

South West London and St George's Mental Health
NHS Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RQY01	Springfield University Hospital	Crocus Ward	SW17 7DJ
RQY08	Tolworth Hospital	Jasmine Ward	KT6 7QU

This report describes our judgement of the quality of care provided within this core service by South West London and St George's Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by South West London and St George's Mental Health NHS Trust. and these are brought together to inform our overall judgement of South West London and St George's Mental Health NHS 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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for older people with mental health problems provided by South West London and St George's NHS Trust as **good** because:

Patients and their relatives and carers described staff as caring and kind and told us they were treated with dignity and respect. We observed many examples of care that met the individual needs and wishes of patients. Patients were able to give feedback on their services through the ward community meetings. Patients and their relatives participated in meetings where their care was discussed. Staff on the wards were very mindful of ensuring patients had their needs and preferences met in terms of their disability, language, religion and culture and supporting their ongoing relationships with those they were close to.

The wards were safe and staff were taking steps to ensure that significant areas of risk such as falls and pressure care were being assessed and managed. The wards were working hard to ensure there were sufficient staff on duty, although on Crocus ward there were more staff working who did not know the patients well. Staff understood safeguarding processes and these were used appropriately. Medicines were well managed and there was good working with the pharmacy team.

Staff completed timely assessments of patients' needs. They were very aware that most patients had physical health needs and monitored these closely and addressed specific needs as they arose. There was good multi-

disciplinary working on both wards and close working relationships with staff from the local community teams. Discharge planning started as soon as the person was admitted.

Staff mostly felt well supported and had access to mandatory training, specialist training, appraisals and team meetings. On Jasmines ward there was regular staff supervision but on Crocus ward this was not taking place regularly.

Managers had access to good information to support them to manage the ward. There was regular contact with senior staff in the trust. Staff felt able to raise concerns although they were not aware of how to use the whistle-blowing process.

There was however a difference between the two wards. The staff team on Jasmines ward was more stable and knew the patients well. There was an excellent programme of therapeutic activities. The ward was very homely and dementia friendly. Staff morale was very positive. Crocus ward was a larger ward with five more beds. There were more staff who did not know the ward as well and this impacted on the consistency of care and meant that regular staff were working extremely hard. There were also less therapeutic activities which meant patients had fewer opportunities to leave the ward and more time when activities were not taking place. Crocus ward was still providing safe care and treatment but needed to make some changes to ensure the care was always of a high quality.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The wards worked to minimise the risk to patients from falls.
- Both wards now provided accommodation that complied with Department of Health same sex guidance.
- The wards maintained safe levels of staffing.
- Staff had a good understanding safeguarding.
- Staff knew how to report incidents and had opportunities to learn from incidents.

However:

- Staff did not always clean clinical equipment used for physical health checks.
- Staff had not completed the booked moving and handling training.
- Staff were inconsistent in recording patient risk.

Good



Are services effective?

We rated effective as **requires improvement** because:

- The line manager on Crocus ward did not provide consistent 1:1 supervisions to staff that they managed.
- Patients on Crocus ward did not have access to sufficient occupational therapy input.

However:

- Patients had their physical health assessed and monitored.
- Staff took part in a range of audits to improve the quality of care and treatment.
- Staff had access to a range of specialist training to enable them to care for the patients.
- There was effective multi-disciplinary team working on both the wards.
- Staff understood and were correctly applying the Mental Health Act and Mental Capacity Act.

Requires improvement



Are services caring?

We rated caring as **good** because:

- Staff were mostly responsive, respectful and patient when delivering care.
- Regular staff had a good understanding of the individual needs of each patient.

Good



Summary of findings

- Patients and their carers had the opportunity to participate in their reviews.
- There were well organised community meetings for patients on each ward to give their feedback.

However:

- Staff on Crocus ward sometimes spoke to patients in just a 'task focused' manner.
- Staff on Crocus ward did not always ensure that patient laundry was returned to the correct person and clothes were not worn by other patients.

Are services responsive to people's needs?

We rated responsive as **good** because:

- Beds were usually available when needed.
- Discharges happened in a planned manner, although the time of admissions needed to be more frequently appropriately timed on Crocus ward.
- Both wards were clean and provided privacy.
- Both wards provided therapeutic activities. On Jasmines ward this was of a very high standard and included more access into the community.

However:

- Crocus ward did not provide a homely environment.

Good



Are services well-led?

We rated well led as **good** because:

- Staff understood the trust's visions and values and felt supported by senior staff from the trust.
- Managers had access to a range of data in an accessible format to support them to manage the ward.
- The leadership on both wards was strong and staff felt well supported.
- Staff felt able to raise concerns through their line management structure.

However:

- Staff did not clearly understand the whistle-blowing process.
- The morale of staff on Crocus ward was mixed.

Good



Summary of findings

Information about the service

We inspected two wards for older people with mental health problems as follows:

Crocus ward at Springfield Hospital: a 21 bed mixed sex ward for patients over the age of 65 with mental health problems and dementia.

Jasmines ward at Tolworth Hospital: a 16 bed mixed sex ward for patients over the age of 65 with mental health problems and dementia.

Both wards may also take patients below the age of 65 if they can meet their needs. For example they care for patients with early onset dementia.

Both the wards had outstanding non-compliance from the previous inspection in May 2015 in terms of same sex accommodation and patients with acute care needs being admitted to the wards for older people and impacting on their care and safety. Both these areas were inspected and were now compliant.

Our inspection team

The team which inspected wards for older people with mental health problems consisted of a head of hospital

inspection, assistant inspector, a specialist advisor who was a nurse, a Mental Health Act reviewer and an expert by experience who had personal knowledge and experience as a carer.

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 the wards for older people with mental health problems provided by the trust and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited two wards for older people with mental health problems to check the quality of the ward environment and observe how staff were caring for patients
- Carried out observations on Crocus ward of how staff interacted with patients during lunch. We used SOFI, the short observational framework for inspections tool, which assists us to judge the quality of care
- Carried out a Mental health Act review on both wards
- Spoke with seven patients
- Spoke with two relatives of patients
- Interviewed the managers or deputy managers and the lead consultant psychiatrist for each ward
- Spoke with 13 other staff members; including doctors, qualified nurses, health care assistants, administrative staff, occupational therapists, speech and language therapist and the discharge co-ordinator

Summary of findings

- Attended and observed two hand-over meetings and one multi-disciplinary meeting and one community meeting
- Read 9 patient records
- Checked a sample of patient medicines administration record charts and reviewed the storage and management of medicines on each ward

What people who use the provider's services say

We spoke to seven patients and two relatives. We carried out a structured observation on Crocus ward. We attended a community meeting on Jasmines ward. We looked at feedback from the trust patient surveys and other examples of feedback such as complaints and compliments.

On Jasmines ward the feedback was almost universally positive. The staff team were described as being kind, thoughtful and supportive. Relatives complimented the programme of activities. The progress made by patients was recognised. Carers felt well supported.

On Crocus ward the feedback was more mixed. The staff team were also described as being kind and caring. The progress being made by patients was also recognised. Communication with patients was at times very task focused and there was less time for staff to spend speaking to patients. Carers were frustrated with some of the practical arrangements, for example clothing being lost in the laundry.

Good practice

- On Jasmines ward the medical team had developed a one page discharge letter for patients and carers providing information on medication, ongoing treatment, names and contact details for ongoing support and what to do in a crisis.
- On Jasmines ward the occupational therapy team had developed a 'this is me' booklet that they prepared with patients and would go with them when they left the ward. The booklet contained information about the persons life and areas of interest and included photos.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that staff on Crocus ward have access to regular 1:1 supervision.

Action the provider SHOULD take to improve

- The trust should ensure that whilst disposable parts are replaced, equipment used for physical health observations is appropriately cleaned between use.
- The trust should review staffing levels on Jasmines ward to ensure there are sufficient staff at busy times such as in the morning when patients are getting up.
- The trust should continue to reduce the use of agency staff on Crocus ward to improve the consistency of care.
- The trust should ensure staff on both wards complete the training on moving and handling.
- The trust should ensure the staff improve the consistency of the written individual patient risk assessments.
- The trust should ensure that on Crocus ward internal doors are opened promptly for patients to enable them to access their bedrooms and single sex lounges where they wish to do so.
- The trust should review the occupational therapy input on Crocus ward to ensure the patients receive sufficient access to therapeutic activities.

Summary of findings

- The trust should support the staff on Crocus ward to communicate effectively with patients and not just in relation to particular tasks.
- The trust should ensure that patients on Crocus ward only wear their own clothes and that clothes are returned to the correct patient after being washed in the laundry.
- The trust should ensure that evening admissions to Crocus ward are avoided whenever possible.
- The trust should ensure Crocus ward has a more homely environment .
- The trust should continue to work to improve the staff morale on Crocus ward.
- The trust should ensure staff understand and know how to use the whistle-blowing process.

South West London and St George's Mental Health NHS 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
Crocus Ward	Springfield University Hospital
Jasmines Ward	Tolworth Hospital

Mental Health Act responsibilities

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

There were patients detained under the Mental Health Act (MHA) on both wards and a visit by the MHA reviewer took place during the inspection.

The paperwork in relation to each patients detention under the MHA was correctly completed and maintained.

Staff showed an understanding of the MHA and the Code of Practice and had access to training as part of their induction and as part of the trusts mandatory training on consent. They also had access to advice from on-site MHA administrators.

Staff completed assessments of capacity to consent to treatment. Medication prescribed reflected the consent to treatment forms.

Staff explained their rights to patients at regular intervals during their care and treatment.

Staff displayed details of how to contact the independent mental health advocacy service on the ward. The advocate visited the ward at least once a week and more if needed to speak to detained patients.

Patients were supported to seek the opinion of a second opinion doctor or to appeal to a tribunal about their detention where they wished to do so.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Most staff understood the principles of the Mental Capacity Act (MCA) and had completed training. Health care assistants showed less understanding of the MCA. Flow charts showing how to apply the act were displayed for staff to use when needed. Staff had access to a MCA lead for advice when needed.
- Most capacity assessments were completed by the medical staff. We heard of examples of where best interest meetings were taking place. The patient records included capacity assessments and records of best interest meetings. These records were comprehensive.
- In the six months prior to the inspection there had been 16 authorized Deprivation of Liberty Safeguards (DoLS) across the trust. At the time of the inspection there were two patients on Crocus ward and two on Jasmines ward subject to an authorized DoLS. These were clearly recorded and the arrangements to minimize the restrictions were monitored.

Are services safe?

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

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

Our findings

Safe and clean environment

- The two wards we inspected had a very different layout. Both wards had areas where it would be hard for staff to observe patients. The staff mitigated this through ensuring patients were observed based on their individual needs. The levels of observation were reviewed at each handover to ensure staff were informed of this.
- Neither ward was free of ligature points. The staff on the wards had carried out an assessment of the ligature points. The staff knew about the particular ligature risks on both wards and there were risk management plans in place to mitigate these risks. On Jasmines ward two of the bedrooms were closer to the main ward and therefore provided the opportunity for higher levels of observation.
- At the previous inspection the two wards for older people had not fully complied with Department of Health guidance on same sex accommodation. At this inspection the wards were fully compliant. On Crocus wards the male and female bedrooms were now in separate corridors and bedrooms and bathrooms were clearly labelled as being a male or female facility. On Jasmines ward most of the bedrooms were in male or female corridors. There were two bedrooms which could be used by patients of either gender and these had now been provided with ensuite bathrooms. These provided privacy for patients using these rooms.
- Each ward had an appropriate clinic room that provided sufficient space for health checks. There was appropriate equipment in place for an emergency and also for ongoing physical health checks and this had been serviced and was easily accessible. It was observed that individual items of equipment used regularly, such as for checking patients' blood pressure and temperature were not being appropriately cleaned although disposable parts were being replaced. On Crocus ward the equipment was visibly unclean. Hoists and other equipment for moving and handling was well maintained.
- Neither of the wards used seclusion facilities.

- Both wards the wards were clean and odour free. The domestic staff were observed maintaining the standards of cleanliness. A problem with rodents on Crocus ward was being addressed with pest control in place.
- Both wards had environmental risk assessments, looking at potential areas of risk on the wards and explaining how these would be addressed, covering areas such as health and safety.
- Both the wards had alarms in place so assistance could be provided where needed. On both wards there were alarm buttons in each room and on Crocus ward the staff also had hand held alarms. Alarm panels showed where the help was needed.

Safe staffing

- Crocus ward had five nursing and health care assistant staff working during the day and four at night. Jasmines had four staff working during the days and at night. Additional staff could be provided if there were patients who needed higher levels of observation, or where specific appointments were taking place and staff would need to leave the ward for most of the shift. Both wards said that they had the discretion to book additional staff where needed.
- Jasmines had no nursing and health care assistant vacancies at the time of the inspection. Crocus ward had no nursing vacancies although one person was retiring. There was one health care assistant vacancy and another person retiring shortly. On Jasmines ward a few staff had recently transferred to the ward from another ward that had closed.
- In the 3 months prior to the inspection Jasmines ward had not filled all the shifts on 19 occasions. The manager explained that permanent or regular bank staff usually managed to cover staff leave and sickness. In the 3 months prior to the inspection 228 shifts had been filled with temporary staff. They very rarely needed to provide 1:1 levels of observation. Staff said that they felt staffing levels were sufficient for most of the shift but struggled at busy times, for example when patients were getting up and they were providing personal care. The sickness levels on the ward In February 2016 were 3.3%.
- In the three months prior to the inspection Crocus ward had not filled all the shifts on 21 occasions. In the 3

Are services safe?

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months prior to the inspection 273 shifts had been filled by temporary staff with more being agency staff. The ward regularly provided 1:1 levels of observation. Staff said that although they could ask for additional staff when needed, it was hard to fill the shifts. Members of the team also said the regular use of agency staff on the ward impacted on the consistency of care. The sickness levels on the ward in February 2016 were 8.2%.

- On the both the wards the use of temporary staff during the three month period prior to the inspection had been high as they had been holding staff vacancies over this period. Just prior to the inspection another ward for older people had closed and the staff had transferred, which meant that the use of temporary staff would reduce going forward.
- Overall both wards were meeting safe staffing levels most of the time. Both wards were very busy and staff worked very hard to meet patients individual care needs. Both wards were able to support patients with leave and to attend healthcare appointments. Both wards also ensured there were enough staff with the appropriate training to safely restrain a patient if needed. Jasmines ward provided greater consistency of care but needed to review staffing levels especially in the morning when patients were getting up. Crocus ward needed to reduce the use of agency staff to improve the consistency of care.
- Both wards had a dedicated consultant psychiatrist. There were also a team of junior doctors. At night there was an on-call junior doctor who had access to consultant advice if needed. At Tolworth Hospital the junior doctor worked between Tolworth and Queen Mary's Hospital. This meant that medical advice was often given by phone. On Jasmines ward if there was an out of hours medical emergency, they would contact emergency services.
- Mandatory training rates had improved across both wards and was above 80% for most subjects. The main topic where improvements were needed was the training in moving and handling including using a hoist. At the time of the inspection this was 64% on Crocus ward and 46% on Jasmines ward. We were told that additional training sessions had now been arranged and staff were booked to receive the training in the next three months.

Assessing and managing risk to patients and staff

- The risks for individual patients were identified and managed as part of the ongoing work of the multi-disciplinary teams on each ward. Individual risks were discussed in multi-disciplinary meetings, individual reviews, handovers and best interest meetings.
- Written risk assessments were completed when patients were admitted to the wards. These covered risks in terms of the patients physical and mental health. The risk assessments were completed using a standard format in the patient electronic system. The quality of the written risk assessments were variable. Some were very comprehensive and others brief. The areas of risk were not always reflected in the care plans. Some risk assessments were not being updated in response to ongoing issues. Whilst permanent staff knew the patients very well, for temporary staff the lack of comprehensive records could impact on the safety of patients.
- The ward staff recognised that the greatest risk on both wards was of patients having a fall. All the patients were assessed for the risks of falls and appropriate measures put into place. This included seeking advice from care professionals such as the physiotherapist, adaptations to the environment, individual walking aids and safe footwear. Whilst some falls did happen, neither ward was an outlier in terms of the NHS safety thermometer.
- The ward staff also recognised there was a risk in terms of the patients pressure care. All patients had a waterlow assessment on admission and this was also repeated at regular intervals. If a raised risk was identified then measures were put into place such as using pressure relieving equipment to prevent the development of an ulcer. At the time of the inspection a couple of patients had a pressure ulcer which had been acquired prior to their admission and the ward were treating the patient as needed. The wards also had access to tissue viability advice when required. Again the wards were not an outlier in terms of the NHS safety thermometer.
- In terms of managing risks, both wards had made the decision to restrict access to the bedroom areas. This was to ensure male patients did not wander into female bedroom areas. On Jasmines ward staff were very observant about when patients wanted access to their bedrooms and opened up the door promptly. On Crocus

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ward, which had five more patients and was much busier staff did not appear to notice when patients may want to return to their bedrooms. For example we saw a couple of patients falling asleep in hard dining room chairs, where it may have been appropriate to support them to have a rest on their bed.

- In the six months prior to the inspection restraint had been used five times on Crocus ward, twice in the prone position to administer rapid tranquillisation. On Jasmines ward restraint had been used 15 times with no prone restraints. Staff had received training on physical interventions and this had been tailored for staff caring for older people. They understood that prone restraint should only be used in very exceptional circumstances. Where the team were struggling to meet the needs of a patient with complex needs they could access the trusts virtual risk team for advice. During the inspection we saw a member of the virtual risk team come to Crocus ward to offer advice and support to the ward team.
- Safeguarding procedures were in place and staff knew how to identify a safeguarding issue and alert this as needed. Senior ward staff knew about the specific safeguarding arrangements in each borough. Staff knew that they had access to support from safeguarding leads in the trust.
- The medicines were inspected on both wards and this found that there was safe medicines management in terms of storage, dispensing and reconciliation. The ward staff were very aware of each patients needs in terms of medication and how to support them to take

their medication. There was close work between the ward team and the pharmacist and also the pharmacy team were able to meet patients and relatives / carers where needed.

Track record on safety

- We reviewed information on incidents reported by the wards. There had been one serious untoward incident on each ward in the previous year. On Crocus ward this had been a patient fall where they had subsequently passed away. On Jasmines ward a patient had committed suicide whilst on leave.

Reporting incidents and learning from when things go wrong

- Both teams of staff knew how to report incidents.
- Staff said that after serious untoward incidents there were staff debriefing sessions with multi-disciplinary input if needed. Staff said they felt well supported after serious incidents.
- It was evident that a number of changes had taken place in terms of learning from the serious incidents which had occurred. Examples of this included working to improve risk assessments and keeping better records on Jasmines ward of patients leaving the ward.
- Staff also had access to learning from incidents through team meetings where the ward managers shared learning from the quality governance meetings they attended, through training, email risk alerts and trust learning events.

Are services effective?

Requires improvement 

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

- Assessments were completed by the medical and nursing teams. The medics carried out a full physical and mental health assessment within 48 hours. This included blood tests and an ECG. This identified the patients needs and ongoing treatment.
- The assessments were comprehensive and used a standard format. They included detailed assessments in areas such as nutrition, pressure care, risk of falls and continence.
- The care plans covered all the necessary areas but were rather generic and varied in quality. Some were very detailed and others much more basic in their content.
- Both wards tried to scan paper records so that everything was saved on the electronic patient record system.

Best practice in treatment and care

- On each ward the medical staff said they prescribed in line with guidance from the national institute for health and care excellence. This was also checked by the ward pharmacist. On a few occasions they would consider deviating from this guidance and in these cases there would be a full treatment review meeting and a second medical opinion would be sought and if needed an 'exceptional circumstances request form' would be completed that would be considered by the trust drug and therapeutics committee.
- On both wards the patients were having physical health observations carried out on a daily basis. The results were recorded and the staff were using a tool called the national early warning scores (NEWS) to identify if the patients physical health was deteriorating so that clinical support could be provided where needed. Patients were also having their weight checked on a weekly basis or more frequently if needed.
- Both wards had close links with the clinical teams at the local acute hospitals and where needed patients would access A&E, be referred for diagnostic tests or attend outpatient clinics.
- If a patient needed psychological therapy input this would be provided from the community team for older people with mental health problems from the appropriate borough. On Crocus ward a senior

psychologist came to the ward for a session a week. During the inspection we observed them meeting with the ward lead consultant to discuss the care and treatment of one patient with complex needs. Both wards said that psychology input was available when needed.

- The wards both used the 'health of the nation outcome scales' to record the severity of each patients needs and their outcomes as their treatment progressed. Staff from both wards talked about how patients mental health improved during their inpatient stay. The medical staff said they were looking at other outcome measures that could be usefully applied in the setting.
- The wards had both undertaken a range of trust wide and local clinical audits. The trust wide audits looked at the completion of patient records during the patients stay on the ward. For example, they checked the assessments had taken place including the waterlow assessment to prevent pressure ulcers. On Crocus ward there had been an audit of the completion of NEWS. This had led to some additional training for staff using the tool. A new audit was starting looking at the patient falls from the previous year. At the time of the inspection the data was being collated for this audit, but the aim was to improve learning and further reduce falls on the ward.

Skilled staff to deliver care

- Both wards had access to a multi-disciplinary team. The team consisted of the lead consultant psychiatrist and ward manager, nurses, health care assistants, junior doctors and sessions from physiotherapists and dieticians. In addition there was a discharge co-ordinator working across the two wards and input from speech and language therapists, exercise therapists, pharmacists, physical health nursing specialists and advocates.
- The main difference between the two wards was the level of occupational therapy input. On Jasmines ward there were three full time members of the occupational therapy team and on Crocus ward there was one full time and one part time occupational therapist. This had an impact on the therapeutic activities provided throughout the week, supporting patients to go out and the preparation for discharge.
- Staff talked about being offered a range of training in addition to mandatory training to develop their skills

Are services effective?

Requires improvement 

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and experience. All the staff had completed a days training to improve their knowledge about how to care for people with dementia and we heard this had been useful. In addition members of the multi-disciplinary team provided training sessions in specific topics. On Crocus ward we heard about the 'Crocus Friday' sessions where the team met to discuss different topics and have an opportunity for reflective practice.

- At the time of the inspection 80% of the staff on Crocus and 86% of the staff on Jasmines had completed an annual appraisal.
- Both wards had arrangements in place for supervision and staff knew the name of their supervisor. There were standard formats in place to facilitate the supervision sessions. On Jasmines ward staff had completed regular 1:1 supervision. On Crocus ward staff said that they struggled to find time to complete individual supervisions. The records showed that out of 20 staff who had been in post for the previous six months, five had attended three supervision sessions, ten had attended two sessions and five had only had one supervision session.
- Regular team meetings took place and managers could share performance opportunities and there were opportunities to discuss operational issues on the ward.
- Managers on both wards felt appropriately supported by the human resources team where needed to address staff performance issues where these arose.

Multi-disciplinary and inter-agency team work

- There were weekly multi-disciplinary meetings arranged by borough on each ward. These were attended by the ward multi-disciplinary teams and staff from the community teams. The patients and their relatives or carers were also invited to attend. We observed the meeting on Crocus ward. The meeting enabled staff to work together to review information about the patient, develop plans for their care and treatment and also review plans for their discharge.
- There were good working arrangements with other organisations particularly in relation to planning for patients discharge. This included other care providers such as care homes and care agencies and also other organisations that would provide support to the patients and their carers after discharge.

Adherence to the MHA and the MHA Code of Practice

- There were patients detained under the Mental Health Act (MHA) on both wards and a visit by the MHA reviewer took place during the inspection.
- The paperwork in relation to each patients detention under the MHA was correctly completed and maintained.
- Staff showed an understanding of the MHA and the Code of Practice and had access to training as part of their induction and as part of the trusts mandatory training on consent. They also had access to advice from on-site MHA administrators.
- Staff completed assessments of capacity to consent to treatment. Medication prescribed reflected the consent to treatment forms.
- Patients had their rights explained to them and at regular intervals during their care and treatment.
- Staff displayed details of how to contact the independent mental health advocacy service on the ward. The advocate visited the ward at least once a week and more if needed to speak to detained patients.
- Patients were supported to seek the opinion of a second opinion doctor or to appeal to a tribunal about their detention where they wished to do so.

Good practice in applying the MCA

- Most staff understood the principles of the Mental Capacity Act (MCA) and had completed training. Health care assistants showed less understanding of the MCA. Flow charts showing how to apply the act were displayed for staff to use when needed. Staff had access to a MCA lead for advice when needed.
- Most capacity assessments were completed by the medical staff. We heard of examples of where best interest meetings were taking place. The patient records included capacity assessments and records of best interest meetings. These records were comprehensive.
- In the six months prior to the inspection there had been 16 authorized Deprivation of Liberty Safeguards (DoLS) across the trust. At the time of the inspection there were two patients on Crocus ward and two on Jasmines ward subject to an authorized DoLS. These were clearly recorded and the arrangements to minimize the restrictions were monitored.

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

- On both the wards we visited we observed staff treating patients in a kind and caring manner. For example we saw staff smiling and laughing with patients. Where staff worked regularly on the ward, they knew the patients and were aware of their individual needs.
- A structured observation was carried out on Crocus ward. The ward was extremely busy and staff were struggling to support all the patients. We observed that staff communication with patients was very task focused. One relative told us on Crocus ward that the person they were visiting was wearing someone else's clothing. This contrasted with Jasmines ward which was much calmer and staff were observed sitting and chatting to patients.
- We observed staff discussing patients in handovers and multi-disciplinary meetings. This was done in a respectful manner and recognised peoples individual preferences. For example on Jasmines ward we heard about how people liked to spend time in their rooms rather than being in the communal areas of the ward. On Crocus ward we heard about detailed plans for people's discharge including the views of the patient.

The involvement of people in the care they receive

- Both wards had packs they could give to patients and relatives and carers when they were admitted to the ward giving them useful information about the service. Patients were also shown around and introduced to staff and other patients.
- Patients and their relatives and carers were involved in assessments and were fully involved in multi-disciplinary meetings and care plan review meetings where their individual plans were discussed. Relatives said they felt involved in decisions about care.

- Patients could have a copy of their care plan, although this was just printed off the electronic patient record system and was not very meaningful. Staff recognised that further work was needed to provide patients with an accessible copy of their care plan.
- On Jasmines ward the occupational therapist supported each patient to produce a document called 'this is me' which talked about the persons past and included photos. They could take this document with them when they left the ward to pass to organisations who were providing ongoing care and support.
- On Jasmines ward the lead consultant psychiatrist had produced a one page summary to be given to the patient and their relatives and carers when they were discharged. This gave them information about their medication and ongoing care and treatment. It also explained who they should contact if they needed support or had an emergency following their discharge.
- Patients had access to advocacy services. Information on advocacy services was available on the ward. The advocate visited the ward at least once a week. Staff knew about the advocacy services and could signpost patients when needed.
- Relatives and carers were made welcome on both the wards. Whilst there were visiting times, these were very relaxed and recognised that relatives may need to visit after work. Visitors were offered drinks and snacks and were welcome to join activities that were taking place.
- Weekly community meetings took place on both the wards and patients and their relatives were able to take part. We observed one community meeting and this was very inclusive of everyone who attended. These mainly discussed practical details such as food, activities and other aspects of the ward. A record was available and showed that follow up actions took place. For example on Crocus ward this had led to the introduction of a cooked breakfast on Sunday.
- While both wards had terminals to allow patients to give 'real time feedback' the staff said that the use of this technology was very limited. Feedback came more through the community meetings and from compliments and complaints received by the ward.

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 average bed occupancy for the six months prior to the inspection was 81% on Crocus ward and 91% on Jasmines ward. Patients generally went to the service that covered the borough where they lived. Access to beds was arranged through the trusts acute care co-ordination centre. Where beds were not available they could be admitted to the other ward. Patients were rarely moved between wards.
- The length of stay was variable from 3 weeks to 3-4 months depending on the complexity of the patient needs. The planning for discharge began as soon as the patient was admitted to the ward.
- On Crocus ward there had been 11 delayed discharges and on Jasmine 10 delayed discharges in the six months prior to the inspection. The discharge co-ordinator and the ward staff worked hard to ensure discharges took place in a timely manner. When a patient was on leave with a view to discharge it was not possible to hold the bed open except in exceptional circumstances.
- On both the wards discharges were planned to be during the day and often earlier in the week when more support was available if needed, rather than at the weekend. Managers said that they tried to admit patients at an appropriate time of the day. On Crocus ward there were occasions when an evening admission took place.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards contained a range of rooms and facilities to support the care being delivered. On Crocus ward the dining area and sitting areas were all open plan and were very noisy. On Jasmines ward the lounge and dining room were separate which meant that when activities were taking place people could sit in a quieter area.
- Both wards had small female lounge areas. Jasmines ward also had a second small communal room that was being developed into a multi-sensory room.
- Both wards had attractive, secure gardens which were easily accessible. Patients who wished to smoke could do so in the garden.

- Whilst there were no specific rooms to meet visitors, this could take place throughout the ward and garden.
- Jasmines ward had made a significant effort to make the ward more homely, comfortable and stimulating for the patients. For example in the womens sitting room they had provided a selection of books for people to read.
- Some patients had their own mobile phone. Others could use the wards cordless landline phone to make calls in private. We saw patients requesting to use the phone.
- Both wards had food prepared in a separate kitchen and brought onto the ward. Patients were asked earlier in the day for their meal choice. Additional meals were also provided in case patients changed their mind once the food was served. A sandwich could be provided if people did not like the meals. Where needed there was access to dietary supplements, a soft diet and other specific dietary needs. Staff were aware of where patients needed encouragement to eat or needed additional support. The food was presented well and the tables were laid with access to drinks and condiments.
- There was access to water dispensers on the ward. Hot drinks were provided mid morning, mid afternoon and in the evening. Snacks including fresh fruit were also provided. The wards could also make toast or a sandwich.
- Both wards had access to a programme of therapeutic activities. On Crocus ward the programme was followed on the day of the inspection as one of the occupational therapy staff was on leave. The range of activities provided on Jasmine ward was more extensive as they had a larger team of occupational therapists and less patients. The compliments received by Jasmines ward frequently mentioned the activities as being very beneficial and enjoyable.

Meeting the needs of all people who use the service

- Both wards were mindful of the diverse needs of the patients and their families and carers.
- The wards were both accessible and had bathroom facilities appropriate for patients who used a wheelchair.

Are services responsive to people's needs?

Good 

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

- The wards were also adapted for patients who were at risk of falls, for example handrails were available and other adaptations such as raised toilet seats were provided.
- A number of patients on each ward had dementia. Both wards had clear signage and made use of different colours to help patients navigate around the ward. On Jasmines ward each bedroom had a picture of the patient to help them find their room. They also had tactile objects along the corridor walls to stimulate people using the service.
- Information about the service including photos of the staff, information about mental health and details on patients rights were clearly displayed in the wards. Information in different languages was available from the trusts website to download.
- Staff said that where needed interpreters could be booked to support patients.
- Food could be selected that met people's religious and cultural needs.
- Both wards had chaplains who visited the ward to meet individual patients and conduct services. The chaplain that visited Jasmines ward could provide mindfulness sessions for patients. The ward could contact other local religious communities where this was requested by the patient.

- The wards recognised the importance of people's relationships and the need to give people the space to spend time together.

Listening to and learning from concerns and complaints

- In the 12 months prior to the inspection there had been 9 complaints received on Crocus ward and 1 on Jasmines ward. One complaint had been fully upheld and 4 partially upheld on Crocus ward. On Jasmines ward the one complaint had been partially upheld. No complaints had been referred to the ombudsman.
- Both wards had information clearly displayed about how to complain and information was also available on the trusts website.
- Staff knew how to manage a complaint and if the matter could not be addressed immediately they could signpost the complainant to use the formal complaints process.
- Staff knew about the themes from complaints. On Crocus ward there were several complaints about patients having missing clothes or other personal items and they were working to improve this. Both wards discussed complaints at the ward team meeting.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff were mostly aware of the values of the organisation and these were displayed in the wards.
- Staff were clear about the objectives of the ward and how the treatment and care delivered to patients reflected this.
- Ward staff were aware of the regular visits from the modern matrons and local directorate clinical and service managers. They also knew there had been visits from senior directors from the trust to the wards including a service director working a shift on Jasmine ward..

Good governance

- Each ward manager had information on the performance of their service. This included information that was lifted from the electronic patient record system, training data, information on incidents, complaints, patient feedback and data provided by the manager on supervision and appraisals. This was brought together with key performance indicators to form a dashboard that provided an immediate overview of areas for improvement.
- The ward manager and deputy ward manager we met both felt that the ward was given sufficient authority and information to make decisions at a ward level. Each ward also had their own ward administrator. Staff within the teams had lead roles to support the running of the ward.
- The system used by the trust to report incidents could also be used to add items to the trust risk register. This was not used very frequently but was available if needed.

Leadership, morale and staff engagement

- Staff on both wards were positive about the support they received from their managers.
- Staff felt able to raise concerns openly. They were not clear about how to use the whistle-blowing procedure but said they would raise issues through their line management structure.
- Morale on Jasmines ward was extremely good. Staff said they really enjoyed their jobs, worked well as a team and were able to contribute ideas about how the ward could improve.
- Morale on Crocus ward was slightly more mixed. Some staff said they were very busy and found it hard to complete all their work. One member of the team said there was a hierarchy in the team. Staff said that the use of agency staff impacted on the consistency of care. Staff sickness was 8% at the time of the inspection, higher than the trust average. Crocus ward was noticeably less calm and care was not always person centred.
- Managers on both wards said there was access to leadership development, through a range of courses and the mentoring programme. The manager on Jasmines said she was attending a course at Kings College on older person care. Band 6 nurses had access to development days. The deputy managers on Crocus ward said they found it hard to find the time to attend training and development.

Commitment to quality improvement and innovation

- The wards were not participating in a national quality improvement programme through the Royal College of Psychiatrists.
- On Jasmines ward they were developing a multi-sensory room using evidence based practice.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The trust had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate supervision and support to enable them to carry out their duties they are employed to perform.

The trust had not ensured that staff on Crocus ward were receiving consistent 1:1 supervision.

This was a breach of regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

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.