Good

Cornwall Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
		Garner Ward	PL31 2QT

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for older people with mental health problems as **good** overall because:

- The provider had addressed the issues found in the April 2015 inspection.
- The ward staff team was well led and morale was good.
- Despite the challenges, the team were happy, resilient and supportive of one another.
- Staffing levels were safe but senior nurses had at times stepped down to ward based roles to provide enough staffing to keep the ward safe when bank or agency staff could not be found.
- The service had closed two beds in response to the needs of the current patient group and to ensure that the staffing levels were safe to respond to individual patient need.
- The provider had ensured that mental capacity assessments for cardiopulmonary resuscitation had improved with input from family where the patient had lacked capacity. This was a requirement of the previous inspection. However, one of the cardiopulmonary resuscitation records that we looked at had not been reviewed with the family in a timely way.
- The provider had ensured that there were lasting arrangements for independent mental health advocate input to Garner ward. This included weekly visits to the ward to support detained patients. This was a requirement of the previous inspection and had been fully addressed. An IMHA service had been in place since April 2015. This was embedded and staff and carers were aware of the advocacy support.
- Staff were very caring and carers commented very positively about this. Staff told us how well the multidisciplinary team worked together and we observed this during a discharge planning meeting.
- Carers had been supported to develop a carers group and had also developed a ward information leaflet with hints and tips of what to expect when their relative was admitted to hospital
- Psychology was embedded on the ward and the psychologist had introduced systems that had reduced incidents and the use of physical restraint. Individual behaviour plans were in place that had demonstrated a positive impact on both patients and ward staff, this had let to a reduction in incidents of restraint.

However:

- A shortage of band 5 nurses and difficulties with recruitment and retention was a particular issue for this ward and a trust wide risk. The ward was successful in recruiting to band 3 health care assistant posts which were fully staffed.
- The clinic room was very hot for staff to work in and this was logged as a risk on the health and safety risk register. The ward and pharmacy staff managed this by monitoring the temperature and following guidance to dispose of medicines kept above the recommended temperature within a shortened time period.
- Psychology support was reducing on the ward to provide community provision as part of a wider planned programme. This left some temporary gaps, such as facilitated reflective practice sessions for staff.
- Supervision, appraisal and training systems were in place, but staff reported difficulty with the new statutory and mandatory training system and staff did not routinely record one to one supervision.
- Despite the delays in some discharges due to the limitations of suitable community placements, discharge planning was good and a discharge liaison role supported this.
- The environment was not dementia friendly in places and many rooms were not personalised.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- Safe staffing tools were used to ensure that staffing levels supported individual patient needs.
- The ward had recently closed two beds to ensure safe staffing levels.
- Risk assessments which were up to date and reviewed regularly.
- Safeguarding was managed safely and staff demonstrated a clear understanding of issues that would require a safeguarding referral.
- Staff were skilled at de-escalation.
- Staff reported incidents and shared learning through ward meetings and trust wide bulletins.
- Nursing and pharmacy staff safely managed the storage of the medicines in the clinic room that was regularly warm and above the manufacturers recommended maximum.

However:

- The ward was covering four band 5 vacancies posts. When bank or agency staff were not available, senior staff, including the ward manager and discharge coordinator covered the shifts. This was undertaken to keep the ward safe but was not sustainable in the long term.
- The female only lounge was not clearly signed for dedicated use by female patients when needed.
- Medicines stored in the treatment room were replaced more quickly due to the temperature of the room.
- Staff reported difficulties in recording mandatory training and booking onto some courses.

Are services effective?

Good

We rated effective as good because:

- Care plans were holistic and individual and included detailed information about patients' lives.
- A range of skilled staff supported the ongoing physical and psychological care and treatment of patients including physiotherapy, psychology, nursing and medical staff.
- A discharge coordinator was part of the team and discharge was planned in advance with family involvement.
- Outcome measures were used to measure progress throughout the hospital stay.

Summary of findings

- The clinical psychologist had embedded good behavioural management support though the implementation of positive behaviour support plans.
- Advocacy was embedded and well understood with weekly visits from the local advocate.
- Staff were up to date with appraisals and felt well supported with regular team meetings, supervision and training.

However:

- One cardiopulmonary resuscitation record of the patient that we reviewed had not met the trust timelines of contact with family.
- Staff did not routinely record supervision sessions.

Are services caring?

Good

We rated caring as good because:

- Staff demonstrated kind, compassionate and professional behaviour in their interactions with patients.
- Carers told us that their relatives were well looked after and that staff were kind, helpful and treated patients with dignity and respect.
- Carers were involved in their relatives' care through helping with patient information, such as life stories.
- Carers were involved in the ward by being part of staff interview panels. The carers group had also designed useful ward information for families of newly admitted patients.

However:

- Patient led assessments of the care environment (PLACE) data in 2016 in relation to privacy, dignity and wellbeing was 74% for Bodmin Hospital. This included Garner ward and was lower than the England average of 90%.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- A dedicated discharge coordinator worked with the local authority and community teams to reduce length of stay.
- The food was of good quality and patients were supported with regular drinks and snacks outside meal times. The 2016 PLACE survey found that satisfaction with the quality of food was higher than average at Bodmin hospital. This included Garner ward.

Summary of findings

- Three activity coordinators provided a range of one to one and group activities for patients seven days a week including evenings.
- The hospital chaplain regularly visited the ward and led a hymn singing group.
- The ward was spacious with outside spaces and some dementia friendly signage.
- Garner ward had received16 recent compliments and no recent complaints. Compliments and complaints were shared with the team.
- Staff were fundraising to improve the dementia friendly environment for patients and were raising money to make a cinema area.

However:

- Discharge was sometimes delayed due to lack of suitable local placements. This contributed to the rising bed occupancy.
- Most rooms were not personalised and some did not have dementia friendly signage on doors.
- Some areas were quite stark, for example the male lounge. Staff were fundraising to improve this.

Are services well-led?

Good

We rated well-led as good because:

- The culture on Garner ward was open and supportive and the multi-disciplinary team work reflected the organisation's values and objectives of compassion and respect.
- Morale was good and staff were passionate about caring for elderly people with complex care and dementia.
- Garner ward team had been nominated for the annual staff value based CARE awards which recognised and rewarded contribution to patient services and staff excellence.

However:

- Supernumerary staff, including the ward manager and discharge coordinator, were covering ward shortages at times. This meant staff had less time to dedicate to the running of the ward and planning discharge.
- The planned reduction in psychology time on the ward had resulted in a temporary lack of facilitated reflective practice sessions for staff.
- There was a risk that the ongoing recruitment and retention issues would affect the resilience of the staff team.

Summary of findings

Information about the service

Garner ward is a complex care and dementia ward on the site of Bodmin hospital, where there were other adjacent mental health wards. Garner ward is the only dedicated inpatient service for older people and all adults living with dementia in Cornwall. Garner ward supports people living with dementia and behaviours that challenge. Functional (Complex care) older persons are admitted to an acute mental health adult ward.

The ward is a mixed unit with 24 single bedrooms. Two beds were closed at the time of our visit due to the complex needs of the patient group. The ward was full with 22 patients at the time of our visit, 21 were detained under the Mental Health Act 1983 and one patient was subject to a Deprivation of Liberty Safeguard (DoLS).

Areas of concern found during our last inspection visit in April 2015 had been addressed. This will be reported in more detail later in the report.

Our inspection team

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

The trust merged with Peninsula Community Healthcare NHS Trust in April 2016 and as such we always undertake a comprehensive inspection at an appropriate time following a merger.

Why we carried out this inspection

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How we carried out this inspection

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

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

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information, spoke with senior managers with service line responsibility for the older people's inpatient services and sought feedback from staff at focus groups.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients,
- spoke with one patient who was using the service,
- spoke with one family and four other relatives,
- interviewed the manager of the ward,
- spoke with the independent mental health advocate (IMHA) attached to the ward,
- spoke with ten other staff members; including the psychologist, doctor, physiotherapist, nurses, health care assistant, activities coordinator, ward discharge coordinator and ward chaplain,
- spoke with the social worker from the local authority,
- attended and observed a discharge planning meeting,
- collected feedback from one relative using comment cards,

Summary of findings

- looked at six treatment records of patients,
- reviewed 20 medication charts,
- reviewed four Mental Health Act records,
- carried out a specific check of the medication management on the ward and spoke with the pharmacist,
- looked at a range of policies, procedures and other documents relating to the running of the services.

What people who use the provider's services say

During the inspection we spoke with six relatives and carers and received a comment card from one relative. We spoke with one patient and observed the care that patients received throughout the day.

Patients were treated with dignity and respect by all the staff and we saw several acts of kindness and reciprocal warmth between patients and staff.

All of the six relatives and carers that gave feedback were positive about the care that their relative received on Garner ward. People told us that staff were compassionate, caring and kind. Relatives could contact the ward as often as they needed and felt involved in the care of their loved one.

Two relatives told us that although patients were supported with activities on the ward that they would like their relative to be taken out more often.

Good practice

Led by the psychologist, the ward team have developed a supporting behaviour pathway with individually tailored behaviour support plans. This has resulted in a 30% reduction of incidents of aggression by anticipating needs more accurately and thereby minimising distress.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should continue to actively address the staffing shortages on the Garner ward team.
- The provider should ensure that the female lounge is clearly signed to comply with guidance on same-sex accommodation.
- The provider should review the psychology input to the ward so that there is adequate cover to provide psychology therapies for older people in patient services.
- The provider should record one to one supervision so that this can be monitored.
- The provider should ensure that 'do not attempt cardiopulmonary resuscitation' records are fully completed within the trusts agreed timescales.
- The provider should improve the environment to Garner ward together with the wider community hospital to ensure it is providing a dementia-friendly environment.

Cornwall Partnership NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Garner ward	Bodmin community hospital

Mental Health Act responsibilities

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

During the last inspection the provider did not demonstrate that there were lasting arrangements in place for independent mental health advocacy (IMHA) input to Garner ward. When we followed up we found that patients had regular access to IMHA and the IMHA attended the ward each week to support patients. Staff were clear on how to access IMHA support as required.

Records demonstrated that staff adhered to the Mental Health Act (MHA) and associated code of practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

During the last inspection, records did not demonstrate that staff acted in accordance with the Mental Capacity Act 2005 (MCA) in relation to a formal instruction of do not attempt cardiopulmonary resuscitation (DNA/CPR). At this inspection we found that this had improved and there was a clear process of assessing capacity and application of the MCA where there was a DNA/CPR in place. However, one record had not been reviewed within the timescale.

Staff had a clear understanding of capacity and consent. Records demonstrated good application of the MCA and clear and appropriate use of the MCA and Deprivation of Liberty Safeguards (DoLS).

Good

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

- The ward was clean and staff adhered to infection control principles such as handwashing. Equipment was well maintained with visible and in date stickers showing when it was due for testing. The ward had some good furnishings such as brightly coloured comfortable chairs but some chairs were worn and needed replacing.
- Ligature risk assessments were up to date and ligature points such as door hinges, were adequately mitigated through engagement and observation of patients.
- The ward complied with the Department of Health guidance on same-sex accommodation. Each patient had an en suite sink and toilet. Bathrooms could be accessed without breaching the guidance. However, there was some missing and out of date signage. For example, there was no sign for the female lounge.
- Garner ward had a fully equipped clinic room with accessible emergency medicines and equipment that was checked regularly. Medicines, including controlled drugs were stored securely and recorded accurately when prescribed, administered and disposed of.
- However, medicines were stored in a treatment room where the temperature was routinely above the manufacturers recommended maximum. Nursing staff monitored the temperature of the room and the fridge and pharmacy staff monitored to ensure that medicines were safe to use. Room temperature in Garner ward treatment room was logged on the health and safety trust wide risk register.
- Patients were not secluded on the ward. There was no seclusion room.
- All staff were provided with a personal alarm. Nurses carried personal alarms on key bundles.

Safe staffing

- Staffing levels had been assessed using a recognised demand and acuity tool that included numbers of patients on line of sight observation, physical observations and complexity of individual care.
- The ward was safe because the ward manager was proactive in ensuring cover. Regular bank staff were used and agency staff had been blocked booked to maintain continuity. Staff in supernumerary roles, such as the ward manager and discharge coordinator both undertook shifts when cover could not be obtained. Occupational therapy and physiotherapy staff assisted with line of sight observations when needed on a short term basis.
- The ward was managing with four band five vacancies. Recruitment was ongoing and the trust had flagged band five recruitment as one of their key staffing risks. The percentage of shifts that were not filled over the last 12 months between June 2016 and 31 May 2017 was 2.6% for health care assistants and 4.6% for trained nurses.
- We reviewed a sample of duty rotas which confirmed that the agreed number of staff were in place with a minimum of two trained nurses on each shift and between four and eight health care assistants depending on the individual care needs of the patients.
- Garner ward had a small team of bank staff but this was not sufficient to cover the current band 5 vacancies.
- Staff carried out physical interventions and one to one time. Escorted leave was factored into the duty rota. Activity staff assisted with escorted leave.
- The ward manager was supported by the trust to adjust staffing levels as needed and had recently closed two beds to ensure safe staffing.
- Three activity coordinators covered daily and evening activities on the ward.
- Medical cover day and night was managed by the medical team and could attend the ward quickly in an emergency.
- Annual turnover was 9.5% which was lower than the trust average of 12.5%. Garner ward had higher than average sickness at 7.7% against the trust average 5%. However, the most recent month (August 2017) reported sickness was much lower at 3.6%.
- As at 31 May 2017, the training compliance for Garner ward was 87%. However, 17 out of the 46 courses had below target compliance. Staff reported recent difficulties with the new trust wide training system, such as being unable to book onto courses. The trust was aware of this and data quality checks were in progress at the time of our inspection.

Good

Are services safe?

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

Assessing and managing risk to patients and staff

- Garner ward did not have a seclusion facility. However, a patient who required seclusion between 1 May 2016 and 30 April 2017 was secluded in the psychiatric intensive care unit seclusion facility on the community hospital site. This was managed by the MDT from Garner ward and reported as an exceptional incident.
- The numbers of restraint had reduced by 51% with 81 episodes of restraint between 1 May 2016 and 30 April 2017 compared with 171 in the previous year. 27 patients were restrained between May 2016 and April 2017. There were peaks in restraint incidents in January 2017 (17), June 2016 (12) and May 2017 (12). This is compared to a range between 0-10 per month across the remainder of the year. The provider reported that this was due to the complex needs and high levels of aggression from some patients.
- Staff had been trained to use and showed a clear understanding of de-escalation; restraint was only used when de-escalation had failed. All staff were trained in Disruptive Aggressive Behaviour (DAB) which aimed to reduce restraint and avoid restricting patients. Individual risks were recorded and rated according to red, amber or green ratings and staff used this information to anticipate and reduce aggression. A recent audit found that use of the DAB programme had resulted in a 30% reduction in incidents.
- There had been no restraints in the prone position.
- Staff undertook a risk assessment of each patient on admission. We reviewed six risk assessments which were up to date and regularly reviewed; including following an incident. Falls risk assessments were completed for patients at risk of a fall.
- Risks around medication were documented. For example, medicine care plans were in place and the risks around each medicine were considered and documented.
- Staff were trained in safeguarding and domestic abuse. Staff demonstrated a clear understanding of the safeguarding process and knew when and how to make a safeguarding alert. We saw recent examples where ward staff had made a safeguarding alert to the local authority and the trust safeguarding team.
- Blanket restrictions were only used when justified. Due to individual risks of the patient group the ward held a list of restricted items, which was followed on admission and on return from leave, such as no lighters and no sharp objects such as scissors. Searches were undertaken sensitively such as when helping a patient prepare for bed to cause the minimum distress.
- Staff followed policies and procedures for use of observation, engagement and line of sight observations.
- Good medicines management practices were in place and clear procedures were followed for medicines such as use of covert medicine and rapid tranquilisation.
- Children could not visit the ward and there was a lack of interview rooms and private spaces for families to visit on the ward. However, the ward had access to a relative's room within Bodmin Community Hospital for children and families and communal spaces were used by relatives visiting patients, such as the garden and conservatory area.

Track record on safety

- The trust reported two serious incidents on Garner ward relating to falls. These were investigated with family involvement. Information and learning was shared with the team.

Reporting incidents and learning from when things go wrong

- All staff knew what to report and how to report. The culture of reporting incidents and applying duty of candour was embedded in the team. The ward manager led a team that were open and transparent and explained to patients if and when things go wrong.
- Learning from incidents was part of reflective practice. Staff debriefed after incidents, for example, staff attended safeguarding huddles where incidents were discussed and reflected on. Staff described a monthly bulletin sent round to all staff that included sharing learning from incidents.

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 six care records. Admission checklists were completed and physical examination had been undertaken on admission with evidence of ongoing monitoring of physical health problems. Care records were individual and holistic identifying individual problems and needs, such as positive behaviour support plans.
- Where it was been decided to be in the patient's best interest to give medicines covertly, decisions were recorded and covert care plans were in place to make sure medicines were safe and would be effective if mixed with food or drink.
- Care plans included patient's views, although some lacked detail. Care plans were shared with carers and patients, where appropriate. This was regularly audited and work was ongoing. The manager reported that 67% of records had evidence that the care plan had been shared with the patient and carers.
- Information was stored securely on an electronic system. Paper records were scanned in. Some paper based assessment and care planning information was kept securely in the ward office such as handover information and staff roster which contained an overview of individual patients such as level of monitoring.

Best practice in treatment and care

- We reviewed 20 medication charts and saw evidence that staff had followed National Institute for Health and Care Excellence (NICE) guidance. For example, oral and intramuscular medicine to be given when required, were regularly reviewed and discontinued if no longer needed.
- Medical staff followed NICE guidance when prescribing medication. Doctors reconciled patient's medicines when they were admitted to the wards using at least two sources of information to make sure that all medicines that a person was taking before admission were prescribed as appropriate.
- A psychologist had been in post since May 2016, which was a recommendation from the previous inspection.
- There was good access to physical healthcare. All patients were examined on admission and targeted examinations took place as needed. Nutrition and hydration needs were assessed and monitored by the multi-disciplinary team. Physiotherapists and dieticians were part of the ward team and weekly visits took place from link nurses such as diabetic and palliative care nurses.
- Staff used recognised ratings scales to record severity and outcomes on admission and at regular intervals until discharge. For example, Neuropsychiatric Inventory (NPI) was measured on admission, at 12 weeks and at discharge and FallsRiskAssessmentTool (FRAT) were undertaken to monitor the risk of falls. Patient's skin integrity was assessed using the Waterlowscale which gives an estimated risk for the development of a pressure sore. Health of the Nation Outcome Scales (HoNOS) were used as a clustering tool.
- Clinical staff participated in a range of clinical audits. For example, Prescribing Observatory for Mental Health (POMH) audits into antipsychotic prescribing for people with dementia had been undertaken.

Skilled staff to deliver care

- A range of mental health disciplines and workers were providing input to the ward. This included dedicated input from a psychologist, physiotherapist, occupational therapist, psychiatrist and dietician. Staff were experienced in complex care and dementia.
- However, the psychologist time on the ward had recently been reduced in order to develop psychology in the older people's community teams. This meant that there was a lack of individual psychology support on the ward. The ward had benefited from trainee clinical psychology and psychology intern posts which was due to restart.
- Staff were up to date with their appraisals and 91% of staff had an appraisal within the last 12 months.
- The trust did not provide data for rates of clinical or managerial supervision for medical or non-medical staff. Staff we spoke with confirmed that they had access to regular supervision and team meetings and training. This included weekly information sharing sessions and a monthly multi-disciplinary reflective practice session facilitated by a trainee clinical psychologist. This had recently ended when the placement ended in August 2017 but was due to recommence at the end of the year.

Multi-disciplinary and inter-agency team work

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.

- Garner ward had regular and effective multi-disciplinary meetings. Multi-disciplinary team meetings took place three times a week with a range of specialist staff including nurses, doctors, physiotherapist and occupational therapists.
- We observed a planned discharge meeting which was well organised and included discussion around risk. Family, social workers and care coordinators and the ward discharge coordinator were involved in the meeting.

Adherence to the MHA and the MHA Code of Practice

- Twenty one out of the 22 patients were detained under the Mental Health Act 1983 (MHA). We reviewed four Mental Health Act records and saw that records were filled in correctly, up to date and scanned in with patient care records.
- Regular MHA audits took place and no recent issues had been identified.
- All staff received training in the MHA training and described good support from the MHA office. Staff we spoke with demonstrated a good understanding of the MHA and Code of Practice and its guiding principles, such as least restrictive practice and section 17 leave requirements.
- Medicines to be given to patients detained under the MHA were documented accurately.
- Patients had good access to the IMHA service. A weekly visit from an IMHA was in place and all staff we spoke with were aware of this. The IMHA described good links with the ward.

Good practice in applying the MCA

- We found embedded and routine recording of patient capacity around a wide range of care and treatment decisions. Staff demonstrated a good understanding of capacity and consent. All staff had received recent training in the Mental Capacity Act.
- The Independent Mental Capacity Advocate (IMCA) visited the ward each week and worked well with the ward team. This was a requirement notice from the previous in 2015. The advocate confirmed that staff contacted them to refer patients who might lack capacity and always made time for discussion around advocacy.
- Individual mental capacity assessments for patients with cardiopulmonary resuscitation (DNA/CPR) status set out the decision making process regarding the persons capacity was made. Improving records of DNA/CPR status was a requirement from the previous inspection in 2015 and this had improved. We reviewed records and saw that plans were usually completed within a week of admission with family involvement and review by the medical team. However, one patient who had DNA/CPR status and did not have capacity in regard to this decision had wanted active treatment but had not been reviewed within the timescale and family had not yet been consulted after three weeks.
- Deprivation of Liberty Safeguards (DoLS) applications were made when required. The local authority prioritised these applications and usually made the decision within two weeks. One patient had been placed on a DOLS within a fortnight of the application.
- The trust had good arrangements to monitor adherence to the MCA.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff were kind, compassionate and professional in their interactions with patients and their relatives. We observed positive staff attitudes and behaviours with patients and noted that staff were skilled in defusing and de-escalating potential issues between patients.
- Staff we spoke with showed a good understanding and knowledge of the individual needs of patients and were enthusiastic and committed to looking after patients with complex care needs.
- Relatives confirmed this and told us that staff were kind, compassionate and caring.
- Patient led assessments of the care environment (PLACE) data in 2016 for privacy, dignity and wellbeing, found the score for Bodmin Hospital, including Garner ward was 74%, which was below the England average of 90%.

The involvement of people in the care they receive

- Most patients on the ward lacked capacity at times. Staff had ensured involvement of carers and relatives in the care of patients. For example, life stories about patients was discussed with relatives and shared with staff.
- Families and carers were involved in meetings about their relative's care. We observed patient and family involvement in care records and during a discharge planning meeting.
- Carers or next of kin family members were encouraged to be involved in developing care plans by completing the Cornwall Know Me Book which collected information about patient's life stories to support individualised care.
- Carers had recently improved admission information for patients and their relatives and designed a carer's leaflet with 'hints and tips' for carers of anyone admitted to Garner ward.
- A carer's support group was in place. This was carer led with staff attendance at set times, for example, the ward manager had been invited to talk to the group.
- Carers were involved in the recruitment to staff on Garner ward and members of the staff interview panels.

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

- Average bed occupancy was increasing. Between 1 April 2016 and 31 March 2017 bed occupancy was 79%. This had increased to 85% in the most recent report period between April 2017 and 31 August 2017.
- Due to the high occupancy there were times when beds were not available to people living in Cornwall. The three patients in out of area placements were appropriately placed in dementia inpatient environments so repatriation had not yet taken place.
- Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and was in the interests of the patient, two patients with a functional illness were moved to the adult functional ward as this was clinically more appropriate. One patient was nursed in the psychiatric intensive care unit with Garner ward staff support until a bed became available.
- Discharge was sometime delayed for other than clinical reasons, for example, lack of suitable community placements for patients with complex care and dementia. The ward manager advised that several nursing homes had closed or deregistered for nursing home care so that they only provided residential care, which made discharge from the ward more challenging. The ward worked proactively with the local authority and community teams to expedite discharge and had a discharge coordinator in place to support this.
- The trust had recorded four patients as a delayed discharge in the last twelve months. However, patients detained under the mental health act were not recorded as delayed discharges as treatment was ongoing.

The facilities promote recovery, comfort, dignity and confidentiality

- There were communal and individual areas and spaces for therapeutic activities to take place.
- Valuables were stored in patient accounts within the community hospital and carers information included advice on taking home valuables.
- Most rooms were not personalised with pictures and other memorabilia. Some carers we spoke with were not aware that they could bring in pictures and other personal items for their relatives. We raised this with senior management in the trust and they advised that décor was risk assessed based on the needs of the patients on the ward at any given time.
- Staff reported a lack of storage for equipment and there was no visitor or private room on the ward.
- Patients could access a phone to make a call in private using the ward roamer phones. Patients had access to outside space with two garden areas and an outdoor smoking area.
- Food was of good quality. Carers who visited the ward commented positively about the food for their relatives and availability of snacks and drinks between meals. Bodmin Hospital, including Garner ward scored 96% for ward food in the 2016 PLACE assessments, which is better than the England average of 92% and overall trust score of 93%.
- Three activity coordinators supported seven day a week activities including evenings, with a range of activities on a one to one and group basis.
- There were examples of friendly and colourful spaces that were dementia friendly, such as the activity area and garden, grab rails and brightly coloured chairs. However, improved way-finding and signage was not fully in place and the ward lacked local or historic memorabilia such as pictures of local places or Cornish information. Some areas were quite stark, for example the male lounge, which staff were fundraising to improve. Staff reported that changes to the lighting were not dementia friendly, such as sensor lights in bathrooms. However, in response to lighting concerns the ward had removed sensors in four bedrooms and installed light switches to offer patient choice where possible. One of the two gardens contained artificial grass and pictures of flowers and did not have any natural planting or sensory areas.
- Bodmin hospital scored 69% which was lower than the England average of 83% for providing a dementia friendly environment in the most recent patient led assessments of the care environment (PLACE) in 2016. This related to the wider community hospital and not just Garner ward.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Good

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

- The ward was designed to be fully accessible for people with physical disabilities and adjustments had been made. For example, the ward was on the ground floor with grab rails throughout the corridors and an assisted bathroom and disabled toilet.
- Information for carers and information about advocacy and patients' rights and how to complain were in place. Pictures of the ward team were on display.
- Staff knew how to access interpreters and information leaflets in languages where English was not the first spoken language.
- Food choices met patient's dietary requirements including religious and ethnic needs.
- Staff asked for mealtimes to be protected but visiting hours were open and flexible to accommodate relatives travelling for potentially long distances.
- The hospital chaplain visited the ward regularly. The chaplain supported the ward to access appropriate spiritual support for individual patients when needed.

Listening to and learning from concerns and complaints

- The manager encouraged relatives and patients to talk to staff about concerns and the team learnt from complaints. For example, any complaints were taken to the ward team meeting to learn from this. There had been no complaints in the last 12 months.
- The ward IMHA was involved in supporting complaints, when necessary, such as writing letters on behalf of patients.
- Garner ward received 16 compliments in the last 12 months between June 2016 and May 2017.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff knew and agreed with the organisation's values of compassionate services, achieving high standards, respecting individuals and empowering people.
- The trust's visions and values were embedded on Garner ward. The multi–disciplinary team worked in a compassionate way which reflected the organisation's values and objectives.
- Staff knew who most of the senior managers were and mainly felt supported by the organisation.

Good governance

- Systems were in place to measure the performance of the ward team and this was shared with staff in team meetings. There was an open and supportive culture to report and record incidents and identify learning from these.
- Systems to ensure staff received regular appraisals were embedded. Structures for team and individual supervision were in place. However, individual supervision was not routinely recorded so could not be monitored.
- The key risks on the ward were staffing recruitment and retention, with 4 band 5 vacancies and recent planned changes to psychology on the ward.
- Recruitment and retention was high on the agenda of the trust and a key risk. Staffing was reviewed by the board each month.

Leadership, morale and staff engagement

- Despite the staffing shortages the team was well managed and staff felt able to raise concerns. Staff knew how to use the whistle blowing process if needed.
- A range of staff across the multi-disciplinary team reported positively about the good team working and mutual support across Garner ward. The team were enthusiastic about their roles.
- However, concerns were raised about the long term sustainability of covering for sickness, staffing vacancies and the psychology programme.
- Despite this morale was good, due to the supportive leadership style of the ward manager and resilience of the multidisciplinary team who all worked well together.
- Staff also raised concerns about the environment and were fundraising to improve the environment and create a cinema room for patients.

Commitment to quality improvement and innovation

- In recognition of the team working on Garner ward the team had been nominated for the annual staff value based CARE awards which recognises and rewards contribution and excellent staff to patient services.
- Garner ward team nominate a team member each month to recognise and thank them for their contribution. This was celebrated in the monthly team meeting.