We saw when staff helped patients with their personal care, this was done in private and patient dignity was maintained.
 - The activities coordinator arranged things to do on each ward, for example a newspaper group and a quiz that encouraged good interaction between staff and patients. Other activities included cooking, arts and crafts, gardening and music sessions.
- ### The involvement of people in the care that they receive
- Patients views were sought wherever possible and families were actively involved from an early stage after admission. However some care plans did not reflect this.
 - Staff on Pearl ward organised regular community meetings. Meeting notes recorded what had been discussed. Patients talked about menus, ward environment, activities, planned events and were asked for feedback. Some patients said that actions were slow to be taken following suggestions and feedback from the community meetings.
 - Carers meetings were held on Garnet ward.
 - Staff took care to orientate the patient to the ward following admission.
 - Carers told us they were welcomed and supported on the wards. Information posters were displayed about advocacy
 - Patients were invited to the multi-disciplinary reviews along with their family where appropriate.
 - Visiting hours were in operation and there was a separate room for patients to see their visitors.
 - Carers were encouraged to attend at mealtimes if they wished to assist patients to eat and drink.

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 bed occupancy rate from 01 May 2015 to 31 October 2015 was 95% on Garnet ward and 91% on Pearl ward. The average length of stay on Garnet ward was 68 days and 37 days on Pearl.
- The trust informed us that there were no out of area placements.
- There was access to a bed on return from leave. When patients were moved or discharged this happened at an appropriate time of day. Staff told us there were delays in discharge planning due to a lack of appropriate placements. The trust held a weekly bed management meeting to address this.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had a range of rooms and equipment to support treatment and care. There were clinic rooms to examine patients and activity and therapy rooms. There were quiet areas on the ward. There was a room set aside on site where patients could meet visitors.
- Each ward had an activity coordinator and activity programme. Ward staff on duty ran activities at weekends. The programme included activities such as creative crafts, music and movement, relaxation, community meetings, baking and gardening.
- Staff unlocked doors on the main entrances to allow informal patients to leave the ward on request. There was a poster on the door telling informal patients what to do if they wished to leave the ward.
- Staff carried personal alarms to summon help when needed.
- Staff supplied the ward mobile phones to patients on request. On Pearl ward there was a patient telephone in a private area.
- Both wards had access to garden areas leading off from the wards. They provided a spacious area for patients to be able to walk, share time with carers and to enjoy fresh air. At the time of the inspection the garden area was not able to be used by patients as the refurbishment was not yet complete.

- Patients were able to personalise their bedrooms. Each patient on Garnet ward had a copy of their care plan in their room.
- On Garnet ward patients names were visible on the spines of files held on an open shelf in the nursing station. This potential breach of confidentiality was immediately brought to the attention of the ward manager. We were assured that the trust would review this.
- Staff were identified as individual ward 'champions' for falls, dignity and safeguarding.

Meeting the needs of all people who use the service

- The hospital had made adjustments for people needing disabled access and facilities. There were handrails around the ward. There were wheelchairs available and specialist bathing equipment. Each ward had a designated bedroom for disabled patients.
- There was easy read signage on both wards. Bedroom doors had pictures that reflected patient interest to help them locate their own bedroom.
- There was a number of leaflets available telling patients how to make a complaint, how to get in touch with advocacy services, local carer groups and about individual treatments.
- Spiritual needs were addressed by visits to the wards by individual faith leads or by patients attending their place of worship. Two patients we spoke with said they wanted to see a Roman Catholic priest. We told the ward manager of this request.
- Trust wide interpretation services were available if required.

Listening to and learning from concerns and complaints

- Staff knew how to help patients make a complaint. Both wards used the trust's complaints system. Information about the complaints process was available on notice boards.
- The ward managers told us they shared learning from the outcomes of complaints with staff during staff meetings.
- There were six complaints relating to the three historic older people wards from November 2014 to November

Are services responsive to people's needs?

Good 

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

2015. Two complaints were upheld and two were partially upheld. Three complaints related to Jasper ward (now an acute ward), two to Garnet and one to Pearl. This was prior to the refurbishment and reconfiguration of patient groupings. These had been appropriately investigated by the trust.

- 'Thank you' cards and letters from patients and carers were displayed on the notice boards.

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 told us they were aware of the trust vision and values.
- There were vision and values statement posters unique to each service displayed

Good governance

- Governance committees and mechanisms were in place that supported the delivery of the service.
- Incidents were reported through the trust's electronic incident reporting system to be reviewed.
- The governance system relating to the Mental Health Act 1983 (MHA) was robust.
- The trust had an on –site dedicated MHA Team to help with any legal or administrative issues.
- Trust wide audits were taking place and we saw evidence of hand hygiene and infection control audit at ward level.
- Cleaning and medication audits were taking place.

Leadership, morale and staff engagement

- The wards appeared to be well managed. Staff said ward managers were approachable and supportive.
- We found local teams within the hospital and in the community worked well together and were enthusiastic.
- Lines of communication from trust board to ward were not clear to front line staff.

- Staff told us that they felt part of a team and received support from each other. All staff we spoke with said they felt valued by their immediate line manager.
- Staff were aware of the trust whistle blowing policy. This meant that staff could raise concerns about practice.
- Staff could access an employee assistance programme for additional support.
- There was no evidence of bullying and harassment taking place. Staff sickness and absence rates were being managed by ward managers with human resource support.
- Staff recruitment was ongoing.
- All staff were required to complete an induction programme that included shadowing experienced staff and orientation to the ward.
- Staff told us there were opportunities for leadership development.

Commitment to quality improvement and innovation

- Improvements in the quality of the service included making the environment more dementia friendly on Garnet ward. Use of the modified early warning system improved outcomes for patients on both wards.
- Both wards were involved with the 'productive ward – releasing time to care' initiative. This initiative encouraged staff to maximise time to spend with patients.