

Good 

South Staffordshire and Shropshire Healthcare NHS
Foundation Trust

Wards for older people with mental health problems

Quality Report

St George's Hospital
Corporation Street
Stafford
ST16 3SR
Tel:0300 790 7000
Website:www.sssft.nhs.uk

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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)
RREX9	Redwoods Centre	Holly Ward	SY3 8DS
RREX9	Redwoods Centre	Oak ward	SY3 8DS
RRE13	St George's Hospital	Baswich ward	ST16 3AG
RRE13	St George's Hospital	Bromley ward	ST16 3AG
RRE58	George Bryan Centre	East Wing	B78 3NG

This report describes our judgement of the quality of care provided within this core service by South Staffordshire and Shropshire Healthcare NHS Foundation trust. Where relevant we provide detail of each location or area of service visited.

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

Summary of findings

Where applicable, we have reported on each core service provided by South Staffordshire and Shropshire Healthcare NHS Foundation trust and these are brought together to inform our overall judgement of South Staffordshire and Shropshire Healthcare 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 South Staffordshire and Shropshire Healthcare NHS Foundation trust as good because:

- The wards were clean and safe with sufficient staff to meet patients' needs. They were patient and age friendly, with a variety of rooms and activities. Risks to patients were monitored and managed effectively.
- Staff used evidence-based tools and assessments to measure needs and risk. Clinicians took part in audits to improve the quality of care. Staff had access to additional training for their role to improve clinical effectiveness.
- Staff treated patients and carers with dignity and respect. Staff were enthusiastic, positive and had

understood the needs of patients and how to meet them. All patients and carers we spoke with were positive about the care and treatment they had received.

- Staff felt well supported and supervised, staff appraisal rates were good. Mandatory training rates met trust requirements.

However:

- Medication errors relating to unavailable medicines were not being consistently reported as an incident and as such learning in this area was difficult to achieve.
- Three women occupied bedrooms on the male corridor on Holly ward. This practice was not meeting the requirements for single sex accommodation.

Summary of findings

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

Are services safe?

We rated safe as good because:

- All wards were clean, well maintained, with quiet spaces for patients. There was good hygiene and infection controls in place.
- Wards used appropriate risk assessment and monitoring tools to ensure the well-being and safety of patients. All wards had an up to date environmental risk assessment and management plan in place.
- Staffing levels were appropriate and adjusted to meet the needs of patients currently on wards.
- All staff had a good understanding of safeguarding processes and knew their responsibilities to keep patients safe from the possible risk of abuse and harm
- Most staff was up to date with required mandatory training and the average achieved was above the level expected by the trust.

However

- On occasions when medication for physical health conditions was not available or staff had missed doses, staff had not raised an incident report.
- Female patients placed in bedrooms on the male corridor on Holly ward did not meet the guidance on mixed sex accommodation.

Good



Are services effective?

We rated effective as good because:

- Patients had a comprehensive assessment of their mental, physical health, nutritional and hydration needs. The physical health care plans were thorough and comprehensive.
- Nursing staff had training in additional skills to monitor and treat physical health care.
- Clinical staff had regular supervision and yearly appraisals.
- Staff engaged in clinical audit on a regular basis and amended practice accordingly.
- There was a good mix of clinical staff across all wards. The multidisciplinary teams met regularly to review patient care and assessments with patients.

Good



Summary of findings

- Staff were trained in the mental health act and mental capacity act. Information about their legal rights was given detained patients. Advocacy services were available to support patients.

Are services caring?

We rated safe as good because:

- Staff were caring and supportive to their patients. They demonstrated a good understanding of the individual needs of patients and knew how to meet patients' needs.
- Patients and relatives were very positive about staff. Carers and patients felt involved in care. For those patients with limited cognitive capacity staff used a variety of approaches to promote engagement and communication.
- Staff involved patients in their care planning but when patients could not they involved families and carers in the writing of care plans.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- There was no regular movement of patients between wards. The appointment of a discharge nurse had improved the discharge process.
- Environments promoted well-being and recovery with dementia-friendly features. There was a variety of rooms supporting an appropriate range of activities.
- There were leaflets and other information available about the wards, treatments and all relevant areas to do with patient care and well-being.
- Complaints and comments of patients and relatives were responded to within timescales and informed improvements in the service.
- There was a good range of equipment available to meet the needs of patients with physical disabilities and wards were able to access specialist equipment in a timely manner.

Good



Are services well-led?

We rated well-led as good because:

- Staff demonstrated the trust's values in their work. They had developed local visions for their wards.
- There were robust governance systems in place. Lessons learnt were shared and change to practice implemented in order to improve care.

Good



Summary of findings

- Staff appraisal and supervision rates were good and in line with trust expectations.
- Staff felt supported by their managers and spoke with pride regarding their role and working for the trust.

Summary of findings

Information about the service

South Staffordshire and Shropshire Healthcare NHS Foundation trust provides inpatient services for people over the age of 65 and above with mental health conditions. The services provided are for both patients admitted informally and those compulsorily detained under the Mental Health Act 1983 (MHA). This report looks at the older peoples in patient wards provided by the trust. The units are based over three sites;

The Redwoods Centre in Shrewsbury:

- Oak ward, 16 bedded mixed gender ward for adults with organic mental health problems.
- Holly ward, 16 bedded mixed gender ward for adults over 65 years old with mental health problems and physical health and frailty.

St George's Hospital sited in Stafford:

- Baswich ward, a 12 bedded mixed gender assessment ward for adults with organic mental health problems.
- Bromley ward, a 14 bedded mixed gender assessment ward for adults over 65 with functional mental health problems.

George Bryan Centre:

- East Wing, a 12 bedded mixed gender assessment ward for adults with organic and functional mental health problems.

Our inspection team

Our inspection team was led by:

Chair: Vanessa Ford, Director of Nursing Standards and Governance, West London Mental Health

NHS Trust

Team Leader: James Mullins, Head of Hospital Inspection (Mental Health), CQC

Inspection Manager: Kenrick Jackson, Inspection Manager (Mental Health), CQC

The team that inspected the wards for older adults with mental health problems consisted of one CQC inspector, one expert by experience, one nurse and one psychiatrist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and feedback.

During the inspection visit, the inspection team:

- visited five wards at three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 22 patients who were using the service

Summary of findings

- spoke with the managers for each of the wards
- spoke with 19 other staff members; including doctors, occupational therapists, housekeeping staff and nurses
- interviewed the service manager and with responsibility for these services
- attended and observed one hand-over meeting and one multi-disciplinary meetings
- Looked at 16 treatment records of patients
- carried out a specific check of the medication management on five wards
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

- At all five wards, most of the patients we spoke with told us that they felt safe, were positive about the care their and that staff were helpful and caring. They said that staff did their best to provide a good service.
- Carers reported that they felt relatives were looked after, kept safe and were satisfied with the care given.

Good practice

- The 'Me Tree' on East wing that contained pictures and information about the staff. Patients and relatives said it made the staff real and created talking points about things like hobbies and families.

Areas for improvement

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

- The trust should ensure Patients receive medication prescribed for them. Where the medication is not available; an incident report should be completed.
- Male and female patients with bedrooms on corridors of the opposite gender should only happen in rare circumstances.

South Staffordshire and Shropshire Healthcare 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
Holly ward	Redwood Centre
Oak Ward	Redwood Centre
Baswich ward	St Georges Hospital
Bromley ward	St Georges Hospital
East Wing	George Bryan Centre

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.

- All staff had completed mental health act training. Staff demonstrated a good understanding of the Mental Health Act that.
- Most prescription charts had the relevant T2 or T3 form attached to them when required which were fully completed and correct.
- Patients had been informed them of their rights. Care files showed that patients received the reading of their section 132 rights.
- The mental health act office conducted audits to make sure all paperwork was up-to-date and in place.
- Patients had access to an independent mental health advocate (IMHA) and information was available on ward notice boards. Staff referred patients to the service.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated good knowledge of the Mental Capacity Act (MCA) and the principles of Deprivation of Liberties Safeguards (DOLS).
- Staff received MCA training as part of their mandatory training.
- Where a patient lacked mental capacity, the consultant psychiatrist recorded how they made in their best interests.
- Capacity and consent to treatment was discussed in the multidisciplinary team meetings.
- There was one DoLS authorisation in place at the time of our inspection. There was a delay in getting DoLS authorisation through the local authority.

Are services safe?

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

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

Our findings

Safe and clean environment

- All ward and office areas were clean and well maintained. Each ward had housekeeping staff and up to date cleaning schedules. We noted that cleaning cupboards were secure and that there was correct storage of cleaning products.
- Holly ward and Oak ward had gender specific corridors; however, because there were more female patients on the day of inspection, three women occupied bedrooms on the male corridor in Holly ward. Staff tried to give females bedrooms closest to the nursing office but we saw one male bedroom in between the nursing office and the female bedrooms. All bedrooms had ensuite facilities, which meant that patients did not have to walk past other bedrooms to access bathrooms or toilets. Although the bedrooms were zoned, the practice of female patients in male corridors was not meeting the requirements of the single sex guidance. Patients had a fob to access bedrooms. Wards had designated female only lounges.
- Holly and Oak ward had clear lines of sight whereas Baswich, Bromley and East wing did not. The various designs of the wards meant that there were blind spots where staff were unable to observe the patients easily. Staff reported that they managed this by actively deploying staff in these areas and by carrying out observation of all patients. We observed this practice and reviewed up to date records of observation checks completed by staff. There were up to date environmental risk assessments in place for all wards. They were completed yearly and reviewed six monthly. These identified ligature risks and considered fixtures, fittings and ward layout. Potential risks were managed and a record of actions to reduce any risk was maintained.
- All Clinic rooms were clean, tidy, and well organised. All were fully equipped with accessible resuscitation equipment and emergency drugs; documentation confirmed daily equipment checks were taking place.

Recorded Temperature logs for fridges showed minimum and maximum temperatures on a daily basis. All clinical observation equipment was present with evidence of regular calibration and maintenance.

- We observed good hand hygiene and infection control practices across the wards.
- All staff had mobile alarms. Alarms also alerted some staff to any movement sensors that were in place such as bed and chair sensors. Nurse call buttons were present in all patient bedrooms and bathrooms for patients to use when requiring assistance from a member of staff.
- There were no seclusion rooms on any of the wards.
- The Patient led assessments of care environment score (PLACE) for the trust overall was 97%; this figure was just 0.6% below the national average. St George's hospital scored 95%, the redwoods centre scored 98% and the George Bryan centre scored 98%.

Safe staffing

- Holly ward, East Wing, Bromley ward and Baswich ward calculated staffing levels using a safer staffing tool. Staffing levels on oak ward were under review using the Keith Hurst tool. The ward was reviewing staffing levels because of the complexity of patients admitted and the managers wanted an increase in staffing to allow the ward to have six staff on early shifts, six staff on late shift and four staff at night.
- Oak ward had 14 whole time equivalent (wte) nursing staff and 12.8 wte Health Care Assistants (HCA) with 0% vacancies. Staff we spoke to said that staffing levels increased when there were more than two constant observations. Carers and patients we spoke with had no concerns regarding staffing levels. Staff and patients confirmed that escorted leave was not cancelled due to staffing levels. We observed patients going out on escorted walks with staff.
- From data provided by the trust for August to October 2015 showed that Baswich ward was the highest user of bank and agency to cover shifts at 99. Bromley 91 shifts, East wing 62 shifts, Holly ward 74 shifts and Oak ward 54 shifts.

Are services safe?

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

- Holly ward had 14.2 wte nursing staff and 12.48 wte HCA with 3% vacancies. There had been a recent resignation and the staff member was working their notice period. An activity worker post had been established and appointed to.
 - Bromley ward had 13.4 wte nursing posts and 11.8 wte HCA with 6% vacancies. Staff we spoke to on Bromley ward said that they meet the required number of staff of per shift, which is five early, four late and three at night.
 - Baswich ward had 14.6 wte nursing posts and 19.77 wte HCA with two vacancies. The ward manager confirmed that both posts were been interviewed for in the week following our inspection.
 - East Wing had 13 wte nursing post and 12.07 wte HCA with one vacancy. The ward operated with four staff on early, four staff on late and three staff on night shift.
 - Sickness levels across the wards for older adults were 7.05%. Bromley ward was the highest with 10.35%, Holly ward 8.96%, Oak ward 8.86%, East wing 7.50% and Baswich 5.16%.
 - We reviewed rotas across all wards. They confirmed managers adjusted staffing levels to take into account case mix and increased observation.
 - During inspection, we observed that nurses were visible on the wards and in communal areas.
 - All staff who we spoke with confirmed there was enough staff on shifts to carry out any physical interventions if needed and that they were able to access support if required from other wards.
 - Junior doctors and consultants provided wards medical cover during the day. Junior doctors covered any medical needs. Out of hours, a rota of junior doctors supported by consultants on call provided cover. The ward managers said that their staff were skilled in dealing with physical health needs and that they always had access to medical cover when needed.
 - Across the five wards, the average mandatory training compliance at 30 September 2015 was 89%. During inspection, we reviewed documents that confirmed that staff had been booked on to future mandatory training. The wards ensured all staff were trained in De-escalation, Management and Intervention (DMI) Training.
- Assessing and managing risk to patients and staff**
- There have been no incidences of seclusion or long-term segregation reported in the 12 months prior to our inspection. The inspection team did not find the wards for older adults had blanket restrictions. Management of patients was based on their individual risk assessments and presenting needs.
 - From April 2015 – September 2015, there were 20 incidents of restraint on Bromley ward, 45 on Baswich, 12 on East Wing, 30 on Oak ward and 18 on Holly ward. Two restraints were reported as prone and resulted in rapid tranquilisation. Staff we spoke with were able to explain different types of de-escalation techniques that they employ to reduce any need for restraint. These included distraction, engaging in activities and identifying risks and triggers of individuals. During inspection, we observed staff calmly dealing with potentially challenging situations without the need for physical intervention. There were care plans in place that documented individual's triggers and how staff could manage them, noting physical issues such as arthritis or issues learned from previous incidences of restraint.
 - Trust data showed that rapid tranquilisation had occurred once in the 12 months prior to our inspection; this was on Bromley and Oak ward. Staff who we spoke to confirmed that it was rarely used but were able to explain the procedure and how it should be recorded and monitored, adhering to NICE guidelines and trust policies.
 - Staff carried out risk assessments of every patient on admission using the functional analysis of care environment Tool (FACE). Care records that we reviewed all had a risk assessment which was completed and up to date.
 - Most wards had a locked door entrance. East wing had an open door policy. The door would lock the door to ensure patient safety. Staff said that informal patients could leave at will and that they would ask staff to open the door if locked. There were signs available at the ward exits to inform patients and visitors.
 - Observation policies were in place and staff could tell us how they followed them. We observed staff discussing observation levels of all patients in handovers and we saw observations taking place in line with assessed and recorded risks on all wards.
 - All staff we spoke with was able to identify what would create a safeguarding concern and knew how they would alert the local authority or trust safeguarding team.

Are services safe?

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

- Prescription charts were clear and well documented. Pharmacists and technicians regularly visited the wards. Patients who lack capacity to make an informed decision sometimes needed their medicines concealed in food or drink for their best interests. The covert administration of medicines is where medicines are given to people without their consent or knowledge. We found that Best Interest meetings took place and followed a multidisciplinary team approach. A clinical pharmacist provided clinical advice on safe administration of medicines as part of that team. On Oak ward we found one patient was not been given a prescribed medicine for four days. This was because the prescriber had written the branded name of the medicine and not the generic name. On Bromley ward, we found two patients with missed antibiotic administration for 24 hours and another patient had not received a medicine for obstructive airways disease for four days because it was not available. There had been no reporting of these errors or omissions as medicine incidents. Nursing staff and junior doctors completed Medicine reconciliation when patients were admitted to the ward.
- Patients at risk of falls had a falls assessment and management plan in place. We noted that the assessments were up to date and had been amended as necessary. Hip protectors were available if needed. Bed and chair sensors enabled staff to be aware when patients were potentially at risk and in need of support.
- Visitor rooms are available across the locations on or off of the wards.

Track record on safety

- There was 11 Serious Incidents (SIRIs) reported in the 12 months prior to our inspection.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on the trusts safeguard system that was accessible via the intranet. Incidents were analysed and reported to staff via the managers' briefings, emails and in team meetings.
- Staff shared examples of learning from when things go wrong. For example, following an incident on Holly ward, removal of the bathroom door stopped a patient restricting views into the room.
- Staff received debriefs after incidents and were able to request as and when needed. Wards used reflective practices to debrief staff following serious incidents. A debrief is provided for patients and visitors who may have witnessed an incident on wards to ensure they are supported. Staff we spoke to confirmed that it was a supportive process and that it had a positive impact on patient and staff wellbeing.
- Staff we spoke to were aware of and could describe the Duty of Candour and the need to be open and transparent.

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

- Care records confirmed that patients had a comprehensive assessment on admission which included mental and physical health, nutritional and hydration needs, social circumstances, preferences and family support. Ongoing assessment of needs was evident and reflective of changes in presentation.
- All of the records that we viewed showed that a physical health check took place within 24 hours of admission. The physical health care plans were thorough and comprehensive. Recognised screening and monitoring tools were used to assess continence, tissue viability and swallowing. In the patient notes, we read many examples of staff carrying out the medical early warning scores and acting appropriately when the scores were rising, for example, monitoring observations and calling the doctor for a medical opinion. Ongoing monitoring of patients' physical health needs was evident in all of the care records that we viewed.
- Care plans were recovery focused, holistic personalised and where views of the patient could not be established, the views of relatives or carers were included. All care plans that we viewed were up to date and robust.
- The trust uses the RIO electronic records system and as such, records are secure, password protected and accessible only by trust staff.

Best practice in treatment and care

- All patients had food and fluid charts started on admission and malnutrition universal screening tools (MUST) were completed.
- There were examples in patients' notes of referrals to podiatry, dieticians and physiotherapy. There were detailed discussions of patients' physical health care needs taking place on ward rounds. Health care professionals shared information within the ongoing care records to ensure continuity and clear plans of care.
- Prescription cards showed that staff followed NICE guidance when prescribing medication for older people with Alzheimer and depression.
- Psychological therapies followed best practice and NICE guidance. Psychology staff provided support for other team members in delivering therapies and contributed to the MDT formulation of a patient's needs.

- Staff routinely measured the overall well-being of patients with the use of the Health of the Nation Outcome Scales (HoNOS).
- We observed staff to be assessing and monitoring patients' nutrition and hydration needs. Areas of common concern among the older adults patient group such as fluid intake, blood glucose, dietary intake or swallowing difficulties were monitored and referrals to specialists made if required.
- A range of audits took place that involved clinical staff. We were shown an example of one that involved healthcare support workers and dietetics staff which focused on patients weight monitoring during an admission. Results of the audit indicated that there had not been significant weight loss over a defined period of time among the patient group. Across all wards, case note and handwashing audits were also regularly completed.

Skilled staff to deliver care

- There was a good mix of registered nurses, support workers and activity workers on all wards who were joined in a multidisciplinary team by Occupational therapists, psychologists, physiotherapists, pharmacists and social workers. The teams supported patients in regaining activities of daily living skills and supporting discharge to suitable community placements.
- All new staff completed an induction to the trust and their local area of work. Each of the wards had their own induction checklists. A newly qualified nurse we spoke to confirmed they had been on induction and was on a preceptorship programme.
- Staff had dementia awareness skills training to ensure that they had the skills and knowledge to work with the patient group. The de-escalation and management intervention training was adapted for older adults. This meant that staff were skilled to manage patients aggressive behaviours.
- Supervision structures were in place across the wards for both clinical and managerial supervision. Staff reported that they received supervision and we reviewed documentation that confirmed supervision was taking place on a regular basis. Staff appraisal levels across the wards for older people ranged from East wing with 100%, Bromley with 96%, Holly with 94%, Baswich with 89% and Oak with 78%. Doctors' medical revalidation rates across the service were 100%.

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.

- Ward managers addressed staff performance in line with human resource policies.

Multi-disciplinary and inter-agency team work

- All five wards had regular multi-disciplinary meetings (MDT). These involved a range of clinicians and included the attendance of relatives/carers. East wing had difficulty getting social workers to attend their multidisciplinary meetings for patients over 75 years old. We saw that community care co-ordinators attended MDT meetings on Holly ward.
- All wards had good links with the pharmacy teams. Clinical pharmacists were regularly involved in multidisciplinary team meetings to discuss patients' medicine requirements. The pharmacist provided advice about medicines and dosages within those meetings. Nursing and medical staff told us that the pharmacist was a valued member of the multidisciplinary team.
- We observed on Holly ward that there was working across the border with services in Wales. There was a video and telephone conferencing facility to support the cross border working.
- A dementia skills supervision session for ward staff in Oak and Holly led by a nurse practitioner was set up to bridge learning between ward staff and the community.
- We observed handovers on all wards to be comprehensive. All patients' needs were discussed including MHA status, physical and dietary needs, DNA/CPR and identified risks. They were used to efficiently allocate staff tasks such as 1:1 time with patients.
- We reviewed minutes from staff meetings that confirmed meetings happened monthly. There were set agendas and we saw that discussion was documented and those responsible for any action to be taken was noted.
- The care pathway co-ordinators worked with teams from other organisations such as local authority, sheltered housing and care homes to ensure discharges happened as smoothly and effectively as possible.

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

- Ninety six per cent of staff across the wards had attended training in mental health act legislation. Staff

who we spoke with demonstrated a good understanding of the mental health act and the code of practice and were able to demonstrate their knowledge of the different MHA sections.

- The wards confirmed that a proportion of patients admitted were subject to detention under the mental health act. Staff from the mental health act office supported the wards to ensure that documents were in accord with the MHA and Code of Practice (CoP). There was information about the MHA in the welcome packs for the wards, which included a leaflet about an individual's rights and responsibilities as an informal patient.
- We saw that paperwork relating to detained patients was filled in correctly, up to date and stored appropriately. The mental health act office regularly audited the mental health documentation to ensure that staff were scrutinising documents received and informing patients of their rights.
- Patients had access to independent mental health advocacy (IMHA) services; the advocacy worker visited the wards regularly and in response to referrals. Details explaining how to contact the advocacy workers was given in the information packs for the ward, displayed on posters in all the wards and their involvement checked in the multidisciplinary meetings. The advocate also attended the ward review and then provided feedback to family if they had been unable to attend.
- On most wards, consent to treatment forms for people detained under the MHA had been attached to medication charts. However, on Oak ward when patients were sectioned, we noted that the prescription charts had not all been highlighted to show whether a T2 or T3 form was in place. A form T2 is a certificate of consent to treatment and form T3 is a certificate of second opinion to treatment.
- Staff told us they explained section 132 to patients detained the mental health act on a weekly basis; we saw evidence of this in the care records.

Good practice in applying the Mental Capacity Act

- There was a policy on MCA including DoLS, which staff were aware of on the trusts' intranet system.

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.

- Ninety six per cent of staff across the wards had attended training in the mental capacity act. All staff who we spoke with had an understanding of the mental capacity act and the five statutory principles.
- Information provided by the trust showed there 42 applications for deprivation of liberty safeguards (DOLS) made; 33 of these related to patients on oak ward.
- Patient care records included assessments of patients' capacity to make specific decisions. However, in some cases staff had not recorded how they had made decisions to treat patients who lacked mental capacity.
- Bromley staff described a rapid improvement workshop carried out by the ward with assistance from the mental health act office in December 2015 to improve on the process to determine capacity leading to either DoLs or a section of the MHA. The results of this process included design of a flow chart and proposed changes in documentation.
- Independent mental health advocates were available and staff knew how to make referrals on patients' behalf.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We saw staff treat and support patients in a warm, positive and respectful manner. Staff supported patients' privacy and dignity in many ways across the wards and offered a choice of different environments to sit in. Staff promoted peoples dignity by managing incidents quickly and discreetly. We observed a patient shouting in a communal area; the nurses promptly distracted the patient and took them away from other patients so as to maintain their dignity and privacy.
- Relatives and carers were welcomed and supported in continuing with providing assistance with patient's personal care and activities of daily living if appropriate. We observed a family member helping a relative to eat their meal. Relatives were also encouraged to participate in the assessment and care planning process through sharing stories about the patient and shaping the care plans. A relative showed us their family members care plans that they had helped to write. They told us about how involved they felt in planning their loved ones care.
- Staff we spoke with had a good knowledge of the patient's individual needs. Staff were able to relate behaviours, patient preferences and histories, where known.
- We saw staff knock on bedroom doors before entering and they consistently demonstrated respect for patients' dignity and privacy.

The involvement of people in the care they receive

- Information leaflets were available for patients and carers. The admission process orientated patients to the ward.
- Staff we spoke with said that involving some patients in their care could be difficult due to the patient's cognitive levels. Care plans were not always devised in conjunction with patients due to the effect of the person's mental health on their cognitive functioning. Staff said they worked with relatives and carers in such cases to develop care plans and would attempt to involve the patients as much as possible.
- Oak ward used 'My life' story with patients to promote engagement and conversation to develop life stories and get to know the patients in more detail. Staff collect my life stories from patients and their families. By knowing a patient's background, interests and profession helps staff to organise activities and explain response to interventions.
- All wards had regular activities planned that patients could join in. We observed exercise group and reminiscence therapy taking place. Patients who did not want to participate were able to sit with nursing staff in groups or on their own.
- All carers told us they were fully involved with patients care and that the ward staff were very good in ensuring that they were partners in the care of their loved ones.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The inpatient wards for people with dementia in Stafford were Baswich and Bromley wards at St George's Hospital. Tamworth patients went to East wing at the George Bryan Centre and patients from Telford and Shrewsbury to Holly and Oak wards at The Redwoods Centre. Referrals are from a variety of sources such as general practitioners and community mental health teams.
- Holly, Oak and East wing had the highest bed occupancy over the 6 months from April 2015 to September 2015 at 99%. Bed occupancy on Baswich ward was 94% and Bromley ward was 98%.
- At the time of our inspection, there had been one patient placed out of area.
- Some leave beds have been used for new admissions. To reduce those occurrences, patients on Bromley ward go on overnight leave to test how they cope at home. On east wing when beds are not available, patients have been admitted to west wing until a bed becomes vacant.
- At the time of our inspection, there were five patients from adult wards sleeping in on Holly ward as a short term measure because of bed shortage on acute wards. The patients were age appropriate for Holly ward but they were patients of adult consultants and had different needs from the other patients on holly ward. Staff acknowledged that that it was difficult to provide continuity of care for those patients.
- Staff said that it was very rare for patients to move to another ward unless warranted on clinical grounds or at the request of the patient and their family. Oak ward had appointed a discharge nurse who co-ordinated discharge and engagement with community services. The nurses attended MDTs, ward rounds and liaised with care co-ordinators.
- Between April 2015 and September 2015, there had been 24 delayed discharges. Oak ward had the highest with 12 patients; holly ward had 5 delayed discharges; Baswich had 4 delayed discharges and Bromley ward had 3 delayed discharges during this period. There were a number of reasons for delayed discharges; they ranged from patients been admitted to acute wards and remaining on the numbers of Oak ward or delays in obtaining funding for patients ready to discharge.

- From October 2014 to September 2015, the highest number of readmissions within 28 days of discharge was Holly ward with 21. Oak ward had 12 readmissions in the same period; Bromley ward had 5; east wing had 4 and Baswich ward had 1.

The facilities promote recovery, comfort, dignity and confidentiality

- Most wards had a good range of communal and gender specific lounges and activity rooms. This allowed patients to mingle with each other, take part in different activities, or spend time in quiet areas. Patient bedrooms could be personalised but due to the length of the stay, most of the rooms we saw did not contained many personal items.
- Wards were age and dementia friendly, decorated with pictures, photographs and sensory items. Rooms had clear signage. Reminiscence rooms contained items that patients could relate to and stimulated discussions and old memories. Regular activities led by activity workers supported by nursing staff took place on wards. Patients told us how much they enjoyed the activities and did not have to join in if they wanted time on their own.
- Wards had a range of activity items such as crafts, games, jigsaws and activities of daily living kitchen. We observed a group activity session taking place and staff engaging in positive and meaningful ways with patients. Activities were available at weekends for patients. Relatives told us they took part in some of the activities when they visited.
- All wards had access to outside garden space that was equipped with appropriate pathways, handrails and seating areas.
- Baswich and Bromley bedrooms did not all contain ensuite facilities. To ensure that patients privacy and dignity was protected a 'dignity nurse' was available every shift. Dignity nurses ensured that patients did not enter the wrong bedroom or that patients wondered the corridors inappropriately dressed. They were located in the corridors to support patients and ensure their privacy and dignity.
- Bedroom doors had adjustable viewing panels; this made night observations more discreet so as to not disturb patients sleep.
- All wards had bedrooms for higher dependency care. Staff gave examples as to how these beds were for patients who needed a low stimulus environment or those in need of closer observation.

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 on all wards were aware of the trust's vision and values. It was apparent that their approach to their work and their answers to patients and relatives confirmed their agreement with these values.
- Wards had developed local values and visions that reflected the overall trust vision and values.
- Staff spoke confidently about their work, about their role within the trust and were proud of the job that they did. They were positive about the trust and the leadership of senior managers at different levels.
- Band seven nurses had attended sessions with the chief executive where discussions about trust wide and local issues had taken place.

Good governance

- Mandatory training figures for the wards were above the trust target of 85%.
- The provider used key performance indicators to measure the performance of the service.
- Staff working in the service followed procedures for safeguarding, mental health act and mental capacity act.
- Staff received formal supervision on average every four weeks. Appraisals were carried out yearly for all staff. A cascade system guided when staff should have their appraisals completed. Junior doctors reported that they had supervision weekly.
- There were regular and recorded monthly staff meetings with action plans identified. These were accessible to all staff and stored on the shared drive.
- We saw evidence that staff report incidents. Ward managers analysed incident reporting and shared themes with staff. We reviewed copies of a monthly governance report that included the wards for older adults. It included an analysis of data, themes and variance.
- The wards used audits to monitor how effectively they were providing care. Audits were carried out for medication management, management of the mental health act, care plans, infection control and mattress hygiene.
- Ward managers said they there were sufficient staff across all shifts and had the authority to increase their staffing levels when acuity increased.

- The wards have risk registers which managers and staff could place identified risks.
- All staff we spoke to understood their responsibility to be open and transparent about mistakes with patients and carers. They could fully explain and demonstrate knowledge of duty of candour.

Leadership, morale and staff engagement

- Sickness and absence across the wards over the last 12 months was 7%; Oak ward had the highest level of sickness. A new ward manager and staff had joined the team on oak ward and staff were confident that sickness levels would reduce. We did not receive any information about bullying and harassment cases.
- All staff across wards told us that they felt able to raise concerns without fear of victimisation. They were clear regarding whistleblowing procedures and felt confident raising issues with managers.
- A staff told us they felt much supported on their ward and that there had been many improvements introduced in order to modernise the ward and clinical practice.
- Staff who we spoke with were vocal regarding their love for the job and sense of satisfaction that they felt. Staff were unanimous in their praise of the management of the wards they were on and they felt that their teams worked well together.
- Staff told us that ward managers listened to and respected staff views and opinions. Business meeting minutes, debriefing documents and observations of discussions between staff and managers confirmed this.

Commitment to quality improvement and innovation

- The manager of Holly ward told us they had applied for the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS) and was awaiting the outcome of their assessment. Baswich ward were also considering applying for AIMS accreditation.
- The trust was committed to service improvement and used the lean approach to involve staff in this process. Baswich ward described how improvements had been made in discharge planning following the Lean process.
- Baswich ward had trialled and utilised assistive technology integrated with the triage nurse system. Integration removed the need for noisy alarms that could cause distress to other patients.