

Good**North East 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)
RATWD	Woodbury unit	Woodbury unit	E11 1NU
RATY1	Sunflowers Court	Stage ward	IG3 8XJ
RATY1	Sunflowers Court	Cook ward	IG3 8XJ

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

Our overall rating of wards for older people improved. We rated it as good because:

- The trust had made improvements since the previous inspection in April 2016. At our previous inspection of wards for older people in April 2016, we found that the trust was in breach of Health and Social Care regulations. These breaches were in relation to safety, dignity and respect and staffing. At this inspection, we found that the trust had taken appropriate action to improve the service.
- There was now a robust system in place to reduce the risk of falls. Patients were now able to access their bedrooms at any time as they wished. The trust had improved ward premises. The wards had been redecorated, there was new furniture and the risk to patients from ligature points had been reduced. Patients on all wards now had easily accessible call bells to alert staff if they needed support. Staff understood the legal requirements of the Mental Health Act. Patient privacy and dignity was promoted.
- Staff thoroughly assessed patients in relation to their physical and mental health when they were admitted to the ward. Staff screened patients for risks in relation to falls, skin care, continence and nutrition. Staff worked in partnership with the patient and their carer to develop care plans which reflected the patient's choices. Staff liaised with a geriatrician and other clinical specialists to ensure care and treatment was effective.
- Staff checked the physical health of patients each day and took action to address any deterioration in the patient's health. Multidisciplinary team work was effective and care plans addressed patients social and rehabilitation needs. Staff were experienced and well-trained.

- Patients were encouraged to be as independent as possible. There was a range of activities available on the ward. Discharge planning was effective for almost all patients. The trust worked with other agencies to manage delayed transfers of care.
- Staff were kind and caring. They were able to communicate well with older frail people. Staff welcomed carers onto the wards. Staff gave carers appropriate support and advice.

However:

- Patients on some wards were accommodated in shared bedroom areas which compromised their privacy and dignity.
- Some ward layouts did not allow staff to readily observe all areas and whilst the risks associated with this were mitigated through observations, the trust had not considered the use of aids such as convex mirrors to improve visibility.
- Whilst the take up of mandatory training averaged over 80% in most areas, there were two exceptions. Ward managers were taking action to ensure staff attended any courses they had not yet completed. We did not see that lower compliance levels with these mandatory training courses had impacted upon the quality and safety of care and treatment being provided.
- Whilst learning from incidents was taking place in team meetings, the template to record team meetings did not allow for the recording of these discussions. This meant that staff who could not attend the team meeting could not readily access this information in one place.

Summary of findings

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

Are services safe?

Good



Our rating of safe improved. We rated it as good because:

- The trust had taken action to improve the safety of the wards. Ligature points had been reduced. There were dates for completion of work to eliminate ligature risks on the wards. Call bells were in easy reach of patients.
- Staff now had robust arrangements to protect patients from the risk of falls. Staff carried out thorough risk assessments when patients were admitted to the wards. Staff took action to manage identified risks and ensured patients were as safe as possible.
- The wards were clean and staff followed infection control procedures.
- Staff reported adverse incidents and the trust ensured incidents were investigated. Staff learnt from incidents to improve the service.
- The wards were well-staffed. Staffing levels were consistently maintained. Patients promptly received care and treatment.

However:

- Some ward layouts did not allow staff to readily observe all areas and whilst the risks associated with this were mitigated through observations, the trust had not considered the use of aids such as convex mirrors to improve visibility.
- Whilst the take up of mandatory training averaged over 80% in most areas, there were some exceptions. On Cook ward, management of violence and aggression on Cook ward take up was 71%, and at the Woodbury unit, training on safeguarding adults take up was 69%. Ward managers were taking action to ensure staff attended any courses they had not yet completed. We did not see that lower compliance levels with these mandatory training courses had impacted upon the quality and safety of care and treatment being provided.

Summary of findings

- Whilst learning from incidents was taking place in team meetings, the template to record team meetings did not allow for the recording of these discussions. This meant that staff who could not attend the team meeting could not readily access this information in one place.

Are services effective?

Our rating of effective improved. We rated it as good because:

- There were now more effective multidisciplinary teams on each ward which included input from a psychologist. Patients and carers received a range of suitable care and treatment interventions.
- All care plans were now comprehensive and recovery focused. Staff supported patients to move on from the ward.
- Staff received care and treatment in relation to their physical health needs. Staff teams worked in partnership with health specialists to deliver personalised care and treatment.
- Managers provided training and support which enabled staff to meet patients' complex needs.
- Staff on all wards had now received training in the Mental Health Act.

Good



Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with respect and kindness. Staff understood how to communicate with patients who may have memory problems or communication difficulties.
- Staff obtained information from patients and their carers and families about their interests, needs and preferences. Staff used this information to ensure care was personalised.
- Staff gave carers information and support. Carers were made welcome on the wards. Staff involved them in planning the patient's care, treatment and discharge from the ward.

Good



Are services responsive to people's needs?

Our rating of responsive improved. We rated it as good because:

Good



Summary of findings

- All ward environments were now suitable for older frail people. There was clearly visible signage on the wards. Visual symbols and bright colours were used to help patients find their way around the wards.
- The trust had replaced bedroom doors on Cook ward so that patients could have privacy. Patients could go to their bedrooms any time they wished.
- Patients were offered a choice of activities on the wards. Patients and carers could easily give feedback on the quality of their experience and their concerns and complaints were addressed.
- Staff supported patients to move on from the wards. The trust worked in partnership with other agencies to resolve any transfers of care.

However:

- Patients on some wards were accommodated in shared bedroom areas which compromised their privacy and dignity.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Ward managers now ensured there were thorough and effective checks on the quality of the service. For example, checks were made to ensure risk assessments were completed thoroughly as soon as patients were admitted to the ward.
- Ward managers were experienced and led staff teams effectively. Staff told us they were given the opportunity to improve and develop the service.
- Staff had the opportunity to develop their leadership and clinical skills.

Good



Summary of findings

Information about the service

North East London NHS Foundation Trust provides three inpatient wards for older people with mental health issues. These are the Woodbury unit, Stage ward and Cook ward. Although the majority of patients admitted to the wards are over 65, some patients are younger. Patients on the wards are diagnosed with organic and functional mental health conditions. Patients may have organic conditions such as dementia and functional mental health conditions including depression, anxiety

and psychosis. Additionally, patients are only admitted to the ward if they are frail or physically unwell. Patients on the wards are likely to require help with personal care and have difficulties with mobility.

The Woodbury unit is a 21 bed older adult acute mental health ward for 15 men and six women. The ward is based in Leytonstone. Stage ward is an older adult acute mental health service for ten men. Cook ward is a 20 bed older adult acute mental health ward for women. Both these wards are based at Sunflowers Court, Goodmayes Hospital.

Our inspection team

The inspection team comprised one CQC inspector, one specialist advisor who was a psychiatrist with a background in the mental health of older people, a nurse specialist advisor who had a background in the mental

health of older people and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services.

Why we carried out this inspection

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We undertook this short notice announced comprehensive inspection in August 2017 to find out whether North East London Foundation NHS trust had made improvements to wards for older people since our last comprehensive inspection of the trust in April 2016.

At our last comprehensive inspection of the trust, in April 2016, we rated wards for older people as requires improvement overall. We rated wards for older people as require improvement for safe, effective, responsive and well led. We rated the caring domain as good.

Following the April 2016 inspection we told the trust that it must take the following actions to improve wards for older people:

- The trust must improve upon the prevention and management of falls on wards for older people.

- The trust must ensure that patient dignity and privacy are maintained by reviewing the viewing hatches on patient bedroom doors and enable patients access to their bedrooms in the day.
- The trust must ensure that any changes that are made to ward procedures as a result of learning from a serious incident is applied consistently across the wards.
- The trust must ensure that there is an adequate alarm system in place in all patient bedrooms and ensuite shower rooms so that patients can alert staff in the event of an emergency or urgent need.
- The trust must ensure that the ligature risk assessment clearly specifies when the work to remove ligatures will be completed by.
- The trust must ensure that all staff have Mental Health Act 1983 training.

As a result of the concerns raised during the April 2016 inspection, we issued the trust with a warning notice in

Summary of findings

relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act, 2008. We issued the trust requirement notices for Regulation 18 (Staffing) and Regulation 10 (Dignity and respect) of the Health and Social Care Act, 2008.

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 wards for older people.

During the inspection visit, the inspection team:

- visited all three wards for older people; the Woodbury unit located in Leytonstone, Stage ward and Cook ward located in Sunflowers Court on the Goodmayes hospital site
- we checked the quality of the ward environment and observed how staff were caring for patients
- observed how staff interacted with patients during activities and at mealtimes

- spoke with 11 patients who were using the service
- spoke with seven carers of patients who were using the service
- spoke with the manager for each of the wards
- spoke with 17 other staff members; including doctors, nurses, support workers, occupational therapists and psychologists
- attended and observed three shift hand-over meetings and three multidisciplinary meetings
- collected feedback from 19 patients and carers using comment cards
- reviewed 16 care and treatment records of patients
- carried out a specific check of the management of medicines on the wards, which included reading 22 medicines administration record charts and arrangements for the storage of medicines
- reviewed a range of policies, procedures and other documents relating to the operation of the service

What people who use the provider's services say

We spoke with 11 patients and seven carers. We collected 19 comments from patient feedback cards. We read feedback collected by the trust about the service.

- Patients and carers were very positive about the attitude and behaviour of staff. They said staff were caring, patient and kind. They told us that staff had the skills and knowledge to respond to the needs of frail older people.

- Patients and carers told us that they found the ward environment to be comfortable and suitable for their needs. Carers told us staff made them feel welcome on the wards and involved them in decision making. They said staff gave them the support and information they needed.

Summary of findings

Good practice

- The staff team on Stage ward had been commended for their outstanding contribution to nurse training by nurse tutors.
- The staff team on Cook ward had won a national award in recognition of their work to improve the ward environment for older frail patients.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should develop plans so that all patients are accommodated in single bedrooms to ensure their privacy and dignity.
- The trust should consider ways of improving how staff can observe patients in the corridors of the wards.
- The trust should ensure that all staff complete mandatory training.
- The trust should review the template for team meetings to ensure that learning from incidents is always documented.

North East 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
Woodbury unit	Woodbury unit
Stage ward	Sunflowers Court
Cook ward	Sunflowers Court

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.

- The trust complied with the requirements of the Mental Health Act. All staff in the service had received training in the Mental Health Act and the guiding principles of the Code of Practice.
- The trust provided ward staff with administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff had recorded in care records that detained patients had been appropriately informed of their rights.
- Staff verbally informed patients about independent mental health advocacy and gave patients written information about it. There were also posters in the wards about the independent mental health advocacy service on the wards. Patients told us independent mental health advocates came to the ward to visit them.
- Detention papers were stored in the Mental Health Act administrator's office. Documentation authorising leave for detained patients were readily accessible on each ward.
- All the wards displayed a notice to tell informal patients that they could leave the ward freely.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- On wards for older people, all staff had received training in the Mental Capacity Act. Staff understood the key principles of the Act and put these into practice when providing care and treatment. Staff ensured patients who may have had impaired mental capacity were able to make their own decisions as much as possible. For example, we saw that staff took the time to explain the different choices patients had in relation to meals and drinks.
- At the time of the inspection, there were three patients on wards for older people who were subject to deprivation of liberty safeguards. The trust had policies and procedures in place in relation to the Mental Capacity Act and the deprivation of liberty safeguards. A Mental Capacity Act lead was available to advise staff and ensure legal requirements were met.
- Care and treatment records for all patients, including those detained under the Mental Health Act, included assessments of the patient's mental capacity to make specific decisions about their care and treatment. For example, there was always a record of a patient's capacity to consent to their medical treatment and medicines.
- When patients were assessed as lacking the mental capacity to make a specific decision, staff made decisions in their best interests, which recognised the importance of the patient's wishes, feelings, culture and history. Staff obtained information from the patient's family about what was important to them and their preferences. Staff used this information when planning the patient's care and treatment, and when supporting them with their diet and planning how they spent their time.

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

Safety of the ward layout

- On Woodbury, Stage and Cook wards staff kept records of environmental checks they carried out at the beginning of each shift. These records showed that staff checked all areas of the ward for hazards and ensured any maintenance issues were promptly followed up. For example, on Stage ward, there was immediate action to repair a toilet.
- The layout of all of the wards did not allow staff to easily observe all parts of the ward from the nurses' station. There were no mirrors in corridors which may have assisted staff to observe patients more easily when they were moving around the ward.
- Risks associated with ligature anchor points were appropriately mitigated. At the previous inspection of Woodbury, Stage and Cook wards in April 2016, we found that the trust did not have a completion date for works to address potential ligature anchor points. At this inspection in August 2017, we found that the trust had taken action since the last inspection to reduce ligature risks. For example, on Stage ward some fittings which posed a risk had recently been removed from patient bedrooms. We received information from the trust on the planned completion dates for ligature removals and major refurbishment of Stage and Cook wards. Work was scheduled to be completed by 31 December 2018.
- At this inspection in August 2017, we read the trust's current ligature risk assessment and action plans for each ward. From the risk assessment, a 'ligature map' was developed which showed the location of each risk on the ward. Staff told us that an experienced member of staff took new staff around the ward and used the 'ligature map' to point out areas of risk. Staff told us they were familiar with the ligature risks on the wards they worked on.
- Stage and Cook were single sex wards. Woodbury was a mixed sex ward; however, the layout meant that it complied with guidance on same sex accommodation. On this ward there were separate areas for the male and female bedrooms and bathrooms. Woodbury ward also had a designated female only sitting area.
- At the previous inspection in April 2016, we found that patients on Cook ward were at risk because ensuite bathrooms did not have a call bell. At the August 2017 inspection, we found that the trust had addressed this. We saw that a new call bell system was in place on Cook ward. Patients were able to call for help from their bedroom and ensuite bathroom. Appropriate call bell systems were in place on Stage and Cook wards.
- On all of the wards staff used mobile alarms when working in the wards. Staff told us they felt safe when working on the wards.
- Fire drills were carried out every two months on wards for older people. The drills were observed by the trust's fire safety officer who wrote a report commenting on the actions of staff and making any recommendations for improvement. We read the report on the fire drill held on Stage ward in June 2017, which noted that staff had carried out the evacuation of patients from the ward effectively and calmly.

Maintenance, cleanliness and infection control

- We observed that Woodbury, Stage and Cook wards were clean and free from unpleasant odours throughout all areas used by patients and staff. All furniture and fittings were in good condition. The walls, floors and windows were well maintained.
- The latest patient-led assessments of the care environment survey scores for condition, appearance and maintenance were 90% for Stage and Cook wards and 89% for Woodbury ward. For cleanliness the scores were 99% for all three wards.
- All areas of the ward were cleaned daily. Domestic staff completed a record of the areas of the ward which they had cleaned. These records were fully completed and up to date.
- Staff put into practice trust procedures in relation to infection control. We observed that staff followed these guidelines when washing their hands. Each of the wards

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had an infection control lead. They carried out an infection control audit each month which included observations of how staff carried out infection control procedures.

Clinic room and equipment

- Staff on Woodbury, Stage and Cook wards had access to appropriate equipment for immediate life support. This included resuscitation equipment and emergency drugs. On each ward there was an oxygen cylinder which had been recently checked. There was an emergency 'grab bag' containing adrenaline pens, a defibrillator, defibrillator pads, ligature cutters, razors, gloves, face masks of varying sizes, and a suction machine. Staff checked the emergency grab bag every day to ensure all equipment was in place and fit for purpose.
- Medical devices (blood pressure machine and weighing scales) were available and portable appliances were tested appropriately. Staff calibrated the blood glucose testing kit periodically. The ward had an electrocardiogram machine, to check a patient's heart activity, and nurses were trained to use it. Medical devices had stickers on them to show they had been cleaned

Safe staffing

Nursing staff

- Staffing levels on wards were sufficient to meet the needs of patients. The trust used a safe staffing tool to establish the numbers of nurses and health care assistants required to meet the needs of patients. Most posts were filled with permanent staff. As of 31 July 2017, the position was that Stage ward had an establishment of ten qualified nurses, and six healthcare assistants with all posts filled. Cook ward had an establishment of thirteen qualified nurses and ten health care assistants with all posts filled.
- Woodbury ward had an establishment of 12 qualified nurses, with two of these posts vacant. The Woodbury ward manager told us that no new staff had yet been identified for the ward, but the posts were due to be filled through the trust's programme of rolling recruitment. Of Woodbury ward's establishment of 12 health care assistants, there were two vacancies. One of these posts was filled, with the new recruit awaiting a start date.
- The trust used bank staff to cover vacancies pending the recruitment of permanent staff and when staff were sick or on leave. Bank staff were often staff who had previously worked permanently on the wards. When we spoke with bank staff they were familiar with trust procedures and knew the wards and patients well. The trust used agency nursing staff on rare occasions when bank staff could not be identified to work on the wards. Staff on all the wards told us they could not recall any recent occasions when a shift had not been covered. Consequently, there were no instances of the cancellation of patient activities or leave due to a shortage of staff.
- The staffing levels on the wards allowed patients to have regular one-to-one time with their named nurse. Patients and carers told us that staff were always available to answer their questions and offer support. Care records included daily progress notes and records of interviews with patients. We observed that staff were patient and calm when interacting with patients.
- Ward managers were able to increase staffing levels to meet patient need. For example, if a patient was identified through risk assessment as requiring one to one support to ensure their safety or the safety of others. We found that when necessary ward managers had booked additional staff to meet the needs of patients placed on increased observations.
- Both permanent and temporary staff received appropriate information about the ward and patients when they started work. We saw induction checklists which experienced staff used when introducing new staff to the ward. This included information on the ward layout and fire procedures. Staff confirmed they were introduced to patients and ward routines when they started work. They told us they were taken around the ward and shown the location of emergency equipment.
- Ward managers always ensured there was an experienced member of staff present in the patient communal areas. Staff told us they were given clear instructions in relation to which patients and parts of the ward they should be observing in order to ensure patient safety.
- Staff carried out physical interventions rarely. Ward managers ensured there were always enough staff available on a shift to safely carry out physical

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interventions. Some staff, although trained in physical interventions, were exempt from carrying out such interventions, due to health reasons. Staff told us that ward managers took this into account when filling staff rosters and ensured the ward always enough staff on duty who were able to carry out physical interventions.

- Staff told us that the trust had made positive changes to the staffing arrangements on wards for older people since the last inspection. They said these changes had enabled them to provide a better standard of care to patients. The trust had appointed a general nurse to work on each ward to improve physical health care for patients. All wards had clinical lead nurses who attended a specific programme of training with the aim of ensuring that nursing care was of consistent high quality.
- The trust average staff sickness rate was 5.6% in March 2017. In June 2017 the sickness rate for Woodbury ward was 5%, for Stage ward it was 7% and the for Cook ward it was 0.5%. Staff told us that any staff sickness did not have an adverse impact because bank staff were used to cover when staff were absent. The rolling staff turnover rate in June 2017 was 7% for Woodbury ward, 0% for Stage ward and 11% for Cook ward. Staff and patients did not raise any concerns with us about the turnover of staff.

Medical staff

- Wards for older people had appropriate medical cover. Each ward had a designated consultant psychiatrist who co-ordinated medical treatment and care. On Woodbury and Stage wards the consultant psychiatrists were permanently appointed. On Cook ward there was an experienced locum psychiatrist who had been in post for over three months. The three psychiatrists provided cover for each other during periods of leave or sickness.
- Staff told us they could access a duty psychiatrist out of hours. Medical support to the ward was also provided by other doctors working on the wards. For example, on Woodbury ward, a junior doctor and a GP trainee doctor provided input to the ward. A consultant geriatrician visited all three wards each week to provide advice on care and treatment in relation to patients' physical health needs.

Mandatory training

- The trust specified the mandatory training that staff should receive and monitored take-up of this training. Mandatory training was comprehensive, subjects included equality and diversity, fire safety, information governance, the prevention and management of violence and aggression and life support.
- The take up of mandatory training averaged over 80% in most topics in July 2017. The exceptions were, training in the management of violence and aggression on Cook ward, where the take up was 71%, and training on safeguarding adults where the take up was 69% on Woodbury ward. Ward managers had information on the take up of mandatory training by their staff team and were taking action to ensure staff attended any courses they had not yet completed.

Assessing and managing risk to patients and staff

Assessment of patient risk

- The trust had improved the procedures to assess and manage the risk of falls. At the previous inspection of wards for older people in April 2016, we found that the trust did not have appropriate arrangements to assess a patient's risk of falls. At this inspection in August 2017. We found that the trust had rectified this. Staff assessed patients for the risk of falls on admission. Staff also assessed patients appropriately in relation to other risks to their health and safety.
- We reviewed 16 patient care records across Woodbury, Stage and Cook wards. Staff completed a checklist to ensure they assessed patient risks in relation to falls, continence, nutrition and skin care when they were admitted to the ward. In addition, staff completed the trust's standard risk assessment which covered risks to self and others and risks associated with the patient's mental health and physical health conditions. These assessments were completed promptly, within one day of the patient's admission to the ward. This was an improvement, as previously the wards used a risk assessment completed by the home treatment team.
- Where a patient was assessed as being at risk of falls, a physiotherapist had made further checks on of the patient's mobility. For example, we saw that a physiotherapist in Cook ward had assessed a patient's

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safety when using stairs. We attended a ward round on each of the wards. The ward psychiatrist and pharmacist reviewed the impact of prescribed medicines in relation to the risk of falls.

- Staff used a tool to assess a patient's risk of developing a pressure ulcer. Staff were able to tell us the risk factors associated with skin damage and how to prevent pressure ulcers. They were alert to signs such as reddening of the skin. None of the patients on wards for older people wards currently had a pressure ulcer.
- The wards used a recognised screening tool to assess each patient's risk of malnutrition. Staff assessed every patient's food and fluid intake for the first 72 hours they were on the ward. Staff completed a food and fluid intake chart during this period in order to assess whether the patient need support with eating and drinking. Patients were weighed on admission and then weekly. Staff calculated and charted the patient's body mass index to enable continuous assessment of risks.

Management of patient risk

- At the previous inspection of wards for older people in April 2016, we found that the trust did not have appropriate arrangements to manage the risk of falls. At this inspection, we found that staff developed effective management plans in response to the risk of falls and other risks. The staff team were alert to emerging risks and kept risk management plans under review to ensure they were effective.
- At this inspection, we found that when appropriate staff used assistive technology to support them to manage the risk of falls. For example, on Cook ward, a patient's falls risk management plan included the provision of sensor equipment which would alert staff when the patient got out of bed. This meant that staff could promptly go to the patient's bedroom and assist them to mobilise safely. All of the wards had a supply of such equipment on site. This meant staff could immediately start to manage a patient's risk of falls.
- Physiotherapists were part of the multidisciplinary team on all of the wards. Care and treatment records showed physiotherapists were involved in checking whether patients would benefit from the provision of walking aids.

- Staff we spoke with understood how to manage risks associated with frailty and old age. Staff told us they were easily able to access advice and support from the trust's tissue viability nurses when they had concerns about the possibility of a patient developing a pressure ulcer. Records showed that staff ensured that less mobile patients had appropriate mattresses to relieve pressure on their skin integrity. We read the notes of a patient who had recovered from a grade two pressure sore. There had been input from a tissue viability nurse in relation to their care and treatment. The management plan followed the advice of the tissue viability nurse. The condition of the wound was well documented and there were multiple reassessments of the patient's skin to ensure the wound was healing.
- Many of the patients on the wards were assessed as having a body mass index which indicated they were under weight. Staff were aware of the importance of supporting such patients to gain weight. Staff asked patients and carers about what drinks and foods the patient liked to ensure risk management plans were as personalised as possible. Care plans explained what action staff should take to encourage and support the patient to eat and drink and maintain a healthy body weight. Staff made referrals to the dietician when they needed additional advice. Some patients were prescribed nutritional supplements. Management plans included daily goals in terms of the patient's food and fluid intake. Charts of patients' weight and body mass index showed that most underweight patients were putting on weight. This showed that the management plans were having a positive impact. Where patients were losing weight or failing to gain weight, the multidisciplinary team discussed this and took action to clarify whether there were any underlying physical health issues.
- Staff understood and implemented trust policies and procedures on the observation of patients to ensure the patient and others were safe. The multidisciplinary team decided what level of observation was required for each patient to ensure their safety and the safety of others. Risk management plans covered the risk to the patient from ligatures on the ward. During the inspection we saw that staff effectively implemented plans to observe patients. For example, where a risk management plan noted a patient should receive one to one observation, a member of staff was allocated to this task.

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- During the inspection, we attended three multidisciplinary meetings and three staff shift handover meetings. The staff team reviewed current risks at these meetings and made decisions about mitigation of the risks. For example, the multidisciplinary team on Stage ward reviewed how risks were managed in relation to a patient who had previously been on one to one observation. The team spoke about the current situation and agreed that the patient and others were safe with a reduced level of observation.
- Staff told us that they had not carried out any recent patient searches or searches of patient bedrooms. They were aware of the trust policies on this.
- Patients and visitors were restricted from bringing items such as plastic bags and sharp items onto the wards. Patients and carers told us they knew that they could not bring plastic bags onto the wards. We observed that there were no plastic bags that patients could access on the wards. Patients were able to use their mobile phones. Kitchens on all the wards were kept locked. We saw staff offered patients a choice of drinks throughout the day. Patients and carers told us they could ask staff for drinks and snacks when they wished to.
- The trust had a smoke free policy. The policy included information on how staff should support patients with smoking cessation. Patients and carers did not have any concerns about the implementation of the policy.
- Staff ensured that informal patients understood their right to leave the ward when they wished. Informal patients told us they were aware of their rights. There were signs near the doors to the wards stating that informal patients had the right to leave the ward if they wished.

Use of restrictive interventions

- Staff implemented trust policies to reduce the use of restraint. There were no episodes of seclusion or long-term segregation on wards for older people in the period July 2016 to June 2017. The trust gave us information on the use of restraint on wards for older people in the period 13 April to 29 June 2017. In this period, there were three incidents of restraint on Woodbury ward, nine incidents of restraint on Stage ward and six incidents of restraint on Cook ward. Two of the incidents of restraint were in the prone position.

Staff told us they understood trust policies on restraint, and had received training in restraint techniques and avoiding the use of restraint through de-escalation techniques.

- Episodes of restraint were recorded in line with trust procedures. Staff were aware of the trust's restrictive interventions reduction programme. They told us restraint was only ever used as a last resort after they had tried other interventions such as verbal de-escalation. Staff were aware of the possible adverse consequences of using restraint on a frail older patient.
- We reviewed the record of an incident of restraint on Cook ward. The restraint was planned in order to give a patient an insulin injection. The restraint took place as a last resort after staff had tried unsuccessfully to give the patient the injection without restraining them. Staff planned the restraint to use the minimal amount of force. Details of how the patient was restrained were recorded. The patient record showed that staff had carried out this restraint in compliance with the Mental Capacity Act.
- In the period of February to July 2017, there was one incident of rapid tranquilisation on Woodbury ward, three incidents of rapid tranquilisation on Stage ward and three incidents of rapid tranquilisation on Cook ward. At the time of the inspection none of the current patients on the wards for older people had received rapid tranquilisation. Psychiatrists told us they followed NICE guidance when using rapid tranquilisation.
- Staff told us they used de-escalation techniques to calm patients and distract them if they were becoming agitated. The wards had a 'calming box' which contained items which staff could give to patients who were distressed or anxious. There was a scheduled time each day for a 'safety huddle' when staff discussed any safety issues on the ward. Care records included examples of staff using de-escalation techniques.
- There were no facilities for nursing patients in seclusion on older peoples' wards. Seclusion facilities could be accessed on other wards at the Sunflowers Court site. No patients had recently required nursing in seclusion.

Safeguarding

- Staff on wards for older people were trained in safeguarding, knew how to make a safeguarding alert,

Are services safe?

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

and did so when appropriate. Safeguarding children and adults awareness training was mandatory for all staff. Designated staff also undertook more advanced training in children and adults safeguarding. Take up of all safeguarding training was high at over 80% completion. At the time of the inspection, on Woodbury ward, two new staff had yet to complete adult safeguarding awareness training, and the completion rate for this course was 69%.

- Staff told us they understood what kinds of abuse and neglect adults and children may experience and how to be alert to signs of abuse. They understood trust safeguarding policies and procedures and the action they should take if they had a concern. Staff were able to give examples of working with other agencies such as the local authority and the police to ensure patients were safe.
- Staff had taken up training in equality and diversity and were aware of the different types of discrimination that could occur. They were able to explain how they worked with patients with diverse needs to ensure they were not disadvantaged. For example, interpreters were used to support patients who did not have English as a first language. We saw an example of this on Cook ward where a patient and their interpreter attended a ward round. This enabled the patient to ask questions about their care and treatment.
- Staff were aware of trust procedures to ensure the safety of children visiting patients on wards for older people. For example, there were family rooms located outside the ward that patients used to meet with children.

Staff access to essential information

- Staff used a combination of electronic and paper records. For example, there was a paper record which included food and fluid charts, body maps and current risk information. These records were used by staff at the handover meeting between shifts to clarify current risks and ensure there was follow up to manage any new risks.
- The electronic record was the main patient record and included daily progress notes on the patient and assessments and care plans. All staff we spoke with were clear where information on patient care and treatment was located. Staff were easily able to access

information when patients moved between teams. For example, records made by trust staff who had seen the patient prior to the ward admission were on the electronic system.

Medicines management

- Staff managed medicines in line with best practice guidance. We looked at 24 medicines administration charts across Woodbury, Cook and Stage wards. The prescription charts were fully completed. Records included the patient's allergy status and a picture of the patient to aid staff in recognising them. Patients also wore a wristband which staff checked when administering medicines. Staff ensured that patients received their prescribed medicines and this was clearly recorded on the charts.
- We checked the arrangements for the storage of medicines on each ward. Medicines were stored securely in locked cupboards and a locked fridge within a locked clinic room. Emergency medicines (naloxone, flumazenil, and glucagon) were stored in the clinic room. There were signs to show staff exactly where to find the emergency medicines. Staff recorded fridge temperatures daily. When the readings were out of the required range, we saw that appropriate action had been taken in line with trust procedures. Staff recorded ambient temperature readings of the clinic room each day. When the clinic room was too hot, above 25°C, we saw that appropriate action was taken to open windows, and put on fans. The trust had a policy on reducing the expiry for medicines affected by temperature fluctuations.
- On all of the wards, a pharmacist or pharmacist technician visited daily to screen prescriptions, check stocks of medicines and advise staff on medicines. They met with new patients and clarified their medicines history, and ensured the staff team had an accurate and up to date record about the patient's medicines. We observed that pharmacists participated in multidisciplinary team discussions and gave input on the safe use of medicines. There were no medicines that were prescribed above the national guideline maximum dose. There was minimal use of medicines for sedation, such as sleeping tablets and medicines for agitation. We

Are services safe?

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did not see any use of high dose antipsychotics on the wards. We reviewed the arrangements for managing controlled drugs on Cook ward. The arrangements were robust and met legal requirements.

- Some patients were receiving medicines for their physical health covertly in compliance with the Mental Capacity Act. We checked the records of two patients who received their medicines covertly. In each case, ward staff had involved the patient's family in making a decision to give the medicines covertly in the patients best interests. The pharmacist was involved in giving advice on how best to disguise the medicine when mixing it with the patient's food.
- Most of the patients on the wards for older people had serious physical health conditions. Psychiatrists and pharmacists ensured there was full consideration of the potential impact of medicines on the patient's physical health. Additional advice was available from the geriatrician who visited the wards. In the case of a patient with very complex needs, the patient's specialist consultant participated in the multidisciplinary team decision making on the patient's care and treatment.
- Staff checked the physical health of patients at least once each day. Where there were concerns that the patient's physical health may be adversely affected by a newly prescribed medicine these observations were increased.

Track record on safety

- In the period July 2016 to June 2017, there had been two serious incident investigations on wards for older people. One was an instance of a patient developing a grade three pressure ulcer on Woodbury ward. This incident had been reported in line with safeguarding procedures. We read a report on this which identified that staff had taken appropriate action to identify and manage risks associated with the care and treatment of the patient. The other incident concerned a patient who had died unexpectedly following an admission to Cook ward. At the time of the inspection, the investigation of this incident had not been completed

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and reported all incidents that they should report in line with trust

procedures. Staff we spoke with had a good understanding of what type of incidents should be reported. For example, on all the wards we saw that when there had been a medicine error this was reported. Incidents of physical aggression from patients towards staff were also reported.

- Staff we spoke with understood the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients, or other relevant persons, of certain notifiable safety incidents and provide reasonable support to that person.
- Staff were open and transparent, and gave patients and families a full explanation if and when things went wrong. For example, on Stage ward we read reports on a minor medicines error which had occurred in relation to the dose of a medicine. Staff had spoken to the patient and their next of kin about the error. They explained what had happened and how the error was unlikely to affect the patient's health.
- Staff met to receive and discuss feedback from the investigation of incidents, both internal and external to the service. On all of the wards, feedback from the investigation of incidents was discussed. Staff were aware of incidents and learning from across the trust through safety briefings. When appropriate, ward managers followed up on incidents through individual supervision and by ensuring the staff member received further training and support.
- Staff said they was good support for them when incidents occurred and managers were always on hand to debrief them. Staff were aware that the trust could provide them with counselling if this was required.
- The wards for older people had used learning from previous incidents of falls and pressure ulcers on the wards to improve their practice. Staff told us that awareness of falls prevention and skin care issues was very high in their teams. They said that general nurses in the staff teams were readily available for advice. The falls champions from the wards met regularly with other champions across the trust to learn from each other. Staff said that advice from tissue viability nurses was more promptly available than it had been in the past.

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

- We reviewed 17 care and treatment record on wards for older people. Staff had always completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. A doctor had reviewed the patient on the day of admission. The doctor's review included details of the presenting situation and reason for admission to the ward. Any past mental health history was noted. The doctor had made a mental state examination of the patient. This described the patient's current mental health state, including their appearance, behaviour, mood, cognition and insight. The doctor made a risk statement, an initial diagnosis and formulated a management plan.
- Staff assessed patients' physical health needs in a timely manner on admission to the older peoples wards. On the day of the patient's admission, staff ensured they had a record from the GP of the patient's current physical health needs and medicines. Staff then carried out an initial physical health check. They measured the patient's blood pressure when lying down and standing, measured their pulse and temperature and weighed and measured the patient to calculate their body mass index. Where patients had very complex health needs, the staff team ensured there was liaison with the appropriate medical team. For example, when appropriate, the staff spoke with the medical team prior to the patient's admission to the ward and had on-going liaison.
- Staff routinely checked patients' physical health at least once a day by taking their temperature, blood pressure and pulse. These checks were increased if the staff had concerns that the person's physical health may be deteriorating. We saw evidence that staff responded well to any adverse results from these checks. For example, there was discussion in multidisciplinary team meetings to decide next steps in terms of possible further health checks and blood tests. The medical team on the ward was supported by input from a geriatrician who visited weekly to advise on physical health issues.
- Staff on wards for older people developed care plans that met the needs identified during assessment. Care plans were personalised, holistic, recovery-oriented and

regularly reviewed. Care plans reflected the views of patients and their relatives about their care and treatment. Patients had a care plan in relation to any physical health conditions which included their input in terms of their awareness of their symptoms and how the condition should be managed. Care plans were comprehensive and covered all aspects of the support the patient required and how it would be delivered. For example, some patients had an assessed need for support with continence management. A care plan clearly explained how the staff team would support the patient to be as clean and comfortable as possible.

- All care plans we read accurately covered the patient's current needs. If the patient had an on-going physical health condition, such as diabetes or epilepsy, there was a care plan which explained how staff supported the patient to manage the condition. Staff amended the care plans when the patient's circumstances changed. For example, when staff observed a patient was unsteady on their feet, care plans were updated. Staff ensured there was appropriate follow up in relation to the patient's physical health and ensured they monitored the patient more closely.
- Care plans were recovery orientated and explained the actions the staff were taking to support the patient to move on from the ward. For example, we saw care plans which explained how staff were supporting patients with anxiety to regain their confidence and return home. These patients had a care plan which included a phased programme of home leave from the ward. Occupational therapists were part of the staff team and supported patients to practice their independent living skills such as cooking. Some patients moved from the wards to a supported environment, such as a care home. The staff team worked closely with care coordinators to ensure patients were fully prepared for the move. For example, they used pictorial aids to communicate with patients about the move. Staff closely liaised with care home staff about plans for the patient's care and support. This ensured that the patient's needs were met when they moved on from the ward.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the older frail patient group.

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The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. The wards complied with good practice guidance in terms of the assessment of risks associated with old age and frailty, such as falls and pressure ulcers. Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration.

- Care plans comprehensively addressed the needs of older frail patients and there was appropriate input from specialist clinicians. The ward teams had close working relationships with community health colleagues in the trust and with local acute hospitals. Consequently, patients had input from dieticians, speech and language therapists and tissue viability nurses as required. Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration.
- Staff supported patients to live healthier lives. Assessments covered oral and mouth care. Fresh fruit was available on the wards and patients were supported to gain and maintain a healthy body weight. We saw that staff supported patient to exercise by walking around the ward or going off the ward to the shops. Patients who smoked were offered assistance with smoking cessation.
- Staff used the Health of the Nation Outcome Scales to assess the severity of patient symptoms on admission, throughout their stay and on discharge.
- Staff were able to use technology to support patients effectively. For example, the introduction of motion sensors in some patient bedrooms when they had been assessed at risk of falls.
- Staff participated in clinical audit and quality improvement initiatives. The staff teams on wards for older people had a well-developed system for clinical audit. A designated team member took responsibility for undertaking checks on the quality of the service. For example, there were checks on medicines management and storage and an infection control audit. There were a number of systems for checking that care and treatment records were up to date. The trust had recently introduced a system of quality improvement initiatives.

Staff in the wards for older people had received training on quality improvement and had identified risk assessment and care planning as an area for improvement.

Skilled staff to deliver care

- The staff teams on the wards for older people included clinical psychologists, pharmacists and physiotherapists. Staff told us they could easily access specialist input, such as speech and language therapist input if this was needed.
- There had been an improvement in terms of psychology input to the wards since the last inspection in April 2016. All of the wards had input from a clinical psychologist and an assistant psychologist. The assistant psychologists were able to screen new patients in terms of their psychological needs. Patients were able to access group therapy and individual therapy. For example, there were cognitive stimulation groups for patients with more severe dementia. There were examples, of the psychologist providing individual sessions to carers to support them with their caring role.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of older frail people. During the inspection we collected 16 comments cards completed by patients and carers. Positive comments were made about the expertise of the staff. Ward managers told us they were able to recruit qualified nurses and health care assistants who had previous experience of working with older frail people. Staff we spoke with were knowledgeable about the needs of older frail people with mental health needs including dementia.
- Staff told us they had ample opportunity to develop their skills and knowledge. They attended in-house and external training events in relation to meeting the needs of older frail people. For example, staff had attended in-house courses, conferences and local networking events on supporting people living with dementia. The trust used the 'butterfly scheme', which aimed to help staff to respond appropriately to people with memory impairment or dementia. If staff identified that a patient had a memory problem, then staff placed an image of a butterfly on their care and treatment record and on their

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bedroom door. Staff told us the scheme made sure they were always conscious of whether a patient had memory loss so that they were able to take this into account when caring for them.

- All health care assistants were enrolled in a training programme to achieve the care certificate. New staff received a comprehensive induction which orientated them to the ward. The trust had processes to ensure that staff were competent to carry out their work role. For example, new health care assistants were required to meet the competency levels as set out in the care certificate.
- Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development). Managers also carried out an annual appraisal of each staff member's work performance. Staff told us they had helpful and supportive one to one meetings with their managers. We read five supervision records. Managers completed a standard format with input from the member of staff and their manager. Topics covered included health and wellbeing, team issues, work achievements and any training needs. All staff reported that they received supervision about once a month.
- We received information from the trust which showed that the rate of completion for staff appraisals was at 80% for wards for older people in July 2017.
- Ward managers ensured there were regular team meetings. Staff told us they were able to speak freely at these meetings and they were used effectively to improve the work of the team. We read minutes of team meetings which confirmed this.
- Ward managers told us they felt confident to deal with any situations of poor staff performance promptly and effectively. They said they received appropriate support from their line managers and from the trust's human relations specialists when necessary.

Multi-disciplinary and inter-agency team work

- Staff on wards for older people held regular and effective multidisciplinary meetings. On all the wards there were multidisciplinary meetings which took place at least once a week. During the inspection we attended three meetings. On each ward, meetings were attended

by a psychiatrist, nurses, a psychologist, a pharmacist and an occupational therapist. There were comprehensive discussions about the current needs of the patient, any risks and clarification of the future direction of work by the team to support and treat the patient. Discharge plans were discussed with internal colleagues such as the home treatment team and the community mental health team who attended the meetings. These meetings were well recorded.

- Staff shared information about patients at handover meetings within the team from shift to shift. We attended three handover meetings. The meetings were well organised with an update in relation to each patient and the identification of any concerns about their health or risk management. Staff on the incoming shift were given a clear picture of the issues with each patient and alerted to any actions that were outstanding.
- Care records showed that teams effectively liaised with GPs in relation to the admission and discharge of patients. Staff requested information from GPs when patients were newly admitted and informed GPs of discharge arrangements and any follow up actions that were required.

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

- The majority of patients on the wards for older people were detained under the Mental Health Act. At the April 2016 inspection we found there was poor take up of Mental Health Act training. During this inspection, we saw improvement. All staff on the wards had received training in the Mental Health Act. Staff told us they had a good understanding of the Mental Health Act, and the guiding principles of the Code of Practice.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were. Staff told us they had easy access through the trust intranet to local Mental Health Act policies and procedures and to the Code of Practice. Ward managers told us that the Mental Health Act administrators were diligent in terms of auditing and checking paperwork and reminding them of key dates. Mental Health Act administrators ensured trust procedures reflected the most recent guidance. We saw

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that staff had recorded in care records that detained patients had been informed of their rights appropriately. For example, staff went back to a patient who was very distressed to read them their rights a second time to ensure they understood them.

- Patients had easy access to information about independent mental health advocacy. Staff verbally informed patients about independent mental health advocacy and gave patients written information on the service. There were also posters up about the service on the wards and staff told us independent mental health advocates came to the ward to visit patients.
- Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly. These records were available to all staff that needed access to them. Detention papers were stored in the Mental Health Act administrator's office. Section 17 leave papers were kept on the ward. Staff requested an opinion from a second opinion appointed doctor when necessary.
- All the wards displayed a notice to tell informal patients that they could leave the ward freely.
- Staff teams worked in partnership with other agencies, such as the local authority and clinical commissioning groups, to ensure that, when applicable, care plans referred to identified Section 117 aftercare services. These aftercare services were to be provided for those who had been subject to section 3 or equivalent powers authorising admission to hospital for treatment.

Good practice in applying the Mental Capacity Act

- On wards for older people, all staff had received training in the Mental Capacity Act. Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. We observed that staff ensured patients who may have had impaired mental capacity were able to make their own decisions as much as possible. For example, we saw that staff took the time

to explain the different choices patients had in relation to meals and drinks. The trust had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it through the trust intranet.

- At the time of the inspection, the majority of patients on wards for older people were detained under the Mental Health Act. There were three patients on wards for older people who were subject to deprivation of liberty safeguards. The trust had policies and procedures in place in relation to the Mental Capacity Act and the deprivation of liberty safeguards. A Mental Capacity Act lead was available to advise staff and ensure legal requirements were met. Records showed that ward staff monitored the progress of deprivation of liberty safeguards applications with the local authority. For example, staff had followed up on a deprivation of liberty safeguards application which had recently been authorised to ensure that the local authority sent them the completed paperwork.
- Care and treatment records for all patients, including those detained under the Mental Health Act, included assessments of the patient's mental capacity to make specific decisions about their care and treatment. There was always a record of a patient's capacity to consent to their medical treatment and medicines. We read records of 'best interest' decision making when a patient did not have the mental capacity to make a specific decision about their care and treatment for diabetes.
- When patients lacked capacity, staff made decisions in their best interests, which recognised the importance of the person's wishes, feelings, culture and history. Staff obtained information from the patient's family about what was important to them and their preferences. Staff used this information when planning the patient's care and treatment, and when supporting them with their diet and planning how they spent their time.

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

- Staff on wards for older people were discreet, respectful and responsive. They provided patients and carers with help, emotional support and advice at the time they needed it. The
- Survey data collected by the trust from 79 patients and carers from February - July 2017 showed 98% said it was easy to get help. Prior to the inspection in August 2017 we placed comment cards on Woodbury, Stage and Cook wards. During the inspection we collected 21 completed cards. Patients and carers were positive about the attitudes and behaviour of staff. They said staff were patient and kind and responded promptly to any questions or concerns.
- During the inspection we spoke with 15 patients and seven carers. They told us staff were caring and kind. Carers and patients told us staff supported them to understand and manage the patient's mental health needs.
- Staff signposted patients and carers to external sources of help. For example, carers told us they were given information about local carers support groups, and resources for people living with dementia. All of the wards had a wide range of leaflets and information for patients and carers about local services and how to access them.
- Patient records all included a form called 'this is me'. Staff used this form when talking with the patient or a carer, to collect information about the patient's background, preferences and what was important to them. For example, it asked questions about what types of food the patient liked and whether they followed any religious practices. We observed that staff used the information collected to provide patients with personalised care. For example, a patient had been supported to have pictures in their bedroom which reflected their interests.
- Staff told us there was an open culture within the staff team and they would be confident in raising any concerns about disrespectful or discriminatory behaviour without fear of the consequences.

- Whilst inspecting the wards, we observed that staff were caring and patient when interacting with patients. They took time to answer questions from patients and gently assisted them to participate in ward activities.
- At the April 2016 inspection we found that recording of patient information on boards in communal areas could compromise patient confidentiality. During this inspection we saw that this had improved and no concerns regarding the confidentiality of patient information were identified. However, we saw one instance where the member of staff spoke with a carer about a patient in front of other patients. We brought this to the attention of the ward manager who took appropriate action to address this.

Involvement in care

Involvement of patients

- Staff on wards for older people used the admission process to inform and orientate patients to the ward and to the service. Patients and carers told us a member of staff showed them around the ward when they were admitted. They said they were also introduced to staff and patients and told about mealtimes and activities on the ward. Staff also gave a 'welcome pack' to new patients which explained how the service operated.
- Staff on wards for older people involved patients in care planning and risk assessment. We read 16 patient records. The records included information on how staff had involved patients in discussions about risks and care planning as much as possible. We saw that if a patient had the mental capacity to understand their care plan they were asked to sign a copy of it.
- Staff on wards for older people explored effective ways to communicate with patients with communication difficulties. For example, staff had a range of pictorial tools they could use when communicating with patients. Staff assessed patients hearing and sight and made sure that patients wore their glasses and hearing aids.

Are services caring?

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

- The trust involved patients and carers when appropriate in decisions about the service. For example, some ex-patients of the service had assisted with staff recruitment.
- Patients were able to give feedback on the service. A community meeting for patients and carers was held on each of the wards. Notes of the meetings showed that patients and carers had given feedback on activities and meals on the ward.
- Staff followed trust procedures to enable patients to make advance decisions when appropriate. In practice most of the patients on wards for older people did not have the mental capacity to make specific decisions on this.
- Staff ensured that patients on wards for older people could access advocacy services. All of the wards had information available about the advocacy services which patients and carers could access.

Involvement of families and carers

- Staff on the wards for older people informed and involved families and carers appropriately and provided them with support when needed. Care records showed that carers were fully involved in the patient's care. Where a patient lacked mental capacity staff asked carers for their views about the patient's care and treatment. Carers told us that staff fully discussed the patient's care and treatment with them. They said the staff team gave them information about the patient's mental health diagnosis, treatment and recovery.
- Carers told us that the staff team and ward manager always made them welcome on the ward and encouraged them to raise any concerns openly so they could be resolved. Carers said they would have no hesitation in going to the ward manager if they needed to.
- Staff provided carers with written information about how to access a carer's assessment. On wards for older people, staff gave the patient's carer a letter when they were admitted to the ward explaining the service. Carers were also given information on how to access a carer's assessment.

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

Bed management

- From June 2016 to June 2017, the average bed occupancy levels for wards for older people were Woodbury 84%, Stage 91%, and Cook 91%. Beds for older people were available when needed for patients living in the catchment area. There have been no out-of-area placements attributed to this service since the trust began collecting data on this in November 2016.
- Staff told us there was always a bed available on the wards for older people when patients returned from leave.
- Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. During the inspection, we heard about patients who were transferred between wards for clinical reasons. For example, patients were sometimes moved from Woodbury to Stage or Cook wards because these wards were close to the ECT suite. The ECT suite was used to provide electroconvulsive therapy to some patients when this was clinically indicated and all the appropriate procedures had been followed. In other situations, we heard that patients had moved between wards for older people at their request or at the request of their relatives. Requests to move wards were mainly because the patient wanted to be on a ward to make visiting the patient easier for the family.
- When patients were moved or discharged from a ward, staff told us this happened during the day so that the patient would be settled by the evening.
- The inspection team were not made aware of any instances where a patient required a bed in a psychiatric intensive care unit.

Discharge and transfers of care

- From June 2016 to June 2017, the number of delayed discharges for wards for older people were; Woodbury 19, Cook 11 and Stage six.
- At the time of the inspection, there were five patients on the wards for older people who were classed by the trust and partner agencies as delayed transfers of care.

Any delays were discussed at a weekly meeting which was attended by senior staff from the trust, clinical commissioning groups and the local authority. Persistent delays were escalated within all organisations. The reasons for the current delayed transfers of care were known to partner organisations and there were plans in place to move the discharge forward.

- Care and treatment records showed that staff planned for patients' discharge as soon as they were admitted to the ward. Patients were allocated to a care co-ordinator from a community mental health team who participated in multidisciplinary meetings and planned discharge arrangements. Staff told us that, for the majority of patients, discharge from the wards for older people occurred in a timely way.
- Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital. Patients on the wards for older people sometimes required an admission to an acute ward. Care records showed that when this occurred, the staff team on the ward liaised with the mental health liaison team at the acute hospital. This ensured there was a full exchange of information and appropriate discharge planning. The geriatrician who supported the medical teams on the wards for older people contributed to ensuring good communication between the different medical teams to ensure all the patient's needs were met.

Facilities that promote comfort, dignity and privacy

- The trust had made improvements to the ward environment to ensure the privacy and dignity of patients. At our previous inspection in April 2016, we found the trust to be in breach of health and social care regulations because patients on Cook ward were not able to access their bedrooms during the day or close the viewing panel on their bedroom door, which could impact on their privacy and dignity. At this August 2017 inspection, we saw that this was no longer the case. Patients on Cook ward were able to go in and out of their bedrooms as they wished. The trust had installed new doors to patient bedrooms. Patients were able to close the viewing panel on the doors.
- Most patients on wards for older people had their own bedrooms. However, on Woodbury ward there were two

Are services responsive to people's needs?

Good 

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

four bedded rooms and one two bedded room. There were curtains to separate the beds. Staff told us they were mindful of issues of privacy and dignity when caring for patients in shared rooms. For example, they spoke with patients quietly to avoid other patients overhearing them.

- At the April 2016 inspection we found that patient bedrooms were not personalised. During this inspection we found that this had improved. Patients could personalise bedrooms if they wished. During the inspection we viewed bedrooms on all the wards. Not all of the rooms were personalised, but patients and carers told us this was because they chose not to do so. In other instances, patients had personalised their rooms with photos. Staff told us they supported patients to personalise their rooms if they wanted assistance with this.
- At the April 2016 inspection we also found that patients did not have an appropriate space to secure their belongings. During this inspection we saw that patients continued to have access to a key pad safe in their bedrooms. Patients could lock their room. However, because many of the patients on the wards had memory loss they often forgot to do so. This meant that patients sometimes went into other patients' bedrooms and items could be lost or mislaid. During this inspection we saw that staff were mindful of the need to secure patients personal possessions, patient records included notes on the discussions staff held with patients and their families about how their personal possessions could be kept as safe as possible whilst they were on the ward.
- Wards for older people had a full range of rooms for use by patients, including communal lounges, and activities rooms. All wards for older people were dementia friendly. They all had pictorial signs on toilet doors and other signs to assist patients to find their way around the ward. On Cook ward there was an internal garden room which could be used by patients and carers for relaxation. The nurse consultant and staff team won a national award for patient safety in the care of older people July 2016 for the development of this room and dementia friendly signage.

- All of the wards had been recently painted. Patients and carers told us they found the wards very bright and pleasant. There were quiet areas on the wards and a room where patients could meet carers and other visitors.
- Patients could make use their own phone or a ward phone to make a call in private. Patients on all the wards had access to a safe and pleasant outside garden area.
- Patients and carers told us food was of a good quality. The PLACE survey scores for food were: Woodbury ward 99%, Stage ward 98% and Cook ward 98%.
- Patients and carers told us that although kitchens were kept locked on all the wards, they were able to ask staff for hot drinks and snacks at any time.
- Patients had access to group activities on the ward. Each ward had a programme of activities such as relaxation, art and exercise classes which patients could participate in. During the inspection we observed that activities took place as planned. For example, on Stage ward, three members of staff led a relaxation group for six patients. Staff supported patients to fully take part and patients said the group was calm and peaceful.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with their families and carers and other people that mattered to them. Care records showed that staff regularly communicated with families and encouraged them to visit the ward often as possible. Carers told us staff always made them feel welcome when they visited and offered them refreshments.

Meeting the needs of all people who use the service

- The wards for older people were designed to be accessible for people with a physical disability. The wards were free of stairways and spacious. We saw that people who used a wheelchair were able to move freely around the ward. There were toilets and bathrooms with rails and other safety features to make them easier for a person with a disability to use. The wards were well-lit with clear signage, including the use of pictures, which meant they were suitable for people with memory problems and visual disabilities.

Are services responsive to people's needs?

Good 

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

- Staff gave patients and carers information about local services and how to get advice and support. Staff told us interpreters were easily obtainable. They were able to get information for patients and carers translated if necessary. We observed that staff used an interpreter when speaking with a patient whose first language was not English during a ward round.
 - Patients had a choice of food which met the dietary requirements of religious and ethnic groups. Patients and carers told us staff asked them about their dietary requirements and preferences. They said they were able to have a choice of food which met their needs.
 - Staff ensured that patients had access to appropriate spiritual support. Patients and carers said they were asked about the patient's spiritual needs. They said that their needs were met. Spiritual leaders came to the wards to meet with patients who were unable to leave the ward. In other instances, staff supported patients to leave the ward to attend services and events which met their spiritual needs.
- Listening to and learning from concerns and complaints**
- The trust gave us information on the number of formal complaints about wards for older people in the 12 months preceding 16 August 2017. The number of complaints were; Woodbury ward: two, Stage ward three, and Cook ward two. One complaint on Cook ward was upheld and one complaint on Stage ward was partially upheld. No complaints were referred to the Ombudsman.
 - Patients and carers knew how to complain or raise concerns. Patients and carers said they had seen written information on how to complain and staff had spoken to them about what they should do if they had a concern or complaint. They said they felt staff would deal with their concerns and they would be protected from discrimination or harassment.
 - Ward managers and staff were familiar with trust procedures for logging concerns and complaints. They had a process for tracking complaints to ensure that a response was made in a timely way. Patients and carers told us they always received feedback when they raised a concern or complaint.
 - Staff received feedback on the outcome of investigation of complaints and acted on the findings. For example, one complaint related to communication between the staff team and the patient's family. As a result of this, staff had discussed how communication could be improved in a team meeting.

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

Leadership

- The trust had made significant changes to the service since our previous inspection in April 2016. Management and staff had successfully implemented procedures to improve patient care and treatment and the ward environment.
- The ward managers of Woodbury, Stage and Cook wards had the skills, knowledge and experience to perform their roles. All three managers had extensive work experience in the care of older frail people and managing a ward. They had all received additional training on management and effective multidisciplinary team work. The ward managers were able to clearly explain how their wards operated and how they ensured patients received a high quality service.
- The ward managers were described by staff, patients and carers as being visible on the ward and approachable. We observed that ward managers spent time talking with patients, carers and staff in communal areas.
- The trust had a programme of clinical leadership development for staff below ward manager level. All of the wards had staff who were undertaking this programme to develop their clinical and management skills.

Vision and strategy

- Ward managers and their staff team were familiar with the trust vision and values and understood how they were applied in the work of their team. For example, staff were able to explain the trust value of 'people first' and what this meant in the context of a ward for older people.
- Staff told us senior managers gave them the opportunity to contribute to discussions about future developments of the service. They said been involved in discussions about physical improvements to the ward environment and quality improvement initiatives in relation to care planning.
- Staff understood how they were working to deliver high quality care within the budgets available. They had an

understanding of how staffing costs impact on the trust's budget. They understood the need for staff to continuously monitor patient need and to keep staffing levels under review.

Culture

- Staff told us they felt respected, supported and valued by their managers and the trust. Staff told us that the fact that the trust had made improvements to the wards and staffing arrangements meant they had confidence that the trust valued the service for older frail people. Staff said these changes had made them feel positive about working for the trust and their team.
- Staff told us they felt able to raise concerns without fear of retribution. Staff knew how to use the trust's whistle-blowing process if they needed to.
- Ward managers were able to explain how they would deal with any instances with poor staff performance. The ward managers reported that their senior managers and the trust's human relations department were able to give them appropriate support and advice in relation to staffing issues.
- Staff told us team morale was good on all of the wards. Staff said they were able to discuss any potential difficulties in team meetings or one to one with their manager. Staff felt confident that the ward managers were able to address any problems.
- We reviewed three staff appraisal records. The completed form included details of the support that would be given to the staff member with their future development and career plan.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Ward managers and staff members came from diverse backgrounds. Staff told us they were aware of the opportunities within the trust for them to advance their career.
- At the time of the inspection, the service's staff sickness and absence rates were similar to the average for the provider. Staff were aware that they could access support for their own physical and emotional health needs through the trust's occupational health service.
- The trust recognised staff success through a staff award scheme. The trust ensured that when success was

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celebrated. For example when staff on Cook ward won an external award, the trust publicised this internally. Ward managers ensured they shared feedback from thank you cards and compliments from patients and carers to staff. Staff told us that their managers recognised their successes in one to one sessions and they felt valued by the trust.

Governance

- There were appropriate governance systems in place to ensure that wards for older people were managed safely and effectively. Staff carried out checks to ensure that wards were safe and clean. Ward managers ensured there were enough staff on duty to meet patient needs. Staff had support and training to carry out their work role. Multidisciplinary teams thoroughly assessed and managed the risks to patients. Patients had comprehensive recovery oriented care plans. Staff had a good understanding of the needs of frail older people. Physical health needs were effectively managed and assessed. There were robust arrangements to reduce the risk of falls and pressure ulcers. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act. Staff worked in partnership with carers to plan the care, treatment and discharge of patients. Trust staff worked with partner agencies to minimise delayed transfers of care.
- Learning from incidents and complaints was shared and discussed at team meetings. Ward managers used a template to plan team meetings. However, this template did not have learning from incidents and complaints as a standard heading.
- The trust had ensured reviews of deaths, incidents, and complaints were used to improve the service. For example, fall prevention policies and procedures had been revised in response to the learning from incidents.
- Staff undertook local clinical audits. These audits included robust checks on record keeping and the management of medicines. These audits were effective in identifying any areas for improvement and action was taken in response to any adverse findings.
- Staff worked in partnership with home treatment teams, community mental health teams and other internal and external teams. Staff ensured that patients staff received appropriate specialist care and treatment in relation to their physical health needs

Management of risk, issues and performance

- Staff told us they were able to escalate concerns through their managers when this was necessary.
- Ward managers were aware of trust contingency plans for emergencies. For example, adverse weather or a flu outbreak.

Information management

- Staff and ward managers told us that systems to collect data from wards and the ward were not over-burdensome to them. Staff had access to the equipment and information technology needed to do their work. The information technology and telephone system operated well. Staff were easily able to locate information about a patient's care and treatment in the electronic record.
- The trust ensured staff completed training on information governance and understood how to maintain the confidentiality of patient records.
- Ward managers mostly had access to information to support them with their management role. For example, they could easily view staff compliance with mandatory training. Ward managers received information in relation to the number and seriousness of falls on the ward.
- Staff were aware of the circumstances in which they were required to make notifications to external bodies, such as the Care Quality Commission.

Engagement

- Staff had access to up-to-date information about the work of the trust through the trust intranet, bulletins and newsletters. The trust website included news items and was accessible to the public.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The family and carers of patients using wards for older people told us that staff encouraged them to give feedback about the service. Carers gave us examples of how staff had responded to their feedback in terms of how they cared for patients.
- The trust held various engagement events so that patients and staff could meet with members of the provider's senior leadership team and governors to give

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feedback. Directorate leaders engaged with external stakeholders, such as commissioners and Healthwatch through contact monitoring meetings and trust board meetings.

Learning, continuous improvement and innovation

- Staff on wards for older people were given the time and support to consider opportunities for improvements and innovation and this led to changes. Previous project work by staff on Cook ward had created an innovative garden room and made other changes to make the ward more dementia friendly.
- Staff spoke positively about the trust's new quality improvement initiatives which they were participating in. Staff were involved in a project to improve care planning.
- Nurses were attending clinical leadership learning sets which gave them the opportunity to learn from their peers and develop their practice.
- The trust was not participating in an accreditation scheme for wards for older people at the time of this inspection.