

Connolly House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Connolly House as good because:

- The provider had an up to date ligature risk assessments and mitigated for any risks by patient observation levels where appropriate.
- Although some bedroom toilets smelt of urine, the cleanliness of the environment was maintained, cleaning schedules were in date and environmental risk assessments were completed. Staff had highlighted uneven floors causing trip hazards with floor marking signs to alert people to this risk. The provider plans to further address these risks in future renovation works.
- Staff completed individualised risk assessments of manual handling needs to manage patients at risk of falls. Staff used motion sensors in bedrooms to manage patients at risk of falls during the night.
- The provider had good medicines management practices.
- Incidents were reviewed, investigated and lessons learnt were shared with staff.
- Staff completed patient individualised and holistic care plans and monitored patients' physical health regularly.
- Staff received an induction, completed dementia specific training and support staff completed the care certificate training. Staff had yearly appraisals, regular supervisions and staff meetings.
- Staff completed decision specific capacity assessments and best interest decisions were made with family involvement. Deprivation of Liberty Safeguard applications were granted for thirteen patients with review dates. Doctors prescribed covert medication, when required, with clear guidance from pharmacy for staff when administering.
- Relatives made positive comments about the care and treatment provided by staff for patients and we observed caring and kind interactions by staff towards patients. Relatives were involved in compiling 'My Charts' detailing information about patients, and were involved in the care planning processes and best interest decisions.
- The provider responded to and investigated complaints. Relatives were provided with responses to complaints and staff were provided with lessons learnt from these.
- Staff survey results generally showed positive results. Staff felt able to raise concerns and spoke positively about working within the team and for the provider.

However:

- Staff mandatory training fell below 75% compliance for some subjects. Three staff members had no training in physical restraint, which meant the safety of staff and patients was not maintained.
- Staff did not always conduct or document patients' prescribed care interventions or observations.
- The provider did not ensure plans for staffing during the evenings and overnight were clearly recorded on the duty rota.
- The provider had dangerous electrical wiring in the lounge, which we highlighted. The provider removed this whilst we were on site.
- The provider had syringes unwrapped in a plastic box with no expiry date in the clinic room. We raised this with the provider who told us these were not in use and removed these whilst we were on site.

Summary of findings

Our judgements about each of the main services

Service

Wards for older people with mental health problems

Rating

Good



Summary of each main service

Connolly House is a 14 bedded hospital for older people. Patients may be detained under the Mental Health Act 1983.

Summary of findings

Contents

Summary of this inspection

	Page
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Information about Connolly House	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Good 

Connolly House

Services we looked at:

Wards for older people with mental health problems

Summary of this inspection

Our inspection team

Our inspection team was led by:

Team leader: Karen Holland Inspection manager, mental health hospitals

Lead Inspector: Nese Marshall, Inspector, mental health hospitals

The team that inspected the service comprised two CQC inspectors and one inspection manager.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme on the 27 February 2017 and conducted a follow up unannounced inspection on the 07 March 2017.

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and other organisations for information. During the inspection visit, the inspection team:

- Looked at the quality of the ward environment and observed how staff were caring for patients
- observed staff and patient interactions
- spoke with the registered manager, the deputy director and director for the service

- spoke with ten staff members; including nurses and support workers
- spoke with two relatives of patients
- received feedback about the service from the local safeguarding team
- reviewed six care and treatment records of patients
- carried out a specific check of the medication management and checked nine medication prescription charts
- looked at a range of policies, procedures, and other documents relating to the running of the service
- looked at records relating to the Mental Capacity Act (2005), and Deprivation of Liberty safeguards
- observed multi- disciplinary care reviews for six patients
- attended and observed a staff shift handover meeting
- reviewed six staff personnel files
- reviewed governance processes related to the running of the service.

Information about Connolly House

Connolly House is an independent mental health hospital. The provider is Astracare (UK) Limited. Connolly

House has a registered manager, a nominated individual and a controlled drugs accountable officer with the Care Quality Commission. Connolly House provides the following regulated activities:

Summary of this inspection

- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

Connolly House is a 14-bedded facility for older people with a range of mental health conditions including dementia, severe depression, and schizophrenia. Patients may be detained under the Mental Health Act 1983.

The bedrooms are provided across two floors, with three bedrooms on the ground floor and eleven bedrooms on the first floor. The first floor is divided into two corridors, one for male patients, and one for female patients.

At the time of our inspection, the unit had fourteen patients. Thirteen were all safeguarded under a deprivation of liberty (DoLS) authorisation and one patient was informal.

Connolly House registered with the CQC on the 14 October 2010, and has received four inspections. The

previous comprehensive inspection was conducted on May 24 2016, and was rated good overall and requires improvement for safe. We also conducted an inspection on the 19 October 2016 and 26 October 2016. These were unannounced inspections, which took place due to concerns raised to us about staff use of unapproved manual handling practices at the hospital. We did not rate the service but we did identify breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for regulations 12, safe care and treatment, regulation 10, privacy and dignity, regulation 17, good governance and regulation 18, staffing. The provider addressed all previous concerns.

The service is currently undergoing a process of change where the provider is de-registering as a hospital. The provider has elected to terminate the contract for NHS patients funded by commissioners on a 'block bed' basis on 31 March 2017 and alternative placements are being sought for patients.

What people who use the service say

At the time of our inspection, we were unable to speak with all the patients because of the communication difficulties they experienced as a result of their dementia. However, we observed staff and patient interactions for several periods of time. We observed interactions between staff and patients that were mostly responsive and supportive. Staff offered patients reassurance and discussed the caring tasks they were about to perform with the patients. Staff were sitting with patients at meal times and supporting them with their meals.

We spoke to two relatives of patients using the service who said the staff were helpful and kind. They spoke positively about the care their relatives received and said they were involved with making decisions in the best interest of their relatives.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Staff did not always conduct or document patients' prescribed care interventions and observation levels.
- The provider did not record safe staffing levels on their duty rota where a 'floating' member of staff was used at night. We were unable to know if this was a consistent management plan. Although an additional member of staff was available during the night shift when we inspected on the 07 March 2017, this was not recorded on the rota and we did not find previous recording of additional staffing at night.
- Staff compliance with some key mandatory training subjects fell below 75%. For example, three staff members had not received training in physical restraint. The provider had no plans for training these staff and could not ensure the safety of staff and patients when these staff were on duty. The provider had no plans to facilitate mandatory training that fell below 75% compliance.
- The provider had dangerous electrical wiring in the lounge which we highlighted. The provider removed this whilst we were on site.
- The provider had syringes unwrapped in a plastic box with no expiry date in the clinic room. We raised this with the provider who said these were not in use and removed these whilst we were on site.

However:

- The provider had made improvements to the environment, which were raised at the last inspection, including repairing the broken bath, repairing broken windows closers, clearing the garden and placing floor marking signs to alert people to uneven flooring risks.
- The provider completed risk assessments for a variety of patients' needs and completed individualised risk assessments to manage patients' manual handling needs and risk of falls. Staff used fall motion sensors in bedrooms for patients at risk of falls at night.

The provider had good medicines management practices and safe prescribing and administration.

Requires improvement



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff completed individualised and holistic care plans and physical health assessments for patients on admission with on-going monitoring.
- Staff received yearly appraisals and regular supervisions.
- Staff received role specific online training in dementia.
- Staff completed numerous decision specific capacity assessments with family involvement in best interest decisions. All deprivation of liberty safeguard applications were in date with clear review dates.

However:

Only 29% of staff had completed training in the Mental Health Act.

Are services caring?

We rated caring as good because:

- Relatives made positive comments about staff and the service in comment cards.
- We observed staff interactions with patients and found these to be positive.
- Patients had an individualised 'My Chart' completed with input from relatives detailing information about the patient.
- Relatives completed satisfaction surveys which showed generally positive results.
- Relatives said they were involved in the care planning process and with best interest decisions about their relative's care.

Good



Are services responsive?

We rated responsive as good because:

- The provider had an equipped clinic room and a range of rooms for meetings and for visitors.
- Patients could request drinks and snacks throughout the day and night. They could access outside space, make phone calls in private and personalise their bedrooms.
- Information was available to patients on their rights, treatment, how to complain, advocacy and safeguarding.
- The provider managed complaints and were open and honest with relatives who had complained.
- Patients had community meetings.
- Relatives completed surveys to provide feedback about the service and completed questionnaires once their relative was discharged.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- Staff knew who senior managers were and said they were approachable and accessible.
- Staff received yearly appraisals and monthly supervisions.
- The provider had updated policies.
- The provider reviewed incidents and completed investigations to learn from these.
- Staff completed clinical audits on falls and antipsychotic prescribing and applied any learning from these.
- The staff survey showed generally positive results.
- Staff spoke positively about their jobs.

However:

- Staff did not receive adequate mandatory training for some subjects which fell below 75%. The provider did not have any scheduled training dates to address this shortfall.
- The provider was unable to provide us with a copy of their risk register.

Detailed findings from this inspection

Mental Health Act responsibilities

Although there were no detained patients using the service at the time of our inspection, the provider is regulated for assessment or medical treatment for people detained under the Mental Health Act 1983.

Of all staff, only 29% received Mental Health Act training. This meant staff were not adequately trained to fulfil their role.

Patients had access to advocacy and Independent Mental Health Advocacy services as required.

The provider had one informal patient at the time of inspection. Patient information packs included the keypad code for this patient to easily access leave from the hospital.

Staff interviewed had some understanding of the Mental Health Act and the Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Thirteen patients were safeguarded under a deprivation of liberty safeguard application and one patient was informal at the time of our inspection. All deprivation of liberty safeguards were in date with clear review dates.

Staff had completed numerous decision specific capacity assessments for patients lacking the capacity to make decisions. Staff recorded best interest decisions in patient records detailing the five statutory principles. The multi-disciplinary team held best interest meetings where necessary and family and carers were invited. Staff interviewed had some understanding of the Mental Capacity Act 2005.

Patients had access to advocacy and independent mental capacity advocacy services as required.

Staff were 100% compliant with Mental Capacity Act (2005) training.






Doctors prescribed covert medication with clear guidance from pharmacy for staff when administering medication.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Wards for older people with mental health problems

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are wards for older people with mental health problems safe?

Requires improvement 

Safe and clean environment

- The environment contained multiple ligature points and the provider had identified and rated these on their ligature risk assessment. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff had reduced any risks through patient observations as required. No patients presented with a risk from ligatures at the time of our inspection.
- The provider's building housed two separate units, the hospital, Connolly House, and a nursing home, The Harvey Centre, both provided by Astracare (UK) Limited.
- Despite some ensuite toilets smelling of urine due to patient incontinence, the hospital was generally clean and cleaning schedules were in date.
- We observed dangerous electrical wiring where a double plug was fed through the wall to another lounge. This was reported and the provider removed this whilst we were on site.
- The provider had made improvements to the environment since our last inspection. For example, the toilets were now clean and the assisted bath had been replaced, windows in the toilets were repaired and the garden was clean and clutter free. Environmental risk assessments were completed regularly and actions were addressed.
- Despite some uneven floors causing trip hazards, as identified in the last inspection, the provider had

displayed warning signs and placed uneven floor marking signs to alert people to this risk. The provider planned to address this in future renovation work. Patients at risk of falls were placed on higher levels of observations as required.

- The provider complied with same sex accommodation where male and female sleeping areas were segregated. Although all bedrooms had washbasins and three bedrooms had showers, the female corridor had a separate bathroom and the male corridor had a separate shower room. The provider told us patients of the opposite sex were supervised by staff when accessing these areas to maintain single sex standards.
- The provider had an appropriately equipped clinic room and staff adhered to infection control principles including hand washing. Staff kept the defibrillator in the nursing office so that it could be accessed easily and emergency drugs were checked regularly. Staff had completed checks of the physical health equipment and the blood monitoring machine had been calibrated (a check to ensure readings are accurate). Medication disposal records were available and the fridge temperature had been recorded. However, we found syringes unwrapped in a plastic box with no expiry date. We raised this with the provider who said these were not in use. These were removed whilst we were on site.
- The provider had a nurse call system for staff and patients to press if help was required. Staff also used fall motion sensors in bedrooms at night for patients at risk of falls to alert staff.
- The provider had a lift, which patients used freely. Staff told us patients at risk of falls were supervised to use the lift. However, there were no handrails available in the lift for patients to use if they became unsteady.

Safe staffing

Wards for older people with mental health problems

- The provider completed the dependency and staffing level assessment tool to determine basic staffing levels monthly. The director explained that patient occupancy and observation levels were considered as part of the assessment. Staffing levels were one nurse and four support workers during the day and one nurse and one support worker at night.
- The provider required 4.55 whole time equivalent qualified nurses and had five nurses in post. They required 16.8 nursing assistants and had twelve in post with 4.8 vacancies.
- The provider used agency staff to cover staff sickness, vacancies and absences. For September 2016, 144 staff were used to fill shifts, in October 2016, 133 shifts were filled and in November 2016, 88 shifts were filled using agency staff. This was due to increased patient observation levels. Where possible, regular agency staff were booked to provide continuity of care for patients. The provider had not filled eleven shifts with bank or agency staff to cover sickness, absence or vacancies between 01 September 2016 and 30 November 2016.
- During our night visit on the 7 March 2017, the late shift was short staffed by one support worker due to sickness. Staff told us and we observed cover being provided by a support worker from the Harvey Centre nursing home. The registered manager told us that the service used a 'floating' member of staff who worked between the Harvey Centre and Connolly House at night. Although, we did see a third member of staff, we did not find this recorded on the duty rota. We were, therefore, not clear that this was an agreed or consistent management plan.
- The provider had a consultant psychiatrist who attended the hospital twice a week to review patients and a general practitioner attended the hospital three times a week. Medical staff could attend the wards quickly in an emergency. Doctors were available throughout the day and night and the provider had doctors identified for cover 24 hours a day.
- The registered manager told us they were able to adjust staffing levels daily in consultation with the deputy director and director.
- Staffing levels were sufficient to facilitate one to one staff time with patients.
- Staff rarely cancelled escorted leave and activities due to staff shortages.
- Staff had not received or were up to date with all mandatory training. Staff had not achieved compliance

rates in some key mandatory subjects identified by the provider as essential for their role including ethical and dignified control and restraint at 39%. This included three new staff who had no training in physical restraint and could therefore, not maintain the safety of staff, themselves or patients. The provider's policy stated, 'All new employees attend a full two day course of Ethical Care Control and Restraint training. ...all staff receive an annual refresher course over a one day period'. However, this was not demonstrated at the time of our inspection. Fire safety/evacuation training compliance was achieved at 58% and the first aid at work training was achieved at 57%. Although online safeguarding of Vulnerable Adults training had been completed at 100%, the complaints, grievances and internal safeguarding of vulnerable adults compliance rate for the face-to-face session, was only achieved at 36%. Therefore, staff did not receive sufficient training in safeguarding adults. Mental Health Act training was only achieved at 29% and palliative and end of life care training was achieved at 69%. The provider had not arranged for mandatory training for the subjects which fell below 75% compliance.

Assessing and managing risk to patients and staff

- The provider did not have a seclusion room and there were no reported incidents of seclusion or long-term segregation. Seclusion is the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.
- The provider had four incidents of restraint between 01 June 2016 and 30 November 2016, involving three different patients and no incidents of restraint were in the prone position. Prone position restraint occurs when a patient is held in a face down position on a surface and is physically prevented from moving out of this position. The provider trained staff in the use of de-escalation techniques and stated it avoided the use of restraint. The latest Department of Health guidance states that if such a restraint is unintentionally used, staff should either release their holds or reposition into a safer alternative as soon as possible.
- We reviewed six patient files and found risk assessments were completed and updated regularly after incidents. All patients had a manual handling risk assessment and falls risk assessments, which were detailed and

Wards for older people with mental health problems

individualised to enable staff to know how to manage individual manual handling needs and risks of patients. At the last inspection, the inappropriate use of manual handling had been identified as an area of concern. The provider had addressed these concerns and improvements had been made. Staff assessed and completed patients' waterlow pressure sore risk, tissue viability, mini mental state (if possible), deep vein thrombosis risk assessment, Becks depression Inventory (if the patient could engage), an eating skills assessment, a washing and dressing assessment, side effects scale checklist and behaviour analysis record.

- The provider had policies and procedures in place for the use of observations and searching patients. However, during our night visit on 7 March 2017, we found staff were not conducting or recording prescribed observation levels for two patients. One patient was not being observed on level four observations which required continuous observations by staff and another patient was not consistently being observed on level two observations which required intermittent observations by staff.
- On our night visit, we also found three patients with prescribed care interventions not being completed or recorded. For example, although one patient's care plan stated they were to be moved by staff using a rotating mat, we did not see staff use this equipment and one patient's turning chart had not been completed since 14.00hrs that day, despite four hourly turning being prescribed. Staff had not completed another patient's turning chart since 14.30hrs and there were no instructions on the care plan or turning chart on how or when to turn this patient.
- Although staff were 100% trained in e-learning for safeguarding adults, the face-to-face teaching session compliance rate was only achieved at 36%. The provider had no further dates for training planned. However, when we spoke to staff they did know how to identify abuse and would report concerns to senior staff when required.
- We reviewed nine patients' prescription charts. The provider had good medicines management practices with safe prescribing and administration.

Track record on safety

- The provider had one serious incident in the last twelve months relating to a patient fall.

- The provider had investigated and addressed all actions in place to address concerns raised by the local authority safeguarding team and CQC of unapproved manual handling practice at the last inspection in October 2016.
- The provider facilitated children visiting and visits took place in lounges.

Reporting incidents and learning from when things go wrong

- Staff knew what to report and how to report incidents and these were documented on paper records. The registered manager reviewed all reported incidents and completed an investigation of these. The clinical governance committee reviewed all incidents each month and shared information with staff.
- Staff followed duty of candour principles and were open and honest when providing feedback to patients and families.
- The provider supported and debriefed staff, following incidents.

Are wards for older people with mental health problems effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed comprehensive and timely assessments of patient needs on admission.
- Staff completed physical health assessments on admission and there was evidence of on-going monitoring of physical health problems.
- Staff completed personalised and holistic care plans for patients and reviewed these regularly.
- The provider stored patient information securely.

Best practice in treatment and care

- Staff prescribed medication according to the National Institute for Health and Care Excellence guidelines and within recommended guidelines according to the British National Formulary.
- Patients had access to physical healthcare including specialists when needed. Staff referred patients to their general practitioner for physical health concerns.

Wards for older people with mental health problems

- Patients with nutritional needs were monitored and the provider could arrange for a dietician to see patients if necessary.

Skilled staff to deliver care

- The team included registered mental health nurses and support workers, a consultant and activity co-ordinators.
- All new staff completed an induction and support workers completed the care certificate training.
- Staff received regular supervision in individual sessions and all staff received an appraisal.
- Staff had access to regular team meetings.
- Staff received online dementia training and achieved a compliance rate of 85%.
- Staff received online medicine management and administration achieving a compliance rate of 100%.
- Poor staff performance was addressed promptly and effectively.

Multi-disciplinary and inter-agency team work

- The provider held weekly multi-disciplinary team (MDT) meetings to discuss patients' care and treatment.
- Staff received comprehensive handovers to keep up to date with patient care needs.
- The provider worked with external agencies including local authorities, the GP, and local authority safeguarding teams.
- The provider followed the framework of the care programme approach. Community teams were invited to attend hospital-based meetings and to maintain contact and involvement with the patient.

Adherence to the MHA and the MHA Code of Practice

- There were no patients detained under the Mental Health Act 1983 at the time of our inspection.
- Of all staff, only 29% received Mental Health Act training. This meant staff were not adequately trained to fulfil their role.
- Patients had access to advocacy and Independent Mental Health Advocacy services as required.
- Staff interviewed had some understanding of the MHA and the Code of Practice.

Good practice in applying the MCA

- Thirteen patients were safeguarded under a deprivation of liberty safeguard and one patient was informal at the time of our inspection. All deprivation of liberty safeguards were in date with clear review dates.
- Staff had completed numerous decision specific capacity assessments for patients lacking the capacity to do so themselves. Staff recorded best interest decisions in patient records detailing the five statutory principles. The multi-disciplinary team held best interest meetings where necessary and family and carers were invited.
- Doctors prescribed covert medication with clear guidance from pharmacy for staff when administering medication.
- Staff were 100% compliant with Mental Capacity Act (2005) training.
- Patients had access to advocacy and Independent Mental Capacity Advocacy services as required.

Are wards for older people with mental health problems caring?

Good 

Kindness, dignity, respect and support

- We reviewed nine comment cards from relatives of patients and spoke with two relatives. Comments were generally positive about the care and treatment offered. Relatives said staff were kind, have a good relationship with patients, communicate well and are patient. The environment is safe and friendly, staff are kind and helpful, the management and doctors are accessible and the food was nice.
- We observed staff interactions with patients and found caring and attentive interactions from staff towards patients. We observed meal times, care review meetings of six patients and general interactions between staff and patients, which were all positive.

The involvement of people in the care they receive

- Of the six patient files we reviewed, capacity assessment showed patients could not understand and be involved in the care plan process. Care plans showed carer and relative involvement with this process.
- Staff and family members completed 'My Charts' for every patient, which provided a history of each patient;

Wards for older people with mental health problems

their preferences, triggers, calming techniques, hobbies, likes and dislikes and other information. These were kept in patient bedrooms and files so staff could access these to read and understand patient care and needs.

- Every patient had an information board in their bedroom, which included information about the service, how to complain, advocacy services, activities available and rights.
- Relatives completed satisfaction surveys answering questions on their experience of the service. Thirteen questionnaires were sent to relatives and eight (62%) responded. Results showed relatives were 100% satisfied with care and treatment, 93% satisfied with services and activities, 98% satisfied with their involvement in the Care Programme Approach and care review process, 98% satisfied with their experience during visits and 93% satisfied with the cleaning, maintenance and repair of the premises. Relative's individual overall scores were between 87% to 100% satisfied.

Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- The provider had bed occupancy of 93% between 1 June 2016 and 30 November 2016.
- The provider did not have any discharges in the last 12 months since January 2016.
- The provider did not submit data related to access and discharge. All patients were funded by commissioners on a 'block bed' basis.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had three lounges, including a female lounge and had sufficient rooms for meetings and visitors.
- The clinic room was well equipped to provide treatment and care to patients.
- Patients could access the garden when required.

- Patients could make a telephone call in private by using a hands free phone.
- Staff ensured patients could have hot drinks and snacks throughout the day and night.
- Patients could secure their possessions in a safe in their bedrooms.
- Patients could personalise their bedrooms.

Meeting the needs of all people who use the service

- Information leaflets were available for patients on request in different languages if required.
- Information on patients' rights, treatment, how to complain, advocacy and safeguarding were available.
- Staff could access interpreters, when needed, to aid communication with patients whose first language was not English. Easy read information was available for patients who required it.
- Relatives complimented the food and the hospital chef adapted meal choices according to patients' dietary requirements and preferences.
- The provider had an evacuation chair for staff to move patients who were immobile. The Regulatory Reform (Fire Safety) Order 2005 gives a 'responsible person' a duty in law to provide a means of evacuation for people who are less mobile.

Listening to and learning from concerns and complaints

- The provider had three complaints within the last 12 months. Complaints included poor communication from staff to relatives, which was upheld, an allegation of abuse from staff to a patient, which was not upheld, and a relative complaint about a staff member's attitude, which was partially upheld.
- The provider had two compliments in the last twelve months.
- The provider had systems in place for managing and dealing with complaints with information provided to staff, patients and relatives.
- The provider had records of complaints including outcome response letters to relatives. These were open honest and demonstrated the principles of the duty of candour.
- Patients had monthly community meetings.

Are wards for older people with mental health problems well-led?

Wards for older people with mental health problems

Good 

Vision and values

- The provider had a value statement although it was not clear how familiar the staff were with this.
- Staff knew who senior managers were and said they were approachable and accessible.

Good governance

- Staff did not receive adequate mandatory training and fell below 75% compliance in subjects including Ethical Care Control and Restraint training with three staff working at the service without having received this training, basic life support, fire training, the Mental Health Act, complaints, grievances and internal safeguarding of vulnerable adults and palliative and end of life care training. All other training was achieved above 75% compliance. When we asked the provider about future dates booked to improve compliance in these subjects, we found no arrangements in place. This meant that staff would continue working without the required level of training for their role..
- Staff received three monthly supervisions and yearly appraisals.
- Staff participated in direct care activities and this was observed throughout our visit.
- The provider had updated all policies and staff had signed these to say they had read and understood these. However, it was not clear if all staff had read and signed some policies after they had been updated.
- Staff had regular staff meetings which detailed lessons learnt.
- The provider demonstrated they were reporting, reviewing and learning from incidents. Incident forms were reviewed and investigated.
- We looked at six staff files and found these followed appropriate recruitment processes.
- Staff followed safeguarding, Mental Health Act and Mental Capacity Act procedures.
- Staff participated in clinical audits of falls, which highlighted falls risks at specific times of the day.

Measures had been put in place to protect patients at these times. Staff also completed an audit on antipsychotic prescribing within British national Formulary limits and the National Institute for Health and Care Excellence guidelines, which were found to be positive.

- The provider was unable to provide us with a copy of their risk register.

Leadership, morale and staff engagement

- The provider's hospital manager had been in post for several months and had applied for and been granted the role of registered manager by the Care Quality Commission.
- The provider had conducted a staff survey with positive results, which showed that 64% of staff 'strongly agree' that they are happy in their role; 59% of staff 'strongly agree' they have the tools and resources to complete their job well, 64% 'strongly agree' and 23% 'somewhat agree' that their job makes good use of their skills and abilities, 45% 'strongly agree' and 32% 'somewhat agree' that they are satisfied with the opportunities to develop within their role, 73% strongly agree they are happy with the training provided, 86% strongly agree their line manager supports them, 86% 'strongly agree' they feel part of the team and 63% 'strongly agree' they are satisfied with their job.
- The provider did not have any staff bullying or harassment cases.
- We spoke to ten staff who said they were able to raise concerns without fear of victimisation.
- Staff generally spoke positively about their jobs and felt satisfied in their roles.
- Staff spoke very positively about working together as a team and generally felt they had opportunities for professional development.
- Staff said they felt able to give feedback on the service.

Commitment to quality improvement and innovation

The provider did not participate in any quality improvement programmes or research projects.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff complete mandatory training.
- The provider must ensure staff complete and record patient prescribed care including observations and care interventions.

Action the provider **SHOULD** take to improve

- The provider should ensure that where arrangements were made for a floating member of staff to support during the evenings and overnight; this is appropriately recorded in the provider's duty rotas for staff reference.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not always conduct or record patient prescribed care including observations and care interventions. This was a breach of regulation 12 (1)(2)(a)(b)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure compliance with staff mandatory training was achieved. This was a breach of regulation 18(1)(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.