

South London and Maudsley NHS Foundation Trust

Wards for older people with mental health problems

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Our findings

Wards for older people with mental health problems

Good   

South London and Maudsley trust had 4 wards for older people with mental health problems, we visited all 4 as part of this inspection. Hayworth ward and Aubrey Lewis 1 ward mostly had patients with non-organic disorders compared with Chelsham house and Greenvale ward who had patients with organic disorders. Greenvale ward was more integrated into the community and mainly had patients with advanced dementia and patients who were on end of life care.

This was an unannounced comprehensive inspection. The last inspection of this core service was in 2017 and there was one requirement notice issued around staff completion of mandatory training, regulation 12.

We rated this service as good because:

- All wards were clean, well equipped, well furnished, well maintained and fit for purpose. The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The service had progressed in reducing staff vacancies.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented, and had direct views from patients.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Patients had access to drama therapy. On Chelsham ward patients had access to sensory machines.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patient records showed that staff assessed and recorded capacity clearly for patients who might have impaired mental capacity.
- The service managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Managers worked with social care teams to find appropriate community care home placements for patients with advanced care needs.
- Leaders had the skills, knowledge, and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff said they felt respected, supported, and valued. They reported that the trust provided opportunities for career progression.

However:

Our findings

- The ligature risk audits did not reflect all the potential ligature risks. For example, there were plastic bags and metal bins placed in the communal area bathrooms in the wards, which could pose a ligature risk. The trust had considered alternative methods for disposing of clinical waste to avoid the use of plastic bags on the ward, but this needed to be kept under review.
- Whilst the completion of mandatory training had improved, some staff still had to complete their mandatory training courses, specifically fire warden training, manual handling training, completion of national early warning scores for physical health checks and safeguarding training. The trust were aware of when staff needed to complete their training and had systems in place to remind them.
- There were still some improvements which had been identified but still needed to be made the ward environments, such as replacing the windows on Greenvale ward and providing an accessible female only bath on Aubrey Lewis 1 ward. There were plans in place for this to happen. Female patients on Hayworth ward had identified that the ward could benefit from more female toilets.
- Patient menus were not accessible or an easy read version.
- Patients did not always receive neurological observations after they had sustained a fall.

Is the service safe?

Requires Improvement   

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All wards were clean, well equipped, well furnished, well maintained and fit for purpose, although they could be made safer.

Safety of the ward layout

Staff completed and regularly updated risk assessments of all wards areas but had not reduced all identified risks.

The wards used metal bins with plastic bags to maintain appropriate infection control when disposing of clinical waste products, such as incontinence pads in the communal bathrooms. The trust had recognised this as a ligature risk and had tried to use alternatives, such as paper bags and lockable bins. However, these were not practical for patients and staff to use as they compromised the dignity and privacy of patients; the trust made a decision for the wards to revert back to the pedal style metal bin with plastic bags, which remained a ligature risk.

The trust had introduced additional measures to safeguard patients against this, such as hourly checks of the bathrooms. Managers had also introduced a ligature risk and blind spot awareness briefing poster specific to each ward for all new and temporary staff to read and sign as part of their induction to the ward, although we could not see the bins listed as a risk for Chelsham ward.

Staff knew about potential ligature anchor points and mitigated the risks to keep patients safe. Each ward had a ligature risk audit to identify potential ligature risks and the mitigations in place. Actions were listed where anti-ligature work was still due to take place. For example, Greenvale ward had plans to replace all the windows in patient's bedrooms with anti-ligature windows.

Our findings

There were 3 anti-ligature bedrooms on Greenvale ward for patients who were assessed as a higher risk of self-harm. There were also allocated 'ligature light' bedrooms on Aubrey Lewis 1 ward. However, these contained chest of drawers which were not of an anti-ligature design as they contained drawers on sliding wheels. This was not reflected in the ligature risk audit. We highlighted this to the service at the time of inspection. Chelsham ward had appropriate chest of drawers with empty slots which were of an anti-ligature design. The trust had subsequently updated the ligature risk audit to reflect this and the mitigations in place, such as removing the chest of drawers for patients with a higher risk of self-harm.

Managers had ensured that staff completed an annual fire drill and had completed actions identified in the latest fire risk assessment. Each ward had identified fire wardens and they completed monthly fire compliance checks. Staff on most wards had completed their fire safety training. Fire wardens had completed their training as part of their mandatory training, although as of February 2023, staff on Hayworth had completed 50% of their fire warden training and staff on Aubrey Lewis 1 ward had completed 66% of their fire warden training.

Staff could observe patients in all parts of the wards. Staff completed hourly checks of the environment, to ensure that it was safe for patients to use and highlighted any issues that may need to be reported to the maintenance team. Staff had easy access to alarms and most patients had easy access to nurse call systems. One patient on Hayworth ward stated that it was difficult for them to reach their alarm to call for assistance when in their bed, as it was too high on the wall.

The wards complied with guidance on mixed sex accommodation. The wards had separate male and female corridors. The wards had a lounge for female patients to use, apart from Greenvale ward. We found that the female lounge on Hayworth ward was being used by both male and female patients. Managers said that they would remind staff and patients to use this as a female lounge. Following the inspection, the trust informed us that they have introduced a female only lounge for patients on Greenvale ward and had sent a reminder to staff and patients on Hayworth ward about the use of the female lounge.

Maintenance, cleanliness and infection control

Ward areas were clean, well-maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed the infection control policy, including handwashing. Staff completed monthly environmental audits for each ward, including infection prevention and control and hand hygiene audits.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. Staff completed a weekly decontamination of healthcare equipment checklist.

The Chelsham ward clinic room had two unsecured bottles of oxygen that were not anchored to the wall. These were separate from the one stored for emergencies. As these were not in use, managers made the decision to return them to storage.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

Our findings

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. Managers reviewed the staffing levels each morning to ensure that there was the required level of staff on each ward. Any concerns about staffing were escalated to the Head of Nursing. The wards had 3 registered nurses and 3 healthcare assistants during the day and 2 registered nurses and 2 healthcare assistants during the night. Greenvale ward had 3 registered nurses and 5 healthcare assistants in the day, reducing to 2 registered nurses and 4 healthcare assistants during the night.

The service was actively recruiting to vacant posts. Managers had recently recruited to 2 of the 5 registered nursing vacancies on Chelsham ward and had recruited nurses overseas as part of the trust's international nursing recruitment programme. Hayworth ward and Aubrey Lewis 1 ward had 1 registered nurse vacancy which was advertised at the time of our visit. Greenvale ward had a higher number of vacancies compared to the other wards. There were 7 healthcare assistant vacancies and 3 registered nurse vacancies, which meant there was additional pressure on permanent staff to cover shifts. Managers told us that it was difficult to recruit to these vacancies and the trust had a trust wide recruitment programme. Senior managers were in discussion with the trust about having a Greenvale specific recruitment day, although there were no timescales given for this.

Managers limited the use of bank and agency staff and requested staff familiar with the service. Managers told us that they used regular bank or agency staff to cover staff vacancies or staff sickness when required. Managers made sure all new bank and agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates. Staff told us that they felt supported by the team and enjoyed working within the service. Managers gave an example of an agency staff deciding to join as a permanent staff after working within the service.

Levels of sickness were low, managers supported staff who needed time off for ill health and worked with human resources and occupational health to support staff who were on long term sick. Managers gave examples of supporting staff with a phased period of returning to work.

The ward manager could adjust staffing levels according to the needs of the patients. Managers told us that they did not have any issues in accessing additional staff when required, such as when patients required an increase in observation levels. The service had enough staff on each shift to carry out any physical interventions safely.

Patients had regular one-to-one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

Staff shared key information to keep patients safe when handing over their care to others. Staff gave examples of working with social care teams when moving patients on to an appropriate placement in the community.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. Managers could call locums when they needed additional medical cover and could access a duty doctor for out of hours cover.

Managers made sure all locum staff had a full induction and understood the service.

Our findings

Mandatory training

Staff had mostly completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Overall completion rates were 90% for Chelsham house, 85% for Hayworth ward, 84% for Aubrey Lewis 1 ward and 88% for Greenvale ward.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had oversight of completion rates on a dashboard and reminded staff in monthly team meetings to complete their mandatory training and to request a study day if they were behind 3 or more training sessions.

The trust recognised that some mandatory training course completion rates still had to improve and were working with staff to address this. For example, national early warning scores (NEWs) training was low across the four wards. Staff had completed 44% of their training on Greenvale ward, 35% on Aubrey Lewis 1 ward, 47% on Hayworth ward and 68% on Chelsham house. Staff had also completed 56% of their moving and handling training on Aubrey Lewis 1 ward and 70% of staff had completed their training on Hayworth ward. Staff on most wards had completed their fire safety training and fire warden training as part of their mandatory training, although completion rates for staff on Hayworth was 50% for fire warden training. On Aubrey Lewis 1 ward, 66% of staff had completed their fire warden training. This was below the trust's minimum expected completion rates of 85%. The trust recognised this risk and had plans in place after the inspection to improve compliance rates.

Staff had mostly completed their safeguarding adults and children's levels 1 to 3 training across the four wards. The trust explained that due to reviewing and increasing the scope of staff required to complete safeguarding adults and children level 3 training, compliance rates were lower than expected from January 2023. At the time of our visit 54% of eligible staff had completed level 3 safeguarding adults training. On Hayworth ward, 50% of eligible staff had completed safeguarding children level 3 training. On Aubrey Lewis 1 ward, 50% of eligible staff had completed safeguarding adults level 1 training.

The trust had introduced Seni Lewis training as a bespoke piece of mandatory training for staff, certified by the Restraint Reduction Network National Training Standards. This incorporated learning components from the PSTS training, such as de-escalation techniques but also the Mental health (use of force Act) 2018. This was created with the aim of addressing the coroner's recommendations and findings identified from the death of Mr Olaseni (Seni) Lewis, such as improving communication and understanding the cultural and historical context. The trust worked closely with the family of Mr Lewis, service users and local community organisations to help design the training programme to address the identified safety and quality issues. All inpatient staff were required to start this training from January 2023 with an aim for completion at the end of 2023. Completion rates were 50% for Seni Lewis Level 1 awareness training and 56% for level 3 training. We saw that staff were booked on to attend the training.

Staff told us that they could access additional training to support their roles, such as phlebotomy training. Managers within the service confirmed that staff had or were expected to receive dementia training, which was also part of their induction programme.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Our findings

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Patients assessed at risk of self-harm were placed on 1 to 1 observations for at least 72 hours after admission before this was reviewed. Staff discussed patient risk in daily handover meetings and reviewed risk in the weekly ward rounds with the multi-disciplinary teams. Staff used a recognised risk assessment tool. We reviewed 20 patient care and treatment records and found risk was regularly assessed and reviewed for patients.

Management of patient risk

Staff knew about the risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients.

We observed a handover meeting where staff shared key information to keep patients safe when handing over their care to others. Staff were fully aware of risks to patients, themselves or to others. For example, on Greenvale ward, we saw that staff were able to identify certain triggers for individual patients which could cause agitation and aggression towards other staff and patients and avoid these triggers.

Staff could observe patients in all areas of the wards and had installed convex mirrors to cover blind spots. Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Patients who were identified as being at risk of self-harm had furniture items removed from their bedrooms which could post a risk of a ligature, such as chairs that were not of an anti-ligature design.

Staff carried out varying levels of observations on patients depending on their risks, these ranged from general observations, intermittent observations, 1 to 1 observation, and arms lengths observations. Managers reminded staff in team meetings to complete intermittent observations randomly 4 times within the hour instead of instead of every 15 minutes.

Staff on Aubrey Lewis 1 ward used an observation folder for patients, this contained personalised one page crisis plans for patients on enhanced observations. Plans included advice and information to staff on how to maintain a patient's well-being, evident risks such as risk of self-harm and warning signs or triggers of distressing behaviour such as pacing. It also described techniques that staff could use to support the patient in a crisis situation, such as offering the patient a debrief or listening to certain types of music. This was useful for all staff, including bank or agency staff to use to de-escalate patients on enhanced observations.

Use of restrictive interventions

Levels of restrictive interventions, including patient restraint, were low. There had been no incidents of restraint requiring a rapid tranquillisation over the last 12 months within the service. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff said they were trained in managing actual or potential aggression and had received or were booked on to receive the new Seni Lewis training.

The service had implemented the safe wards model, which was modified to meet the needs of older adults, as they recognised that some interventions would not be suitable for patients with advanced dementia, such as patients on Greenvale ward. The aim of the model was to reduce conflict and containment in an inpatient ward environment

Our findings

through 10 identified interventions. These were mutual help meetings, getting to know each other staff boards, discharge messages, positive words, calm down methods, reassurance, and talk down approaches. The service had implemented 6 of the 10 identified safe ward strategies, with the other interventions of soft words, bad news mitigation, reassurance and mutual expectations slowly being rolled out across the 4 wards.

The service had introduced 5 must do safety interventions as part of this model, these included twice daily safety huddles, the dynamic appraisal of situational aggression tool (DASA), staff being trained administering intermuscular rapid tranquilisation and safety pods and recognising and reducing blanket restrictions. The service had not had any prone restraints within the last 2 years and DASA was not used due to the low levels of violence and aggression across the 4 wards. Since the introduction of the safe wards model, the service had noticed that there was an increase in therapeutic engagement between staff and patients and a sense of calm and safety across the wards. The rates of violence and aggression were also low across the 4 wards and patients have not had to be referred for a PICU or seclusion room in recent years.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. The trust had recently increased the scope of staff required to complete safeguarding adults and children level 3 training and were rolling this out to all eligible staff at the time of inspection. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could approach a safeguarding lead within the service for advice. Staff in Chelsham house were able to give an example of where they had followed the trust's internal safeguarding procedure and had liaised with the local authority in relation to a safeguarding concern for one patient. The safeguarding lead provided additional safeguarding adults and children training to staff of band 6 and above.

Staff ensured that safeguarding procedures were followed where there were concerns over a patient's skin integrity or possible lesions. For example, staff on Chelsham ward had completed a body map and raised a safeguarding concern after a patient was admitted from an acute hospital to the ward with a grade 2 pressure sore.

Staff managed challenging behaviour well and did not use seclusion in the service.

Staff followed clear procedures to keep children visiting the ward safe.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and staff told us that they did not have any issues in accessing records.

We reviewed 20 care records and could access patient notes easily. When patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely and staff made sure they were up-to-date and complete.

Our findings

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date. Staff used a paper-based system to prescribe and record the administration of medicines. They also used another electronic system to document patients notes. Patients did not have their photos on their medication charts, this could cause confusion for bank and agency staff when administering medications, as some patients were unable to verbally communicate due to their dementia. This was not inline with the trust policy. The trust subsequently informed us that they were reviewing this to ensure that the policy was followed by staff.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines including the effects on their physical health. Staff always had access to advice from a clinical pharmacist and could access the on-call pharmacy service for medicines advice or additional supplies out of hours.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Staff had access to emergency equipment that was checked regularly including emergency medicines. Doctors were trained on the safe use of flumazenil (a reversal agent for benzodiazepines that is administered intravenously) during their annual life support training.

Medicines were all stored in locked cabinets or medicines trolleys in the clinic rooms. Access to this was limited to authorised staff only. Staff took daily room and medicines fridge temperatures.

Staff followed current national guidance to check patients had the correct medicines. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Pharmacy technicians or pharmacists would attend the ward and complete a full medicines reconciliation (the process of accurately listing a person's medicines) within 48 hours of admission to the service. The pharmacy team conducted a number of different audits and reviews which included high dose antipsychotic therapy monitoring and pre-treatment cardiac monitoring.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Intramuscular rapid tranquilisation (RT) was rarely used across the four wards and there was a process which was followed to make sure it was only used as a last resort. Use of 'when required' (PRN) medicines to manage agitation and aggression on the wards was consistent with the acuity of the patients there.

Track record on safety

The service had a good track record on safety.

Hayworth ward had one reported serious incident in the last 12 months, this was in relation to a patient's finger being injured during a restraint. This had been investigated by the trust's serious investigation panel and was awaiting the final report at the time of our visit. The panel had set 6 recommendations to staff on areas that need to be improved, such as improving the documentation surrounding restraint, best interest's meetings, management of the injury and holistic care planning. It also highlighted that practice could be improved around diabetes management, referrals to advocacy, safeguarding referrals and reporting Datix incidents.

Our findings

The service had good oversight of patient's skin integrity and reported and escalated any pressure ulcers or suspect legions. The wards worked closely with trust tissue viability nurses and sent a weekly wound report to the tissue viability service.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Managers shared learning about incidents with staff and across the trust in the monthly quality and performance meetings. This included reviewing the trust's monthly blue light bulletin on sharing learning from incidents with staff. Managers debriefed and supported staff after any serious incident.

The service had reported 282 incidents for Chelsham ward, 248 incidents for Aubrey Lewis 1 ward, 126 incidents for Greenvale ward and 206 incidents for Hayworth ward for the last 12 months. The highest type of incident reported by staff was patient trips and falls and challenging behaviours from patients. The trust had completed extensive work on managing patient falls and had trialled methods and sensory equipment across the 4 wards as part of a quality safety improvement project.

Staff raised concerns and reported incidents and near misses in line with trust policy. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Chelsham ward staff gave an example of a patient's aspirin medication which was omitted from their prescription admissions list, this was rectified as soon as this was discovered, and an apology given to the patient.

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong. Managers investigated incidents, gave feedback to staff and wrote a letter of apology to patients and carers. The manager on Aubrey Lewis 1 ward had completed an investigation for a patient who assaulted another patient and had written to the patient's family to offer an explanation of what measures were put in place and an apology.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

We reviewed 20 patient records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff used a physical health screening tool to assess patients' physical health soon after admission and staff regularly reviewed this during their time on the ward. Staff could refer to services within the trust's physical health hub, such as speech and language therapy, dieticians, and smoking cessation.

Our findings

All new patients were assessed within 4 hours of their admission in line with trust's falls assessment and prevention pathway to see if they were at risk of falls. Staff completed a multifactorial falls assessment to identify any factors which could lead to a patient fall, such as inappropriate footwear and eye wear. Staff obtained consent from patients before using aids such as hip protectors, as these could be quite restrictive. We did not observe any patients wearing hip protectors during our visit. Falls care plans were in place for patients that were at risk of falls and reviewed at the weekly ward round. Each ward recorded patient falls and investigated these where necessary, we observed that patients were encouraged to mobilize independently.

Staff acted appropriately when a patient was subject to a fall. Patient records indicated that staff had escalated patients to the duty doctor and then taken to the accident and emergency department for an examination, although we saw that 1 patient on Aubrey Lewis 1 ward and 1 patient on Chelsham ward did not have neurological observations taken after they had had a fall which included contact to their head, such as staff using a Glasgow Coma scale. This is a calculated scale to assess a patient's level of consciousness. We saw evidence that staff had monitored vital signs after that patient had a fall.

As patients on Greenvale ward were more likely to have longstanding physical health needs, a GP visited the service weekly to review their physical health needs and medication.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. For example, staff had created a specific care and treatment plan for a patient with Parkinson's disease. Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised with quotes from patients, holistic and recovery orientated. Staff on Greenvale ward had created detailed oral health care plans for patients.

Patients on Greenvale and Chelsham ward had personalised one page care plans displayed in their bedrooms. This was useful for temporary staff to understand patient's needs.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Staff ensured that patients maintained good skin integrity. They completed Waterlow assessments, SKIN bundles and body maps and worked closely with the tissue viability team to put care plans in place for any identified potential skin lesions or wounds. Staff gave examples of patients who were admitted with pressure ulcers and worked with the team to improve these. Patients could access the foot clinic or receive a visit from a podiatrist on the ward.

Staff delivered care in line with best practice and national guidance. Staff ensured each person's physical health was monitored regularly. They regularly used the National Early Warning Scores (NEWS2) to improve detection of and response to clinical deterioration.

Staff made sure patients had access to physical health care, including specialists as required. Patients had access to speech and language therapists, occupational therapists, dieticians, physiotherapists, tissue viability nurses and podiatrists. Physiotherapists visited patients weekly on the wards.

Our findings

Occupational therapists carried out a range of assessments to meet patient's needs, which included activities of daily living, falls assessments, kitchen assessments and home environmental assessments. They worked closely with families and carers.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff assessed patients' needs upon admission and referred patients for appropriate support. Staff worked closely with dieticians and speech and language therapists to ensure that appropriate food and fluid care plans were in place. Staff ensured that patients received food and fluid supplements for those who required this, and records indicated that staff completed daily food and fluid charts for patients.

Staff ensured that patient allergies were flagged in patient records. We saw that catering staff had access to a whiteboard, which listed patients and their dietary requirements when serving food.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Psychologist worked with staff to create therapeutic techniques. For example, 1 patient had reduced their cigarette intake from 30 to 8 a day with the support from staff. Aubrey Lewis 1 ward had created a sleep awareness project in September 2022 to help maintain good sleep hygiene for patients. The ward had developed tools such as a sleep hygiene admission screening tool, a questionnaire, a sleep chart and sleep and rest care plans. This also examined maintaining good sleep hygiene for staff and ensured that staff received training on sleep hygiene.

Staff gave patients advice on smoking cessation, including a 'quit for covid' poster as part of the trust's quit for covid-19 campaign. Patients were screened on admission through the physical health hub and seen by a tobacco dependence advisor within 48 hours. This included information on Nicotine Replacement Therapy (NRT) to support with patient cravings and risks of sharing cigarettes or vapes, this was also offered to staff. Patients were offered an e-cigarette by the smoke free team.

Staff were offered level 2 training in a smoking cessation qualification and teams were supported in giving information to patients who smoked, such as e-cigarettes and Nicotine replacement therapy. RMNs could administer NRT products to smokers under the trust's homely remedy policy.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used Health of the Nation Outcomes Scales (HONOS) to measure patients' behaviour, impairments, symptoms, and social functioning. Psychologists within the service used a MASLOW hierarchy of needs scoring for non-verbal patients with dementia. This was a deep dive analysis into patient's needs, challenging behaviours and actions to understand what they were trying to communicate. For example, for 1 patient on Chelsham ward, a specific hand movement of 1 patient indicated to staff that they may need to be offered assistance to use the toilet.

Staff used technology to support patients. Patients were able to access tablets for personal use, such as communicating with families. One patient on Greenvale ward used a tablet to watch their favourite football team play.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. Staff completed audits on least restrictive practice, environmental safety, physical health monitoring, mattress audits, IPC hand hygiene audits and rapid tranquilisation audits. Managers had oversight of audits using an electronic dashboard and these were monitored and reviewed in the monthly performance and quality meetings.

Our findings

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. Patients had access to speech and language therapists, occupational therapists, dieticians, physiotherapists, healthcare assistants, activity coordinators, psychologists, assistant psychologists, drama therapists, consultant psychiatrists, nurses, pharmacists, therapy enablers, tissue viability nurses and podiatrists.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular supervisions and regular constructive appraisals of their work. Staff told us that they receive regular monthly supervision. Managers had oversight of supervision completion rates through a dashboard.

Managers made sure staff attended monthly team meetings or gave information to those who could not attend. Managers updated staff on developments to the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff gave us examples of additional training they were encouraged to attend, such as phlebotomy training.

Managers recognised poor performance, could identify the reasons, and dealt with these with the support of human resources and occupational health departments.

Managers recruited, trained and supported volunteers to work with patients in the service. Chelsham house and Aubrey Lewis 1 ward had volunteers that visited the ward to support the patients on a weekly basis. One volunteer on Aubrey Lewis 1 ward offered patients a massage as they were a trained masseuse.

Managers had positive links with local universities to enable student nurses to complete their placements within the service. For example, Aubrey Lewis 1 ward had 3 student nurses on placement at the time of our visit.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care, such as weekly ward rounds and daily handover meetings. We observed a handover meeting and staff made sure they shared clear information about patients and any changes in their care.

Ward teams had effective working relationships with other teams in the organisation, the tissue viability nurse lead provided training workshops to staff. Staff told us that they could access specialists for patients in a timely manner.

Our findings

Ward teams had effective working relationships with external teams and organisations to meet patient's needs, patient records showed that staff had contacted the diabetic specialist team for a patient with low weight on Hayworth ward.

Patients had access to therapy enablers on Chelsham ward, Aubrey Lewis 1 ward and Hayworth ward. They helped to facilitate patient engagement in groups and activities and facilitated the mutual help meetings. They also obtained patient feedback as to how the service could be improved. For example, one patient suggested having a reading group and another patient asked for an enlarged version of the activities timetable. Therapy enablers fed into the weekly ward round meetings and multidisciplinary team meetings and helped input into patient's care by obtaining information from families and carers about the patient and their life history.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice. The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. Aubrey Lewis 1 ward also had an informal rights poster within their patient's welcome pack.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Although staff told us that access to SOADs was slower than they would have liked, and patients often were treated under a section 62 emergency treatment order and discharged prior to a SOAD being assigned.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Mental Health Act consent to treatment documents were in place in the clinic rooms so that staff could check these against what they were administering each day. Any changes were raised in handover so staff were aware of what they could and could not administer to patients.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. Patients were subject to Deprivation of Liberty Safeguards on Greenvale ward. There were 10 Deprivation of Liberty Safeguards applications made in the last 12 months on and managers monitored and followed up applications where there were delays in receiving authorisations.

Our findings

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Patient records showed that mental capacity assessments were clearly recorded specific to each decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history, this was recorded in patient records. Patients had advanced care plans in place.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. Managers on Hayworth ward identified that staff documentation could improve when recording best interest meetings in patients' records.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed positive and caring interactions between staff and patients with staff talking in a gentle and warm manner. Staff gave patients help, emotional support and advice when they needed it.

We spoke with 9 patients and overall, they gave positive feedback about the service. They said staff treated them well and behaved kindly. One patient commented that 'staff never ignore me, I feel loved and safe. I am reliant on care from staff, I am truly looked after from the heart.' Staff understood and respected the individual needs of each patient.

We observed staff maintaining patients' privacy and dignity. For example, on Greenvale ward staff used a privacy screen whilst carrying out physical observations on patients.

Staff supported patients to understand and manage their own care, treatment, or condition. Staff worked closely with carers and relatives for patients who were unable to understand their care and treatment.

Staff directed patients to other services and supported them to access those services if they needed help. For example, staff supported patients to attend places in their local community and one patient on Greenvale ward was supported by staff to go to a local laundrette.

Our findings

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff followed policies to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Managers had created a welcome pack tailored to each ward, although 3 patients said that they had not received one upon admission to the service. The welcome pack included information about roles and titles of staff members, mealtimes, spiritual and cultural needs, Mental Health Act information, Mental Capacity Act information, care and treatment, patient feedback and the complaints procedure. Chelsham ward had worked on improving their welcome book in collaboration with patients as a quality improvement project.

Staff worked to involve patients in their care and offered them access to their care planning documents. Staff discussed their care and treatment and found ways to communicate with patients who had communication difficulties. We saw evidence of easy read one page care plans for patients on Chelsham ward. This summarised patient likes and dislikes using colourful pictures. Most patients were aware of the plan for their care, although 3 patients said that they were not aware of their care and treatment plan. Patient records showed that keyworkers regularly met with patients to provide a 1 to 1 session.

Staff involved patients in decisions about the service, when appropriate. Patients we spoke to said they could feedback about the service in the weekly community meetings, where staff sought patient feedback about any issues surrounding maintenance or the quality of the food. There was evidence that changes had been made as a result of feedback. Aubrey Lewis 1 ward had installed wet rooms after listening to patient feedback. Patients and carers could access suggestion boxes within the ward if they wish to give written anonymous feedback or suggestions.

Staff also held mutual help meetings 3 times a week on Chelsham ward, Hayworth ward and Aubrey Lewis 1 ward. These were meetings to help patients plan their day, such as a reminder of the day's activities, ask patients what they were thankful for, discuss news and world events and focus on positive things for the day.

Staff made sure patients could access advocacy services. We saw in the patients records that there was involvement of advocacy when required, such as an Independent Mental Capacity Advocate.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. We spoke with 11 carers and overall they gave positive feedback about the service. Most carers said they were involved in care and treatment decisions regarding the patient and were invited to patient ward rounds. One carer commented that 'staff go the extra mile and used individual techniques to manage my mother.'

Families and carers were encouraged to visit patients, whilst staff considered the emotional state of visiting carers. Staff completed a carers assessment when admitting a new patient to the service. All patients we spoke with told us that staff helped to maintain contact with their families and carers.

Our findings

Staff supported carers and relatives with their own needs, for example staff signposted carers and relatives of patients who smoked cigarettes to their local smoking cessation service. This was with the intention of creating a 'smoke free home' for patients who returned back to their home environment.

Staff helped families to give feedback on the service. The wards held monthly groups for carers. Greenvale ward had suspended their carers group due to the pandemic and this was yet to be reinstated. Staff reminded carers and relatives to give feedback about the service using an online or paper experience survey. One carer gave feedback which said that 'I feel happy and know that (the patient) is being cared for, the staff have a great understanding and are also very kind and friendly, I am welcomed by them. They take the time to see how I am doing.'

Patients who used services were active partners in their care, staff were fully committed to working in partnership with patients and making this a reality for each person. The trust had extensive carer and family involvement and had achieved stage 2 of the Triangle of Care standards. The triangle of care aimed to ensure that there was coherent and shared partnership working between carers, staff and patients using the service by creating a set of standards to improve carer engagement with inpatient services.

Hayworth ward, Greenvale ward and AL1 had completed a self-assessment to evidence how they were meeting the triangle of care standards, which included ensuring carers are given an introduction to the service and information and support and ensuring that staff were engaged in carer engagement strategies. The trust had identified areas of notable good practice and areas for improvement, such as ensuring that staff have received carer awareness training and put an action plan in place to address these. Each ward had an assigned carer lead.

The trust was committed to follow the triangle of care principles and this project was monitored by ward carer leads who updated the trust's family and carers committee, which was overseen by the trust's quality committee. The triangle of care assessment also formed part of the Trust Quality Priority for 2022/2023.

Patient's individual preferences and needs were always reflected in how care was delivered. The trust had completed extensive work in supporting patients with end-of-life care within the older adult service. The service had an end-of-life working group which had been working in conjunction with staff, patients, carers, and relatives over the last 6 years to help improve end of life care for patients. The group had successfully created an advanced care planning information leaflet for patients and to help improve staff confidence in advanced care planning discussions with carers and relatives and patients. An information leaflet was also created for carers and relatives to help them prepare for patients in the advanced stages of dementia.

The group had improved the trust's end-of-life care policy and created an end-of-life care mental health resource bundle which was co-produced with staff, patients, carers, multidisciplinary teams and other services such as local NHS trusts. This was discussed with staff in a series of webinars. The working group had also created care of deceased boxes across the 4 hospital sites, which included full PPE, bereavement resources and a care of the deceased guide.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good.

Our findings

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to, this was reviewed at the monthly performance and quality meetings. The average length of stay ranged between 8-16 weeks for patients on Chelsham ward, Hayworth ward and Aubrey Lewis 1 wards. Patients on Greenvale usually stayed longer within the service and the average length of stay was 2-3 years.

The service had no out-of-area placements. The trust used the operations pressure escalation levels (OPEL) to measure the demand and pressure that the service was under in terms of bed management. This was reviewed in the monthly integrated performance and quality assurance meetings.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons. Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Patients on Hayworth ward, Chelsham ward and Aubrey Lewis 1 ward did not have to stay in hospital when they were well enough to leave and there was a low number of delayed discharges. Aubrey Lewis 1 ward had a message board from recently discharged patients to provide words of encouragement to current inpatients.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Care records showed that patients had clear discharge plans in place with the involvement of external agencies, such as social services.

Managers on Greenvale ward recognised that there was a delay in moving on patients who were ready for discharge. Greenvale ward had a discharge protocol in place outlining the responsibilities of staff and external agencies, such as care co coordinators in working towards discharging a patient back into the community or to a care home.

Staff supported patients when they were referred or transferred between services. At the time of our visit there were 3 patients awaiting a community placement. Managers had followed up with local authorities to work towards transferring the patient to a more appropriate placement when there was a delay. They could escalate concerns to senior leaders and local system partners if necessary.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could request hot drinks and snacks at any time.

Our findings

Each patient had their own bedroom, which they could personalise with photos and their personal possessions and patients were able to access their bedrooms during the day. Patients on Chelsham ward had access to an ensuite bathroom in their bedrooms. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Staff had access to equipment within the service to help meet patient's needs, such as pressure relieving mattresses and hoists. Patients had access to equipment within the service to help them mobilize, such as wheelchairs and walking aids. The trust had installed additional privacy screens to ensure that patient's privacy was maintained in communal bathrooms.

The service had an outside space that patients could access easily. Patients could access a garden area, patients on Chelsham ward could access a herb garden. Greenvale ward informed us of plans to develop the garden into a sensory garden for patients to use. Patients on Aubrey Lewis 1 ward and Greenvale ward could access conservatory areas to sit in an area with natural light without having to go outside.

Patients had access to hot drinks and snacks. Staff left jugs of water and juice in the communal areas for patients to access and they offered hot drinks to patients. Most patients said that the food was of a good quality. We noticed that menus were displayed around the wards but were not very accessible for patients as they had a small font. The trust told us that they were working with the catering company to try and address this issue, they had hoped to make the menus more user friendly by June 2023.

Chelsham ward had worked with an external organisation to make therapeutic changes to the environment, this included colourful murals on the ward and a realistic bus stop painted on the wall. The purpose of this was provide stimulating environments to improve interactions and to orientate patients to everyday familiar routines, specifically those with memory loss or dementia. The ward also had sensory wall features and a special interactive sensory projector, called a magic table, which allowed patients to interact with a feature through touch, this was beneficial to patients who were non-verbal. Patients on Chelsham ward could also access a sensory room, with interchangeable lighting to create a soothing and calming effect for patients to reduce anxiety and agitation and an additional sensory projector. We did not see the sensory equipment on the other three wards, particularly for Greenvale which had more patients with advanced dementia and a longer length of stay, despite this, patients on Greenvale ward could access a weekly sensory group, with the aim of improving patient mood, relaxation their senses, decreasing agitation, and to help trigger positive memories. Patients on Hayworth ward could also access a quiet lounge with sensory mood lighting.

Most female and male patients could access bathrooms with an accessible bath, however female patients on Aubrey Lewis 1 ward and Greenvale wards did not have access to an accessible bath in the female corridor and would have to use the accessible bath in the male corridors. The trust had capital works approved for a new accessible bath to be installed in the female corridor of Aubrey Lewis 1 ward within June 2023.

Chelsham ward did have accessible baths for patients to access in male and female corridor bathrooms, but these had been decommissioned for the last 2 years. The trust informed us that they were working with estate colleagues to try and resolve this by June 2023. They had identified a number of priorities to focus on as part of their estate led capital prioritisation programme, such as the assisted bathroom on Aubrey Lewis 1 ward.

Female patients voiced that they would like access to more female toilets in the female corridor area on Hayworth ward.

The Greenvale ward environment was also identified as a priority area to be improved. We noted that the general maintenance of the environment could be improved, such as the flooring. Staff and carers identified that patients would

Our findings

benefit from a permanent air conditioning unit as patients were unable to use the conservatory area in the summer due to the heat. The trust had provided portable air conditioning units, but this was not a permanent solution; as there were not enough plug sockets, extension leads had to be used and these were identified as a trip hazard for patients. This was identified as a risk on the ward risk register.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as family relationships.

Staff helped patients to stay in contact with families and carers. Staff recognised the importance of working with families and carers as equal partners in the care and support of older people. This was part of a national campaign, called John's campaign in supporting patients with dementia.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community, staff gave examples of supporting patients to visit their local place of worship.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Chelsham ward had large bedrooms to enable wheelchair access and patients in a wheelchair could access a double bedroom with a hoist on Aubrey Lewis 1 ward. Patients were supported by staff to do their laundry independently to maintain their independent living skills.

Patients on Chesham ward and Greenvale ward could access a weekly pet therapy dog to help boost patients' mood and wellbeing. Staff commented that they had noticed a positive change in the patient's presentation, particularly for patients who were non-verbal.

The service had tried to make the wards more dementia friendly and supported disabled patients. There were pictorial signs placed around the wards, such as a picture of a toilet on the toilet door. Most patients' bedrooms had clocks, there were clocks placed the communal areas of the wards, although the clock in the Aubrey Lewis 1 ward communal area had the wrong year displayed. This could cause confusion to some patients.

Each ward had an activity timetable for patients. Patients and carers informed us that activities usually took place and were able to describe a variety of activities such as exercise groups, walking and cooking groups, sensory groups and reminiscence groups. Patient activities on the weekend were more limited, such as watching films, playing board games. Staff adjusted activities to ensure that patients of different mobility levels could take part, for example we observed a Tai Chi session, patients with limited mobility took part in seat exercises. However, during our visit to Aubrey Lewis 1 ward, we that noted a music appreciation activity group was not taking place as indicated on the activity timetable, most patients were watching tv or engaging with staff on a 1 to 1 basis. The trust later informed us that the music appreciation group did take place later on during the week and that sometimes the activities were moved depending on patient acuity and staffing schedules. Managers informed us that there was a business case in place for an activities co-ordinator to be recruited to Aubrey Lewis 1 ward and Hayworth ward had an activities co-ordinator in place.

Patients on Chelsham ward Hayworth ward and Aubrey Lewis 1 ward could access weekly drama therapy. Drama therapy used a psychological basis and drama techniques such as play, story work and dance movement as a way of

Our findings

empowering patients particularly those with dementia who could often feel disempowered. This was inclusive of patients who were non-verbal and staff gave examples of particular stories or music that could trigger certain thoughts, feelings or memories for patients, staff noted that patients with dementia had a more cognitive ability and an elevated mood after each session.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. We saw evidence that staff had used a polish interpreter and a Tamil interpreter to attend ward rounds for patients who could not speak English.

Most wards provided a variety of food to meet the dietary and cultural needs of individual patients through offering a variety of menus. For example, patients were offered vegan menus and gluten free menus, one patient on Greenvale ward had access to Afro-Caribbean food. Although, one patient on Aubrey Lewis 1 ward said that they were unable to access Chinese food.

Patients had access to spiritual, religious, and cultural support. A chaplaincy service visited patients within the service to provide religious and spiritual support. One patient was supported to listen to hymns on their iPad.

The wards had information boards to make sure patients could access information on treatment, local service, their rights and how to complain.

Staff were able to give examples of positive recovery journeys for patients. Staff had given an example of a patient who was admitted from an acute hospital and was unable to mobilise or eat, with support and encouragement from staff they were able to eat and mobilize independently again.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. The service had 5 formal complaints within the last year, 2 of which were partially upheld and 3 were not upheld.

The service clearly displayed information about how to raise a concern in patient areas. All patients we spoke with knew how to make a complaint and felt comfortable enough to raise concerns with staff.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Managers and staff told us that concerns and complaints were listened to and investigated.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers told us that they will try and offer an informal resolution to a complaint, such as arranging a meeting with the parent or carer who has concerns.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers discussed any learning from informal and formal complaints at the monthly team meetings and complaints were reviewed at the monthly integrated quality assurance and performance meetings.

Our findings

The service used compliments to learn, celebrate success and improve the quality of care. Managers reminded staff to record positive feedback that they had received.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Managers had the skills, knowledge, and experience to run the service. They understood what the challenges were for each ward. Staff new in post and said they were supported by their line manager and the senior management team.

Staff spoke highly of the senior leaders and managers in the service. Staff felt managers were supportive, listened to their view and were approachable.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff knew the trust's visions and values and spoke of their commitment to putting patients and their family members at the centre of care. Staff were enthusiastic about the service and the work they did. The wards displayed the trust's vision and values, which were kindness, respect and together. Patients and carers said staff were caring, kind and polite and listened to what they had to say.

The Trust was in the second year of implementing their five-year strategy, 'Aiming High, Changing Lives'. This involved the Seni Lewis training and many other initiatives are part of the Trust's work to become an improved organisation that engages better with its community, promotes anti-racist strategies, and focused on patient safety and quality.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt positive and proud about working for the trust and their teams within the service. Staff said the teamworking within the service was very strong and felt this was a vital aspect of the service. Managers gave examples of bank and agency staff choosing to join the team as a permanent staff member. Staff supervision included conversations about career development and managers supported them in identifying professional development opportunities. The trust offered development opportunities for staff, including the nursing associate programme for healthcare assistants and ongoing development for nurses.

Staff felt able to raise concerns without fear of retribution. Staff said they would feel comfortable in raising any concerns with their colleagues and managers, they felt their views and options would be listened to. Staff knew how to use the whistle-blowing process and about the role of the trust's independent Freedom to Speak Up Guardian service.

Our findings

Staff had access to support for their own physical and emotional health needs. The trust provided an employee assistance programme where staff could access counselling, legal and financial advice. Staff also accessed the providers occupational health services when needed.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a governance structure in place to learn from incidents and complaints, analyse staffing, review falls data, review supervision data, evaluate patient and carers feedback and discuss safeguarding concerns.

These were discussed in a variety of meetings, which took place at ward level and fed directly up to senior management meetings, such as the integrated performance and quality assurance meetings for the older adult's service. Meeting included monthly ward-based performance and quality meetings, weekly managers meetings and weekly patient community meetings. We saw minutes of these meetings, which had a standard agenda. Managers met with other managers within the service on a weekly basis to discuss staffing and any issues that may need resolving such as access to specialist equipment.

Patient and carer feedback was positive about the service received and patient's mental health and physical health needs were assessed and met by staff.

Staff undertook or participated in local audits, which were reviewed at the monthly performance and quality meeting. There were a low number of delayed discharges. Staff received monthly supervision and fed back that staff morale was good.

However, the trust recognised that staff completion rates of mandatory training still needed to improve, particularly around NEWS, safeguarding, moving and handling and fire safety.

There were concerns over the use of plastic bags and metal bins in communal bathroom areas as a potential ligature risk, particularly for patients on Aubrey Lewis 1 ward and Hayworth wards. The trust identified that there were still improvements to be made to the environment to enable female patients to access a bath without using the male corridor. There were also improvements that could be made to the general maintenance of Greenvale ward. The trust were working to address the staff vacancies, by holding a recruitment day for staff at Greenvale ward, although there was no timeline given for this.

The service had input from a service user and carer advisory group. The group had input in the various projects within the service. This included input into the end-of-life care project, the triangle of care self-assessments for older adult wards, the AL1 sleeping project, preventing falls work, the dementia strategy and the patient experience audits for older adult inpatient services. There were other good examples of innovative practice, however we could not see that these were shared between the four wards, for example the sensory items on Chelsham ward were not implemented within the other wards, particularly for Greenvale ward which had patients with advanced dementia.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Our findings

Managers were able to identify the risks listed on their local risk registers, metal bins and plastic bags were listed as a recognised risk, apart from Chelsham ward. Managers were able to identify the risks listed on the clinical academic group risk register.

Managers had oversight of performance information about their ward, although one manager was unable to access the latest copy of the ligature risk audit for their ward.

The service used an electronic confidential patient record system. Staff ensured that incidents were recorded on the service's incident reporting system. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers collected performance and outcome data, which fed into the Integrated quality and performance assurance meeting, such as staffing, restraints, incidents, complaints, compliments, average length of stay, falls, bed occupancy and mandatory training.

Ward staff had access to the information they needed to provide safe and effective care and used that information to good effect. The service used an electronic confidential patient record system. Staff ensured that incidents were recorded on the service's incident reporting system. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers worked closely with other health and social care providers, such as social care teams and older adult community mental health teams. Senior managers of the service met with local system partners as part of the local transforming care partnership.

The trust circulated a blue light bulletin newsletter for staff, this included updates to the service, such as learning from incidents.

Learning, continuous improvement and innovation

Most of the wards had taken part in quality improvement initiatives.

Chelsham ward had taken part in a quality improvement project to improve the information pack for relatives, carers and friends. Feedback questionnaires were given to relatives and carers and staff members to ascertain on a scale of 0-5 as to how well they felt that relatives and carers were informed about the admissions process and their satisfaction with the admissions process. Although, the feedback was good overall, staff had recognised that the current information pack lacked important parts of information and this was revamped to include individual photos of the staff team and

Our findings

their role on the ward, care and treatment and what type of meetings they would be involved in, visiting times, religious and spiritual needs, the mental health act, what to expect after the patient discharge and key contacts and useful telephone numbers. The service found that after revamping the information pack, this had increased relatives and carers satisfaction with the admissions process.

Chelsham ward, Hayworth ward and AL1 had also completed a quality safety improvement project on reducing falls. The wards gave examples of different initiatives that they had implemented on the ward as part of this project. Staff on Chelsham ward had created personalised mobility plans for patients, displayed in their bedrooms, such as their level of mobility and what aids and equipment they required such as glasses or slippers. This enabled staff, including bank and agency staff to support patients with their mobility.

Staff on Hayworth ward had trialled the use of yellow socks on 2 patients prone to falls with their consent. They had not reported any falls whilst using the socks. Sensor (night) lights had been trialled in patients' bedrooms on AL1, which provided enough light for patients to mobilize safely in their bedrooms at night. Feedback from patients had been positive and staff had noted a reduction in patient falls in their bedrooms.

This project involved choosing and trialling different types of assistive technology and the impact on whether they reduce falls, for example some Greenvale ward had trialled a SMART motion sensor, which alerted staff as to when a patient was mobile in their bedroom.

Greenvale ward had created a quality improvement project around measuring the amount of therapeutic engagement that staff had completed with patients. They aimed for patients to received 126 therapeutic engagement hours per month. Outcomes showed that staff were providing over this amount of engagement time with patients each month.

Staff on Aubrey Lewis 1 ward had completed a quality improvement project to reduce violence and aggression, the outcome being that staff were reminded to debrief patients with dementia after an incident.

Chelsham house and Greenvale ward were working together towards achieving the Gold Standards Framework of care accreditation. This was a national accreditation, which identified the needs of patients who were coming towards the end of their life. The wards aimed to show that they were delivering a high standard of care to patients on the end-of-life care pathway, through meeting a set of required criteria, such as evidencing how family were involved in completing advanced care planning. The team had planned to deliver a presentation to the trust on how they had progressed so far.

Our findings

Outstanding practice

We observed the following outstanding practice:

- Patients on Chelsham ward Hayworth ward and Aubrey Lewis 1 ward could access drama therapy, which used a psychological basis and drama techniques such as play, story work and dance movement as a way of empowering patients particularly those with dementia who could often feel disempowered. This was inclusive of patients who were non-verbal and staff gave examples of particular stories or music that could trigger certain thoughts, feelings or memories for patients, staff noted that patients with dementia had a more cognitive ability and an elevated mood after each session.
- Chelsham ward had worked with an external organisation to make therapeutic changes to the environment, this included colourful murals on the ward and a realistic bus stop painted on the wall. The purpose of this was provide stimulating environments to improve interactions and to orientate patients to everyday familiar routines, specifically those with memory loss or dementia. The ward also had sensory wall features and a special interactive sensory projector which allowed patients to interact with a feature through touch, this was beneficial to patients who were non-verbal. Patients on Chelsham ward could also access a sensory room, with interchangeable lighting to create a soothing and calming effect for patients to reduce anxiety and agitation and an additional sensory projector.
- The trust had extensive carer and family involvement and had achieved stage 2 of the Triangle of Care standards. The triangle of care aims to ensure that there was coherent and shared partnership working between carers, staff and patients using the service by creating a set of standards to improve carer engagement with inpatient services. The trust had identified areas of notable good practice and areas for improvement, such as ensuring that staff have received carer awareness training and put an action plan in place to address these. Each ward had an assigned carer lead.
- The trust had completed extensive work in supporting patients with end-of-life care within the older adult service. The service had an end-of-life working group which had been working in conjunction with staff, patients, carers, and relatives over the last 6 years to help improve end of life care for patients. The group had successfully created an advanced care planning information leaflet for patients and to help improve staff confidence in advanced care planning discussions with carers and relatives and patients. An information leaflet was also created for carers and relatives to help them prepare for patients in the advanced stages of dementia. The working group had also created care of deceased boxes across the 4 hospital sites, which included full PPE, bereavement resources and a care of the deceased guide.

Areas for improvement

Actions the provider **MUST** take to improve

- The trust must ensure that staff are up to date with their mandatory training, specifically fire safety, manual handling training and NEWS. **(Regulation 12(2)(c))**

Actions the provider **SHOULD** take to improve

- The trust should update medicine administration records with photos of patients.

Our findings

- The trust should consider that therapeutic provisions offered to patients on Chelsham ward are offered to patients on the other wards, such as sensory items.
- The trust should ensure that female patients had access to a female only lounge, specifically in Greenvale ward and Hayworth ward.
- The trust should continue to make the menus more accessible for patients within the service.
- The trust should continue its environmental works and consider other improvements, such as an accessible bath for female patients on Greenvale ward and more toilets for female patients to access on Hayworth ward.
- The trust should ensure that ward ligature audits reflected all of the risks, such as the bins and chest of drawers on Aubrey Lewis 1 ward.
- The trust should continue to consider all alternative measures for the use of plastic bags to dispose of patient incontinence products, to keep patients safe.
- The trust should ensure that staff consistently complete neurological observations after a patient has sustained a fall, with contact to their head.

Our inspection team

This inspection was carried out by 4 inspectors, an inspection manager, an expert by experience and a specialist advisor nurse with experience of working with older adults with mental health problems.

This inspection was unannounced and involved a three-day visit to the wards and was followed up by interviews with staff carried out by video calls.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- toured the service environment
- observed how staff were caring for patients
- observed 2 multidisciplinary handover meeting
- spoke with 9 patients who were using the service
- spoke with 11 carers of patients using the service
- spoke with the 4 ward managers and head of service
- spoke with 22 other staff members across the multidisciplinary team including consultant psychiatrists, occupational therapists, clinical psychologists, activity coordinators, therapy enablers, registered nurses and healthcare assistants and a drama therapist.
- reviewed 20 patient care and treatment records
- looked at documents related to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

What people who use the service say

Overall patient and carer feedback was positive. Patients and carers told us that staff were kind, caring, non-judgemental and genuinely interested in their wellbeing and recovery.

Patients told us that they felt safe on the wards. Staff we spoke with were motivated to offer care that promoted people's recovery and were proud to share success stories. Patients and carers had opportunities to give feedback. Patients and staff attended community meetings each week. Patients had the opportunity to raise issues at meetings and minutes showed actions were followed up by staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	