CareQuality
Commission

Core service framework: NHS specialist mental health

Core service framework: Wards for older people with mental health problems

Wards for older people with mental health problems provide assessment, care and treatment for people whose mental health problems are often related to ageing. This may include a combination of psychological, cognitive, functional, behavioural, physical and social problems.

What is the purpose of a core service framework?
A core service framework brings together all the relevant guidance and tools that you need to inspect a core service – in this case, wards for older people with mental health problems. In this core service framework, you will find the following:

1. Key quality themes for wards for older people with mental health problems - the themes found in a good quality older people with mental health problems inpatient service.
2. Relevant tools, pre-reading and brief guides – these tools and guides will help you assess the quality of the service provided and how to report on the service
3. NICE checklist/quality standards – NICE quality statements relevant to this core service
4. Training available from the Academy/ED – up to date information on additional training support available
5. Key contacts for advice and assistance – contacts for CQC
6. Recommended assessment activities – this will help you plan what wards to visit and tasks you need to do when there
7. Expectations for the report – this includes information that you should always include in the report. This includes:
   - Link to the structure of evidence appendix with accompanying policy guidance - MH inpatient
   - Link to the post-inspection page on the intranet including evidence appendices
   - Service specific statements of good practice for wards for older people with mental health problems (this highlights what good looks like for each of the key questions for an older people with mental health problems inpatient service.
   - Must mentions in the evidence appendix/report

- Exemplar reports

7   Evidence tables – useful templates for you to record the information you gather from speaking to staff and patients

- Evidence table 1: Ward area
- Evidence table 2: Interview with ward manager
- Evidence table 3: Interview with nurse / healthcare assistant
- Evidence table 4: Interview with consultant/junior doctor
- Evidence table 5: Interview with patient
- Evidence table 6: Care records
- Evidence table 7: Prescription charts
- Evidence table 8: Interview with pharmacist
- Evidence table 9: Interview with carer

The inspection framework for inspecting community-based mental health services for older people and other mental health core frameworks is available here

Please send any feedback on the mental health core service frameworks to ███████████████**@cqc.org.uk**

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1. Key quality themes for this core service

When looking at a ward with older inpatients with mental health problems, these are the minimum you would expect to find in an older people with mental health problems inpatient service.

- Appropriate ward environment – same gender care, dementia friendly.
- Access to staff who support the patients physical and mental health.
- Appropriate use of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Carer involvement.
- Multi-agency work to promote timely discharge

2. Relevant tools, pre-reading and brief guides

Brief guides specific for wards for older people with mental health problems (core service)

- Assessing how providers implement the MCA
- Covert medication
- Physical healthcare
- Same sex accommodation
- DNA/CPR
- Mental Capacity Act and Deprivation of Liberty Safeguards summary
- Short Observational Framework for Inspection in mental health inspections

Other relevant brief guides

- Inspecting safeguarding
- Restraint physical and mechanical
- Staffing levels on mental health wards
- Assessing how providers use the MHA
- Assessing how well mental health services support carers

National Standards

- Royal College of Psychiatrists AIMS standards for inpatient wards for older people (November 2014)
- Quality Network for Older Adults Mental Health Services

Other guidance

- Link to provider handbooks for NHS Hospitals (next phase)
- Link to inspector handbook for NHS Hospitals (next phase)
- Next phase NHS hospitals intranet pages
- Hospitals NHS Next Phase End to End Inspection Process
- Equality, Diversity and Human Rights End to End Process for Hospitals

3. NICE checklist / quality standards

NICE quality statements relevant to older people's wards. For quality statements enter the reference on the search engine on NICE website. Please find link here: https://www.nice.org.uk/

Theme	NICE Statement (s)	NICE reference	Evidence found please note
Involvement of patients in care planning	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.	QS1/S3	Check for written information made available in memory clinics.
	People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.	QS30/S2	
	People using mental health services are actively involved in shared decision-making and supported in self-management.	QS14/S3	
	People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.	QS14/S8	Check a sample of care plans for evidence that they were developed with patient and that the patient was given a copy.
	Carers of adults with bipolar disorder are involved in care planning, decision-making and information sharing about the person as agreed in the care plan.	QS95/S3	
Physical health care	People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.	QS30/S6	
	Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.	QS80/S6	Check care records for evidence that this has taken place.
	Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.	QS80/S7	

Theme	NICE Statement (s)	NICE reference	Evidence found please note
activities	People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.	QS30/S4	
	Older people most at risk of a decline in their independence and mental wellbeing are offered a range of activities to build or maintain social participation.	QS137/S3	
	People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm	QS14/S13	Check presence of and attendance at a full programme of activities
Psychological treatments	Adults with bipolar disorder are offered psychological interventions.	QS95/S4	Check whether a psychologist or other MH worker trained in psychological therapies is a member of the MDT and/or access to psychological therapies – with waiting times.
	People with an anxiety disorder are offered evidence-based psychological interventions.	QS53/S2	
	People with moderate or severe depression (and no existing chronic physical health problem) receive a combination of antidepressant medication and either high-intensity cognitive behavioural therapy or interpersonal therapy.	QS8/S6	
medicines	People in hospital for mental health care are confident that control and restraint, and compulsory treatment including rapid tranquillisation, will be used competently, safely and only as a last resort with minimum force	QS14/S14	
	Adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.	QS95/S5	
	People who are prescribed medicines are given an explanation on how to identify and report medicines‑related patient safety incidents.	QS120/S2	
	People who are inpatients in an acute setting have a reconciled list of their medicines within 24 hours of admission.	QS120/S4	Check records that this has happened.

Theme	NICE Statement (s)	NICE reference	Evidence found please note
Training and supervision	People with dementia receive care from staff appropriately trained in dementia care.	QS1/S1	Ask how many staff have had specialised training in dementia.
	Practitioners delivering pharmacological, psychological or psychosocial interventions for people with depression receive regular supervision that ensures they are competent in delivering interventions of appropriate content and duration in accordance with NICE guidance	QS8/S2	
	Health and social care staff receive alcohol awareness training that promotes respectful, non-judgmental care of people who misuse alcohol	QS11/S1	Check training records
assessment	People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues	QS14/S7	
	People who may have depression receive an assessment that identifies the severity of symptoms, the degree of associated functional impairment and the duration of the episode	QS8/S1	
Involvement/support of carers family	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.	QS1/S6	Ask how many carers assessments have been undertaken.
Falls management	Older people are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital.	QS86/S1	
	Older people at risk of falling are offered a multifactorial falls risk assessment.	QS86/S2	Check sample of records to see how many contain such an assessment.
Sensory impairment	Older people in care homes who have specific needs arising from sensory impairment have these recognised and recorded as part of their care plan	QS50/S4	

Theme	NICE Statement (s)	NICE reference	Evidence found please note
Dignity	People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect.	QS14/S2	

4. Relevant training available on ED/Academy

- ED
- CQC Academy
- Specific training relating to this core service – to be added when made available

5. Key contacts for advice and assistance

- CQC Policy email: ███████████████@cqc.org.uk

6. Recommended assessment activities

The purpose of this section of the core service framework is to ensure that the full range of assessment activities is undertaken in the wards for older people with mental health problems and that every KLOE is covered by the relevant assessment activity (some KLOEs are covered by multiple assessment activities – this allows for triangulation).

This section recommends the assessment activities that should normally be undertaken and helps the sub-team leader to:
   I.   ensure that the ward is informed which staff the team would wish to interview and
   II. create a forward plan to deploy members of their sub-team.

When visiting wards for older people with mental health problems it is recommended that members of the inspection team:
1. Tour the ward area and clinic room
2. Interview the ward manager
3. Interview at least two registered nurses and two health care assistants
4. Interview at least one ward consultant and at least one junior doctor
5. Interview at least five patients
6. Interview at least three carers of patients
7. Review at least six care records
8. Check all prescription charts

Members of the inspection team might also:
 9. Interview the ward pharmacist
10. Talk to other members of the MDT (OTs, social workers etc.)
11. Talk to domestic/cleaning staff
12. Speak to volunteers
13. Attend and observe an MDT meeting and handover
14. Undertake Short Observational Framework for Inspection (SOFI) observations

7. Expectations for the report (Reporting guidance)

Link to Structure of evidence appendix with accompanying policy guidance - MH inpatient

Link to post-inspection page on the intranet including evidence appendices

Service specific statements of good practice

The '*Inpatient mental health core services: structure of evidence appendix with accompanying policy guidance'* outlines general good practice in inpatient services. This service specific statements of good practice lists extra items that are indicators of good practice in wards for older people with mental health problems. Inspectors should refer to this guidance.

A **SAFE** ward:

- Has experienced staff who maintain general observation to monitor patient interaction, risk and respond to patient needs if Primary or Allocated Nurse are not present (S2)
- Has written policies and awareness of the use of restraint of older people (S2)
- Investigates each fracture resulting from a fall in the service (S2)
- Reports all grade 2 or above pressure ulcers in accordance with the agreed adverse clinical incident reporting procedure (S2, S6)

An **EFFECTIVE** ward:

- Monitors patients' nutritional needs, e.g. they are weighed throughout their stay (E1)
- Assists and supports patients unable to feed themselves with their dietary needs and intake (E1)
- Has access to the following referral services:
  - dental assessment and dental hygiene
  - visual reviews
  - hearing reviews
  - podiatry
  - wound care
  - phlebotomy
  - specialist infection control
  - a tissue viability nurse
  - specialist continence (E1)
- Has staff who undertake assessment and care planning and who have received training in dementia awareness (E1, E3)
- Sources information on previous care planning and interventions by ward staff/ team within 24 hours of admission (E1 E2, E4)
- Has staff who have an awareness of how to support people with hearing/visual impairments (E3)
- Has effective arrangements between adult and older people's mental health services for the care of 'graduate' patients (E4)

- Has a dedicated lead consultant clinician (E4)
- Carries out and records effective, personalised assessments of people's mental capacity (E6)

A **CARING** ward:

- Considers and records preferences about personal care of an intimate nature, for example the gender of staff providing care (C1)
- Respects patients' personal preferences in relation to food and drink choices, bed time and clothing (C1)
- Ensures privacy, dignity and confidentiality during the administration or supply of medicines to patients (C3, S4)
- Ensures privacy, dignity and appropriate support when:
  o eating and drinking
  o washing
  o using the toilet
  o discreet continence care is given
  o moving beds/wards (C1,C3)
- Provides the patient with a copy of a written aftercare plan, agreed on discharge, which sets out care and rehabilitation and the name of their care co-ordinator (C2)
- Gives patients accessible written information on their rights, rights to advocacy and second opinion etc. (C1,C2)

A **RESPONSIVE** ward:

- Has readily available equipment and resources for patients assessed as being frequent fallers (i.e. two falls within one month), for example falls sensor mats, ultra-lowering beds (R1)
- Has a dining area which is large enough to allow patients to eat in comfort and to encourage social interaction, including the ability for staff to engage with and observe patients during meal times (R1)
- Has a range of the following that is appropriate to the needs of the resident population:
  o specialist feeding aids and/or supports
  o food choices, including vegetarian and specialist
  o food consistencies and supplements to meet assessed needs, such as soft, pureed, and finger foods, thickened fluids, dietary supplements (R2)
- Has a ward which is dedicated to older people. If younger people are included on the ward, effective measures are taken to ensure that they do not pose a risk to older, frail patients (R2, R1)
- Has clear and simple signs at a visible height that include symbols as well as words, where possible (R2, R1)

- Has disabled toilet and bathroom facilities on the ward, including Parker Bath or similar and shower facilities (R2)

A **WELL LED** ward:

- Has a designated full-time named officer in the organisation with lead responsibility for the protection of vulnerable adults (W1)

Must mentions in the evidence appendix/report

Safe

Safe and clean care environment:
- Provision for same gender care
- Access to appropriate equipment if needed such as hoists

Safe staffing:
- Access to staff who can support the patients physical and mental health, such as medical input, nurses with physical health training, physiotherapy, dietician

Assessing and managing risk:
- Processes in place to assess the risk of falls and pressure ulcers and minimise these risks
- Medicines management includes use of covert medication.

Effective

Best practice in treatment and care:
- Physical healthcare needs assessed and met
- For patients with dementia – antipsychotics only used where there is a clear rationale in place
- Access to psychological therapies available

Skilled staff:
- Staff trained in the care of people with dementia

Good practice in applying the Mental Capacity Act:
- Staff have a good knowledge and make appropriate use of the MCA and DoLS.

Caring
Involvement of people in the care they receive: • Service actively involves families and carers

Responsive
Access and discharge: • Active discharge planning is in place working well with other teams within the trust and external stakeholders **Meeting the needs of all people who use the service:** • Dementia friendly ward environment • Access to appropriate therapeutic activities

Exemplar reports

Under development: please send suggestions of exemplar reports to ████████████████@cqc.org.uk. These suggestions will be considered for incorporation into the next updated version of this framework.

8. Evidence tables

The evidence tables advise members of inspection teams of the topics that should normally be covered during each assessment activity and provide a template on which to record the findings. It will be helpful for the inspection team member to complete the table before leaving the site of the care setting being assessed.

Evidence table 1: Tour of ward area and clinic room

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Tour of ward area and clinic room
Date	
Inspection team members	
Provider staff in attendance	
Safe and clean ward environment *Safety of the ward layout* *Does ward layout allow staff to observe all parts of the ward?* • *Are there any blind spots?* • *Are blind spots mitigated by mirrors, positioning of nursing staff etc.?* • *Do patients have unsupervised access to rooms with ligature points* • *Is there access to appropriate alarms and nurse call systems?* *Same-sex accommodation*	

• *Do all rooms have en-suites?* • *Are male and female sleeping areas segregated?* • *Are there separate lounges for men and women?* *Do women have to pass male bedrooms to reach a bathroom/toilet or vice versa?*	
Safe and clean ward environment *Maintenance, cleanliness and infection control* • *Is it clean and tidy?* • *Are all ward areas clean (check dining room, bedrooms, kitchens, bathrooms and outdoor spaces)?* • *Is decor well maintained?* • *Is furniture in good condition and comfortable?* • *Ask to see the cleaning roster* • *Are cleaning records up to date?*	

Safe and clean ward environment ***Seclusion room*** • ***Does it allow clear observation?*** • ***Is bedding safe?*** • ***Is there a two-way communication system?*** • ***Is it well ventilated?*** • ***Are there toilet/washing facilities?*** • ***Is there a clock that patients can see?*** ***Safe and clean ward environment*** ***Clinic room*** • ***Is it clean and tidy?*** • ***Is there an examination couch, and equipment for physical health examinations? ?*** • ***Is the resuscitation equipment present and checked?*** • ***Are emergency drugs present, checked and in-date?*** • ***Are the drugs cupboard and fridge in order?*** • ***Is equipment well-maintained, clean, with visible sticker and in date?***	

Facilities that promote comfort, dignity and privacy
 	
 <u>Nutrition</u>
 • *Is the dining area big enough to:*
    o *allow patients to eat in comfort*
    o *encourage social interaction*
    o *allow staff to engage with and observe patients during mealtimes?*
 • *Is the dining area reserved for dining only during allocated mealtimes?*
 • *Are mealtimes protected from distracting ward activities, e.g. drug round, telephone calls, doctors' visits etc.?*
 • *Are water/soft drinks available to patients 24 hours a day?*
 • *Are hot drinks available to patients 24 hours a day upon request?*
 • *Are healthy meals, fruit or snacks available outside of meal times?*
 • *Is there a range of the following, appropriate to the needs of patients:*
    o *specialist feeding aids and/or supports*	

○ *food choices, including vegetarian and specialist food consistencies and supplements to meet assessed needs, e.g. soft, pureed, finger foods, thickened fluids, dietary supplements?*	
Facilities that promote comfort, dignity and privacy **Equipment** • *Is there access to equipment to support the prevention of, and care of people with, pressure ulcers, e.g. pressure-relieving mattress systems?* • *Is there a ready supply and appropriate range of continence management aids available on the ward?* *What assistive technology equipment is provided, e.g. hoists and handrails?*	

Facilities that promote comfort, dignity and privacy ***<u>General</u>*** • ***Are there adequate rooms for therapies and activities?*** • ***Are there quiet areas?*** • ***Is there a room where patients can meet visitors?*** • ***Is there a private place to make phone calls?*** • ***Access to well-maintained outdoor space, and exercise*** • ***Have patients personalised their bedrooms??*** • ***Do patients have access to bedrooms during the day?*** • ***Do patients have somewhere secure to store their possessions?***	
Meeting the needs of all people who use the service • ***Are there disabled toilet and bathroom facilities on the ward, including a Parker Bath or similar, and shower facilities?***	

• **_Are there clear and simple signs at a visible height, that include symbols as well as words?_** **_Is there easily accessible information about:_** • **_mental health problems_** • **_physical health problems_** • **_primary health care access_** • **_smoking cessation_** • **_local services_** • **_help-lines_** • **_how to complain_** • **_who is in charge on the ward_** • **_advocacy services for patients_** • **_advocacy services for relatives or friends_**	
Other observations **_(E.g. Are staff interacting with patients? Are patients engaged in activities/therapy? What is the ward 'atmosphere'?_**	

Summary and further action	
• *Bullet point list of what is good about this ward.*	**Good points**
• *Bullet point list of what is not good.*	**Problems**
• *What issues require further assessment or corroboration?* ○ *If ligature points, apply the ligature risk assessment tool* *If compliance with guidance on same-sex accommodation, refer to the brief guide*	**Further assessment or corroboration**

Evidence table 2: Interview with ward manager

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with ward manager
Date	
Inspection team members	
Name/grade provider staff	

Safe and clean ward environment • ***Are environmental risks regularly updated?*** • ***Does the environmental risk and assessment plan include assessment of ligature risks?***	

Safe staffing

Key Staffing Indicators (*report at core service level or, if possible, at ward level*)

Establishment levels: registered nurses (WTE)	
Establishment levels: healthcare assistants or equivalent(WTE)	
Number of vacancies: registered nurses (WTE)	
Number of vacancies: healthcare assistants or equivalent (WTE)	
The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in 12 month period	
The number of shifts* that have NOT been filled by bank or agency staff where there is sickness, absence or vacancies in 12 month period	
Staff sickness rate (%) in 12 month period	
Staff turnover rate (%)in 12 month period	

*By shift, it is meant a period of time (often 8 hours) worked by an individual staff member

Safe staffing ***Nursing staff*** • ***How has staff requirement been estimated?*** • ***How many nurses per shift and of what grades?*** • ***How often do agency/bank nurses work shifts?*** • ***When agency and bank staff are used, are they familiar with the ward?*** • ***If not, how are they informed about individual patient needs? How are staff levels adjusted daily to case mix?*** • ***Is there always one experienced nurse in the ward area?*** • ***Are there enough staff so that patients can have regular 1:1 time with their named nurse?*** • ***How often is the ward short-staffed?*** • ***How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?*** • ***Can he/she bring in extra staff when needed? (E.g. to respond appropriately to changing risks to people, including deteriorating health and wellbeing,***	

medical emergencies or behaviour that challenges)? • *Is escorted leave ever cancelled because of too few staff?* • *Are ward activities ever cancelled because too few staff?* *Are there enough staff to carry out physical interventions?*	
Safe staffing *Mandatory training* • *Have all staff had mandatory training?*	

Assessing and managing risk to patients and staff <u>***Assessment of patient risk***</u> • ***What is included in the immediate risk assessment of the patient?*** • ***How often is this updated?*** • ***For patients identified as at risk of absconding, is a crisis plan completed?*** • ***Do patients vulnerable to falls have a multifaceted falls prevention and intervention care plan?*** • ***What are the policies on:*** o ***use of observation*** o ***mitigation of risk from ligature points*** o ***searching patient*** o ***managing aggression*** o ***blanket restrictions*** o ***involvement of police?*** • ***How does the service promote supportive practice that avoids the need for physical restraint?*** • ***missing persons and absconsions*** • ***falls prevention*** • ***Prevention and management of pressure sores?***	

How are 1:1 close observations managed? ***Is the door locked?*** ***Can informal patients leave at will?*** ***What are the procedures for safety of children that visit the ward?*** ***Is there a list of banned articles?***	
Assessing and managing risk to patients and staff ***Use of de-escalation and restrictive interventions*** ***Is there a protocol in place for responding to severely challenging/violent behaviour in older adults?*** ***Are staff trained to an appropriate level in the use of de-escalation techniques and the use of minimal hands-on restraint with older adults?***	

Are there written policies on the use of restraint of older people, of which all staff are aware? ***What de-escalation practices are used?*** ***How often is physical restraint used?*** ***Is face-down restraint ever used?*** ***How often is rapid tranquilisation used?*** ***How is this monitored when it does take place?*** ***How often are patients secluded?*** ***Do staff understand, and where appropriate work within, the MCA definition of restraint?***	
Assessing and managing risk to patients and staff ***Safeguarding*** ***Are there a multi-agency policy and related service specific procedure in place for the protection of vulnerable adults from abuse and inappropriate care?*** **What is in place to protect patients from discrimination, which might amount to abuse or cause**	

psychological harm? (*This includes harassment and discrimination in relation to protected characteristics under the Equality Act?*) • *Does ward have a safeguarding policy?* • *Does ward manager know the policy?* • *How many alerts have they raised?*	

Staff access to essential information
 	
• *Is all information needed to deliver care:*
   • *stored securely*
   • *available to staff when they need it, including when patients move between teams*
   • *in an accessible form*
   • *complete, including co-ordination between electronic and paper-based systems?*
• **Are patients individual care records written and managed in a way that keeps them safe?**	

Assessing and managing risk to patients and staff *Medicines management*	

• *How do you ensure that your staff follow best practice in prescribing/ administering and monitoring medication?* • *How is medicines reconciliation done on admission?* • *Who takes the lead in managing medicines?* • *What monitoring is carried out for patients prescribed antipsychotic medication and the effects on their physical health?*	
Track record on safety • *What are examples of recent adverse events?* • *What are examples of recent improvements as a consequence of these?*	

Reporting incidents and learning from when things go wrong • ***What is reported?*** • ***How is it reported?*** • ***Who reports?*** • ***How are patients informed when something goes wrong?*** • ***How is learning fed back?*** • ***Does the team de-brief after serious incidents?*** • ***What is the structure for this taking place?*** • ***Are patients de-briefed after an incident?*** • ***How well is learning from lessons shared to make sure that action is taken to improve safety?*** • ***Are all slips, trips and falls, and all grade 2 or above pressure ulcers, reported in accordance with the agreed adverse clinical incident reporting procedure?*** • ***Are relevant staff involved in and do they learn from reviews and investigations by other services and organisations?***	

Assessment of needs and planning of care • ***Are information on previous care planning and interventions sourced by ward staff within 24 hours of admission?*** • ***What is covered in the assessment of the patient?*** • ***Do patients have a physical examination?*** • ***Is there ongoing monitoring of physical health needs?*** • ***How are patients' nutritional needs assessed and monitored?*** • ***How are patients who are unable to feed themselves assisted and supported with their dietary needs?*** • ***Are targeted examinations undertaken if the physical history or physical symptoms demand this?*** • ***Is there a resuscitation policy which includes specific guidelines relating to 'do not resuscitate' orders?***	
Best practice in treatment and care • ***Does the ward follow NICE and other clinical, national,***	

professional guidance and legislation? • *Are patients receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?* • *Do patients have access to psychological therapies?* • *Is there good access to physical healthcare, including access to specialists when needed? How are patients supported to live healthier lives?* • *Is information about clinical outcomes routinely collated and monitored?* • *Do staff engage in clinical audit?*	
Skilled staff to deliver care • *Which disciplines are members of the MDT?* • *Are staff able to attend regular team meetings?* • *Does the team contain a skill mix that enables the provision of a suitable range of interventions?* • *Is there leadership training for ward managers?* • *Is there access to specialised training?*	

Have all staff, clinical and non-clinical, received training in dementia awareness? *Have staff that undertake assessment and care planning received training in procedures for assessing carers' needs?* *Are all nursing staff supervised regularly and appraised?* *Are staff performance issues addressed promptly and effectively?* *If relevant, how are volunteers recruited, trained and supported in their role?*	
Multi-disciplinary and inter-agency team work *Who attends handovers and MDTs?* *How often do MDTs happen?* *Do CMHT care coordinators maintain contact?* *Does the crisis team facilitate discharge?* *Does the ward have an agreed protocol for the admission, transfer or discharge of vulnerable patients?* *Are there effective arrangements between adult and older people's*	

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mental health services for the care of 'graduate' patients?	
Adherence to the MHA and the MHA Code of Practice • *Do staff have had training in the MHA and does the providers' training programme reflect this?* • *Can staff describe the basic principles of the Act?* • *Do staff have a good understanding of the Mental Health Act, the Code of Practice and the guiding principles?* • *Do staff have easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of Practice?* • *Are there relevant policies and procedures that have been developed in line with the most recent guidance? Do staff know how to access them?* • *Do staff have easy access to the Code of Practice and local MHA policies and procedures?* • *Do staff know who their Mental Health Act administrators are?*	

Do patients have easy access to Information about independent mental health advocacy? ***Is there a record that patients' rights are explained to them in a way they can understand and repeated as required?*** ***Do patients have access to a range of provision including section 17 leave and second opinion appointed doctors if necessary?*** ***Is a notice displayed to tell informal patients that they can leave the ward freely?*** ***Do staff ensure that patients are able to take section 17 leave when this has been granted?*** ***Are copies of the patients' detention papers and associated records i.e. Section 17 leave forms available for all staff and stored correctly?*** ***Do care plans refer to identified Section 117 aftercare services to be provided for those who have been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment (if applicable)?***	

• *Are there regular audits to ensure that the MHA is being applied correctly and is there evidence of learning from these audits?*	
Good practice in applying the MCA • *Are staff trained in, and do they have a good understanding of, MCA 2005, in particular the five statutory principles?* • *Are Deprivation of Liberty Safeguards applications made when required?* • *Is there a policy on MCA, including DoLS, which staff are aware of and have access to?* • *Do staff know where to get internal advice regarding MCA, including DoLS?* • *Are patients given every possible assistance to make a specific decision for themselves before they are*	

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assumed to lack the mental capacity to make it? • *For patients who might have impaired capacity, is capacity to consent assessed and recorded appropriately? Is this done on a decision-specific basis with regards to significant decisions?* • *Are patients supported to make decisions where appropriate, and when they lack capacity, are decisions made in their best interests, recognising the importance of the patient's wishes, feelings, culture and history?* • *Does the service have arrangements in place to monitor adherence to the MCA?*	

Kindness, dignity, respect and support
• *How are privacy, dignity, and appropriate support ensured when:*
  o *eating and drinking*
  o *washing*
  o *using the toilet*
  o *continence care is given*
  o *medicines are given*
  o *moving beds/wards?*	

The involvement of people ***How does the admission process orient patients to the ward?*** • ***What information is available about treatments?*** • ***What information is available about rights?*** • ***How are patients involved in their care?*** • ***Do patients have a choice of treatments?*** • ***Do patients have access to a pharmacist, to discuss medications?*** • ***Can patients access advocacy?*** • ***Is the patient given a written aftercare plan?*** • ***How can patients give feedback on the service they receive?*** • ***How can patients be involved in decisions about the service, e.g. to help recruit staff?*** ***<u>Involvement of family and carers</u>*** • ***How are carers and family members involved and supported?*** • ***How are carers and family members involved and supported?***	

• *How do staff enable family and carers to provide feedback on the service?* • *Are carers provided with information on how to access a carer's assessment*	
Access, discharge bed management • *Are patients admitted out of area when the ward is full? If so, how often?* • *Is the ward able to refuse new admission when case mix warrants?* • *Do patients have access to a bed on return from leave?* • *Are patients moved from ward to ward? – how often?* • *When people are moved or discharged, at what time of day does this happen?* • *If a patient requires more intensive care, is a PICU bed always available, and is this sufficiently close for the patient to maintain contact with family and friends?* ***Discharge and transfers of care*** • *What are the rates of, and reasons for, delayed discharge?*	

• *How are patients supported during referrals and transfers?*	
Facilities that promote comfort, dignity and privacy • *Is there ready availability of appropriate equipment and resources for patients* o *at risk of frequent falls* o *at risk of developing pressure ulcers*	

- o *with continence management needs?* *Do people have access to bedrooms during day?* *Can patients use their own mobile phones?* *Is there free access to outdoor space?* *Can patients personalise their bedrooms?* *What activities are offered?* *Are activities available seven days per week?*	
Meeting the needs of all people who use the service *What adjustments have been made for people requiring disabled access?* *Are there information leaflets in a range of languages?* *Is there easy access to interpreters/signers?* *Is there a choice of food?* *How are specific dietary or cultural needs met?* *What access is there to spiritual support?*	

Listening to and learning from concerns and complaints • ***Do patients know how to complain and raise concerns?*** • ***How do staff handle complaints?*** • ***How do ward staff learn from and act on results of investigations of complaints?*** • ***How are patients who raise concerns or complaints protected from discrimination, harassment or disadvantage?***	
Vision and strategy • ***Is he/she aware of the organisation's vision and values?*** • ***Are the staff involved in the development and ongoing review of these?*** • ***Are there team objectives based on these?***	
Governance • ***Does the ward use KPIs or productivity measures to gauge performance? Are the measures available in an accessible format?***	

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How are the measures used by the staff team who develop active plans when there are issues ***Does he/she have enough authority to do job?*** ***Does he/she have access to admin support?***	
Management of risk, issues and performance ***When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored?*** ***Are there examples of where financial pressures have compromised care?***	
Engagement ***Does he/she have the opportunity to give feedback on services and input into service development?***	

Leadership, morale and staff engagement • ***Does he/she feel able to raise concerns without fear of victimisation?*** • ***Does he/she feel respected and valued?*** • ***Is it a happy staff team?*** • ***How much stress? between senior MDT staff?*** • ***Does he/she have opportunities for leadership development?*** • ***Does he/she have the opportunity to give feedback on services and input into service development?***	
Learning, continuous improvement and innovation • ***How is the ward continuously improving and innovating?*** • ***What improvement methodologies are used?*** • ***In which QI programmes does the team or service participate?*** • ***Participation in AIMS*** • ***Examples of innovation or participation in research?***	

Other observations ***(E.g. How long has the ward manager been in post? Is he/she a permanent appointment?)***	
Summary and further action • ***Bullet point list of what is good about this ward.*** • ***Bullet point list of what is not good.*** • ***What issues require further assessment or corroboration?*** • ***If about staffing, refer to brief guide*** • ***If about MCA/DoLS, refer to brief guide***	<u>**Good points**</u> <u>**Problems**</u> <u>**Further assessment or corroboration**</u>

Evidence table 3: Interview with nurse / healthcare assistant

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with nurse
Date	
Inspection team members	
Name/grade provider staff	
Safe staffing *Nursing* • *Is there always one experienced nurse in the ward area?* • *Are there enough staff so that patients can have regular 1:1 time with their named nurse?* • *How often is the ward short-staffed?* • *Is escorted leave ever cancelled because of too few staff?* • *Can he/she bring in extra staff when needed? (E.g. to respond appropriately to changing risks to patients, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges)? Are staff able to seek*	

support from senior staff in these situations? • *Are ward activities ever cancelled because too few staff?* **_Medical staff_** • *What is the role of doctors?* **_Mandatory training_** • *Have all nursing staff had mandatory training?*	
Assessing and managing risk to patients and staff **_Assessment of patient risk_** • *Is a risk assessment undertaken of every patient at initial triage/assessment?* • *How often is this updated?* • *What risk assessment tool or template is used?* **_Management of patient risk_** • *What are the procedures for security?* • *What are the procedures for observation?* • *How does observation practice mitigate risk from ligature points?* • *What is the policy for managing and mitigating foreseeable risks?* • *What is the procedure for searching patients?*	

• *For patients identified as at risk of absconding, is a crisis plan completed?* • *Do patients vulnerable to falls have a multifaceted falls prevention and intervention care plan?* • *Are staff trained to an appropriate level in the use of de-escalation techniques and the use of minimal hands-on restraint with older adults?* • *Are there written policies on the use of restraint of older people, of which all staff are aware?*	
Assessing and managing risk to patients and staff *Use of restrictive interventions* • *What de-escalation practices are used?* • *How often is physical restraint used?* • *Is face-down restraint ever used?* • *How often is rapid tranquilisation used?* • *How is this monitored when it does take place?* • *How often are patients secluded?*	

• ***How confident do the nurses feel to manage aggression?***	
Assessing and managing risk to patients and staff **<u>Safeguarding</u>** • **What is in place to protect patients from discrimination, which might amount to abuse or cause psychological harm? (*This includes harassment and discrimination in relation to protected characteristics under the Equality Act?*)** • ***How confident do the nurses feel to manage aggression?*** • ***Do nurses know the safeguarding procedures?*** • ***How do nurses identify abuse?***	

Staff access to essential information
 	
 • ***Is all information needed to deliver care***
   o ***stored securely***
   o ***available to staff when they need it, including when patients move between teams***
   o ***in an accessible form***
   o ***complete, including co-ordination between electronic and paper-based systems?***
 	
 • **Are patients individual care records are written and managed in a way that keeps them safe?**	

Medicines management • ***How do you follow best practice when prescribing/ administering and monitoring medication?*** • ***How is medicines reconciliation done on admission?*** • ***Are there any nurse prescribers?*** • ***Do patients receive specific advice about their medication?*** • ***Is patients' medication use regularly reviewed? This includes physical health monitoring***	

Reporting incidents and learning from when things go wrong • ***What is reported?*** • ***How is it reported?*** • ***Who reports?*** • ***How are patients informed when something goes wrong?*** • ***How is learning fed back?*** • ***Does the team de-brief after serious events?*** • ***How well is learning from lessons shared to make sure that action is taken to improve safety?*** • ***Are relevant staff involved in and do they learn from reviews and investigations by other services and organisations?***	

Assessment of needs and planning of care • ***How are patients' nutritional needs assessed and monitored?*** • ***How are patients who are unable to feed themselves assisted and supported with their dietary needs?*** • ***What is covered in assessment of the patient? How long does it take to complete a comprehensive assessment?*** • ***Do patients have a physical examination?*** • ***Is there ongoing monitoring of physical health needs and is there access to medical input to address any physical needs? Is there a co-produced life story for people with dementia?*** ***Is all information needed to deliver care*** • ***stored securely*** • ***available to staff when they need it, including when people move between teams*** • ***in an accessible form*** • ***complete, including co-ordination between electronic and paper-based systems?***	

Best practice in treatment and care • *Is diagnosis made in line with NICE guidance?* • *Does diagnosis take into account history from relatives and carers and is a physical examination on diagnosis? (For patients with suspected dementia, it would be expected that there is a cognitive assessment and a brain scan if indicated clinically)* • *Does the ward follow NICE and other clinical, national, professional guidance and legislation?* • *Are patients receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?* • *Is there good access to physical healthcare, including access to specialists when needed such as chiropody, dental and audiology services?* • *Can patients access psychological therapies, physiotherapy, occupational health, dietician and speech and language therapy services?*	

How are patients supported to live healthier lives? ***Is information about clinical outcomes routinely collated and monitored*** ***Do staff engage in clinical audit?***	
Skilled staff to deliver care ***Which disciplines are members of the MDT?*** ***How much time do they give?*** ***Are staff able to attend regular team meetings?*** ***How often does a pharmacist visit the ward?*** ***Is there access to specialised training?*** ***Are all staff supervised regularly and appraised?*** ***Have all staff, clinical and non-clinical, received training in dementia awareness?*** ***Have staff that undertake assessment and care planning received training in procedures for assessing carers' needs? Is there access to specialised training?*** ***Are all nursing staff supervised regularly and appraised?***	

Multi-disciplinary and inter-agency team work • ***Who attends handovers and MDTs?*** • ***How often do MDTs happen?*** • ***Do CMHT care coordinators maintain contact?*** • ***Does the crisis team facilitate discharge?*** • ***Are there good links with social services and other relevant external organisations?***	
Adherence to the MHA and the MHA Code of Practice • ***Do staff have had training in the MHA and does the providers' training programme reflect this?*** • ***Can staff describe the basic principles of the Act?*** • ***Do staff have a good understanding of the Mental Health Act, the Code of Practice and the guiding principles?*** • ***Do staff have easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of Practice?***	

- *Are there relevant policies and procedures that have been developed in line with the most recent guidance? Do staff know how to access them?*
- *Do staff have easy access to the Code of Practice and local MHA policies and procedures?*
- *Do staff know who their Mental Health Act administrators are?*
- *Do patients have easy access to Information about independent mental health advocacy?*
- *Is there a record that patients' rights are explained to them in a way they can understand and repeated as required?*
- *Do patients have access to a range of provision including section 17 leave and second opinion appointed doctors if necessary?*
- *Is a notice displayed to tell informal patients that they can leave the ward freely?*
- *Do staff ensure that patients are able to take section 17 leave when this has been granted?*
- *Are copies of the patients' detention papers and associated records i.e.*

Section 17 leave forms available for all staff and stored correctly? • *Do care plans refer to identified Section 117 aftercare services to be provided for those who have been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment (if applicable)?* • *Are there regular audits to ensure that the MHA is being applied correctly and is there evidence of learning from these audits?*	
Good practice in applying the MCA • *Are staff trained in, and do they have a good understanding of, MCA 2005, in particular the five statutory principles?* • *Is there a policy on MCA, including DoLS, which staff are aware of and can refer to?* • *Are patients given every possible assistance to make a specific decision for themselves before they are assumed to lack the mental capacity to make it?* • *Are patients given every possible assistance to make*	

Advanced Decisions/statements and/or Lasting Powers of Attorney? • ***Are patients supported to make decisions where appropriate, and when they lack capacity, are decisions made in their best interests, recognising the importance of the person's wishes, feelings, culture and history?*** • ***Do staff understand, and where appropriate work within, the MCA definition of restraint?*** • ***Do staff know where to get internal advice regarding MCA, including DoLS?*** • ***Are Deprivation of Liberty Safeguards applications made when required?*** • ***Does the provider have arrangements in place to monitor adherence to the MCA?***	

Kindness, dignity, respect and support
 	
• ***How are privacy, dignity, and appropriate support ensured when:***
  o ***eating and drinking***
  o ***washing***
  o ***using the toilet***
  o ***continence care is given***	

o *medicines are given* o *moving beds/wards?* • **Are records for patient care written in a way which is person-centred and which avoids labelling and de-personalised language?**	
The involvement of patients • *How does the admission process orient patients to the ward?* • *What information is available about treatments?* • *What information is available about rights?* • *How are patients involved in their care?* • *Do patients have choice of treatments?* • *Can patients access advocacy?* • *How do staff consider communication needs to aid involvement of patients in their care (i.e. awareness of the accessible information standard)?* • *How are patients supported to make advance decisions?* • *In what other ways are patients supported to make decisions in line with legislation and guidance?* • *In what other ways are patients supported to make decisions in line with legislation and guidance?*	

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• *How can patients give feedback on the service they receive?* • *How can patients be involved in decisions about the service, e.g. to help recruit staff?* *Involvement of family and carers* • *How are carers and relatives involved and supported?* • *Are carers involved in discharge planning?* • *How do staff enable family and carers to provide feedback on the service?Are carers provided with information on how to access a carer's assessment?*	
The ward optimises recovery, comfort, dignity and privacy • *What activities are offered?* • *Are activities available seven days per week?* • *How are patients' privacy and dignity maintained?* • *Do patients have access to clean clothing?* *Do patients have access to other services such as*	

hairdressing/nail manicure services?	
Patients' engagement with the wider community • *Where appropriate, do staff ensure that patients have access to education and work opportunities?* • *How are patients supported to develop and maintain relationships?*	
Listening to and learning from concerns and complaints • *Do patients know how to complain?* • *How do staff handle complaints?* • *How do ward staff learn from and act on investigation of complaints?* • *How are people who raise concerns or complaints protected from*	

discrimination, harassment or disadvantage?	
Leadership • *How good are relationships between senior MDT staff?* • *Do members of senior exec team visit ward?* • *Does he/she know who the most senior managers in the organisation are, and have those managers visited the service?*	
Vision and strategy • *Is he/she aware of the organisation's vision and values?* • *Are patients and carers involved in the process of reviewing services?*	

• *Are the staff involved in the development and ongoing review of these?*	
Culture • *Does he/she feel respected and valued?* • *Is it a happy staff team?* • *How much stress do staff feel?* • *Have there been any bullying or harassment cases in the team?* • *If yes, how were these dealt with?* • *Does he/she know how to use the whistle-blowing process?* • *Does he/she feel able to raise concerns without fear of victimisation?*	

Information management	
• *Do staff have access to the equipment and information technology needed to do their work?* • *Do they have access to a range of information to support them with their management role. This includes information (in an accessible format) on the performance of the service, staffing and patient care?*	

Evidence table 4: Interview with consultant/junior doctor

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with consultant/junior doctor
Date	
Inspection team members	
Name/grade provider staff	
Safe staffing *Medical staff* • *How many consultants admit to the ward?* • *How many junior doctors cover the ward?* • *Are medical staff permanent or locums?* • *What is the cover out of hours?* • *How quickly can a doctor attend in an emergency?* • *What about out of hours and physical health emergencies??*	

Safe staffing ***Mandatory training*** • ***Have all medical staff had mandatory training?***	
Assessing and managing risk to patients and staff ***Use of restrictive interventions*** • ***What de-escalation practices are used?*** • ***How often is physical restraint used?*** • ***Is face-down restraint ever used?*** • ***How often is rapid tranquilisation used?*** • ***How is this logged and monitored?*** • ***How often are patients secluded?***	
Assessing and managing risk to patients and staff **Safeguarding** • ***Do doctors know the safeguarding procedures?*** • ***How do doctors identify abuse?***	

Staff access to essential information ***Is all information needed to deliver care*** • ***stored securely*** • ***available to staff when they need it, including when patients move between teams*** • ***in an accessible form*** • ***complete, including co-ordination between electronic and paper-based systems?***	
Medicines management • ***How does the ward follow best practice in prescribing/ administering, recording and monitoring medication?*** • ***How is medicines reconciliation done on admission?*** • ***How does the service make sure that patients' behaviour is not controlled by excessive or inappropriate use of medicines?*** • ***Are patients receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in***	

accordance with current national guidance or evidence? • **How do patients receive advice about their medication?** • **Is patients' medication use regularly reviewed? Does this include physical health monitoring?**	
Track record on safety • *What are examples of recent adverse events?* • *What are examples of recent improvements as a consequence of these?*	
Reporting incidents and learning from when things go wrong • *What is reported?* • *How is it reported?* • *Who reports?* • *How are patients informed when something goes wrong?* • *How is learning fed back?* • *Does the team de-brief after serious events?* • *Are patients de-briefed after an incident?*	

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• *How well is learning from lessons shared to make sure that action is taken to improve safety?* • *Are there any examples of recent improvements as a consequence of these?* • *Do relevant staff participate in and learn from internal reviews and investigations and those by other services and organisations?*	
Assessment of needs and planning of care • *Is every patient examined on admission?* • *Do patients have a physical examination?* • *Is there ongoing monitoring of physical health needs and is there access to medical input to address any physical needs*	

Best practice in treatment and care

- ***Is diagnosis made in line with NICE guidance?***
- ***Does diagnosis take into account history from relatives and carers and is a physical examination on diagnosis? (For patients with suspected dementia, it would be expected that there is a cognitive assessment and a brain scan if indicated clinically)***
- ***Does the ward follow NICE and other clinical, national, professional guidance and legislation?***
- ***Does the ward follow NICE and other clinical, national, professional guidance and legislation?***
- ***Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?***
- ***Is there good access to physical healthcare, including access to specialists when needed such as chiropody, dental and audiology services?***
- ***Can patients access psychological therapies,***

physiotherapy, occupational health, dietician and speech and language therapy services? • *How are patients supported to live healthier lives?* • *How is information technology used to improve care on the ward?* • *Are recognised rating scales used to assess and record severity and outcomes (e.g. HoNOS)?* • *Is information about clinical outcomes routinely collated and monitored?* • *Do staff engage in clinical audit?*	
Skilled staff to deliver care • *Which disciplines are members of the MDT?* • *How much time do they give?* • *Are all staff able to attend regular team meetings?* • *Is there access to specialised training?* • *Are all medical staff supervised regularly and appraised?*	

Multi-disciplinary and inter-agency team work • ***Who attends handovers and MDTs?*** • ***How often do MDTs happen?*** • ***Do CMHT care coordinators maintain contact?*** • ***Does the crisis team facilitate discharge?*** • ***Are there good links with social services and other relevant external organisations?***	
Adherence to the MHA and the MHA Code of Practice • ***Do staff have had training in the MHA and does the providers' training programme reflect this?*** • ***Can staff describe the basic principles of the Act?*** • ***Do staff have a good understanding of the Mental Health Act, the Code of Practice and the guiding principles?*** • ***Do staff have easy access to administrative support and legal advice on implementation of the***	

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__Mental Health Act and its code of Practice?__
• *__Are there relevant policies and procedures that have been developed in line with the most recent guidance? Do staff know how to access them?__*
• *__Do staff have easy access to the Code of Practice and local MHA policies and procedures?__*
• *__Do staff know who their Mental Health Act administrators are?__*
• *__Do patients have easy access to Information about independent mental health advocacy?__*
• *__Is there a record that patients' rights are explained to them in a way they can understand and repeated as required?__*
• *__Do patients have access to a range of provision including section 17 leave and second opinion appointed doctors if necessary?__*
• *__Is a notice displayed to tell informal patients that they can leave the ward freely?__*
• *__Do staff ensure that patients are able to take section 17 leave when this has been granted?__*

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• *Are copies of the patients' detention papers and associated records i.e. Section 17 leave forms available for all staff and stored correctly?* • *Do care plans refer to identified Section 117 aftercare services to be provided for those who have been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment (if applicable)?* • *Are there regular audits to ensure that the MHA is being applied correctly and is there evidence of learning from these audits?*	
Good practice in applying the MCA • *Are staff trained in, and do they have a good understanding of, MCA 2005, in particular the five statutory principles?* • *Is there a policy on MCA, including DoLS, which staff are aware of and can refer to?* • *For patients who might have impaired capacity, is capacity to consent*	

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assessed and recorded appropriately? Is this done on a decision-specific basis with regards to significant decisions • *Are patients given every possible assistance to make a specific decision for themselves before they are assumed to lack the mental capacity to make it?* • *Are patients given every possible assistance to make Advanced Decisions/statements and/or Lasting Powers of Attorney?* • *Are patients supported to make decisions where appropriate, and when they lack capacity, are decisions made in their best interests, recognising the importance of the person's wishes, feelings, culture and history?* • *Do staff understand, and where appropriate work within, the MCA definition of restraint?* • *Do staff know where to get internal advice regarding MCA, including DoLS,*	

• **Are Deprivation of Liberty Safeguards applications made when required?** • **Does the provider have arrangements in place to monitor adherence to the MCA?**	
Involvement in care **Involvement of patients** • **How do staff consider communication needs to aid involvement of people in their care (i.e. awareness of the accessible information standard)?** • **How are people involved in decisions about their treatment?** • **How can people give feedback on the service they receive?**	

Facilities that promote comfort, dignity and privacy • ***Is there access to the necessary equipment and examination couch?*** ***Is it easy to do tests and investigations?***	
Listening to and learning from concerns and complaints? • ***Do patients know how to complain?*** • ***How do staff handle complaints?*** • ***How do ward staff learn from and act on investigation of complaints?*** • ***How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?***	

Leadership • ***Does he/she have opportunities for leadership development?***	
Vision and values • ***Is he/she aware of the organisation's vision and values?*** • ***Is he/she involved in the development and ongoing review of these?*** • ***Are patients and carers involved in the process of reviewing services?***	

Culture • *Does he/she feel respected and valued?* • *Is it a happy staff team?* • *How much stress is there?* • *How good are relationships between senior MDT staff?* • *Have there been any bullying or harassment cases in the team?* • *If yes, how were these dealt with?* • *Does he/she know how to use the whistle-blowing process?* • *Does he/she feel able to raise concerns without fear of victimisation?*	
Engagement • *Does he/she have the opportunity to give feedback on services and input into service development?*	

Other observations ***(E.g. How long has the consultant been in post, problems with accessing beds or discharging patients.)***	
Summary and further action • ***Bullet point list of what is good about this ward.*** • ***Bullet point list of what is not good.*** • ***What issues require further assessment or corroboration?*** • ***If about staffing, refer to brief guide*** • ***If about MCA/DoLS, refer to brief guide***	**<u>Good points</u>** **<u>Problems</u>** **<u>Further assessment or corroboration</u>**

Evidence table 5: Interview with patient

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with patient
Date	
Inspection team members	
Initials of patient	
Safe and clean ward environment *Maintenance, cleanliness and infection control* • *Are the bathrooms and toilets always clean?* • *Is the kitchen area always clean?* • *Are decor, furnishings and fittings well maintained?*	

Safe staffing • ***Are the nurses a visible presence in the ward living area at all times?*** • ***Has the patient ever had escorted leave cancelled because of too few staff?*** • ***Has the patient ever had an activity or therapy session cancelled because of too few staff?*** • ***Is the person able to access doctors in a timely way when necessary?***	
Assessing and managing risk to patients and staff • ***Has he/she experienced any aggression towards them?*** • ***Has he/she been restrained, secluded or forcibly medicated?*** • ***If so, what was their experience?*** • ***If he/she is vulnerable to falls, does he/she feel that adequate measures have been taken to prevent them and deal with them if they happen?*** • ***Does the patient feel safe, including from sexual harassment?*** • ***If the patient does not feel safe, do they know what to do?***	

Medicines Management • ***Do patients receive specific advise about their medicines?*** • ***Are their medicines reviewed regularly?*** • ***How are they involved in these reviews?***	
Assessment of needs and planning of care • ***Is he/she confident about any treatment they are receiving for physical health problems?***	
Best practice in treatment and care • ***How is information technology used to improve care on the ward?*** • ***How are patients supported to live healthier lives?***	
Kindness, dignity, respect and support • ***Are staff respectful and polite?*** • ***Do they knock before entering a bedroom?*** • ***Are staff caring and interested in people's well-being?*** • ***Are patients family members or carers considered by staff?***	

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• **_Do staff ensure that he/she has privacy, dignity, and appropriate support when he/she is:_**
   o **_eating and drinking_**
   o **_washing_**
   o **_using the toilet_**
   o **_receiving continence care_**
   o **_being given medicines_**
   o **_moving beds/wards_**	

Involvement in care
 	
Involvement of patients
• **_Was he/she given information:_**
   o **_on admission to orient them to the ward_**
   o **_about treatments_**
   o **_about their rights?_**
 	
• **_Is he/she:_**
   o **_offered treatment choice_**
   o **_involved in care decisions_**
   o **_given copy of care plan?_**
 	
• **_Does he/she have access to advocacy?_**
• **_Are his/her family and carers informed and involved?_**
• **_Does he/she have the opportunity to give feedback on the service they receive?_**
• **_Does he/she have the opportunity to be involved in decisions about the service, e.g. to help recruit staff?_**
 	
Involvement of family and carers	

Are his/her family and carers informed and involved?	
Facilities that promote comfort, privacy and dignity • ***Is the ward comfortable?*** • ***Is the ward quiet and can he/she relax?*** • ***Is there a place to meet visitors?*** • ***Can he/she have privacy, including when using the phone?*** • ***Is he/she able to personalise their bedroom?*** • ***Can he/she go outside?*** • ***Are meal times flexible?*** • ***Are hot drinks/snacks available 24/7?*** • ***Is he/she able to personalise their bedroom?*** • ***Are there activities seven days per week?*** • ***Does he/she participate?*** • ***Are therapies and activities relevant to his/her needs?*** • ***Are their possessions safe?***	
Patients' engagement with the wider community • ***Where appropriate, do they have access to education and work opportunities?*** • ***Are they supported to develop and maintain relationships?***	

Meeting the needs of all people who use the service
 	
• ***Is information accessible (in their language, easy to read)?***
• ***Does he/she have access to appropriate spiritual support, if wanted***
• ***Does he/she have access to interpreters/signers if wanted?***
• ***How are specific dietary or cultural needs met?***
• ***How are people supported to live healthier lives?***
• ***Is their privacy, dignity and confidentiality respected?***
• ***Is the food good quality and does he/she have a choice?***
• ***Was he/she given information about:***
  o ***mental health problems***
  o ***physical health issues***
  o ***treatments***
  o ***local services***
  o ***patients' rights***
  o ***help-lines***
  o ***how to complain***
  o ***advocacy services?***	

Listening to and learning from concerns and complaints • ***Does he/she know how to complain or raise concerns?*** • ***Would he/she feel confident to complain?*** • ***If they have complained, has it been resolved and did they receive feedback in a timely way?***	
Other observations • ***How is information technology used to improve care on the ward?*** • ***How is the ward continuously improving and innovating?***	

Summary and further action	
• *Bullet point list of what is good about this ward.*	<u>**Good points**</u>
• *Bullet point list of what is not good.*	<u>**Problems**</u>
• *What issues require further assessment or corroboration?*	<u>**Further assessment or corroboration**</u>
• *If any doubt about quality of care interactions, consider undertaking Short Observational Framework for Inspection (SOFI) observations.*	

Evidence table 6: Review of care records

For definitions of personalised, holistic and recovery oriented, see next page.

Patient initials	Complete a column for each record										Total score	If scores are low, state the reason
Days since patient admitted											N/A	N/A
Risk assessment present												
Risk assessment up to date												
Overall score for risk assessment												
Care plan present												
Care plan up to date												
Care plan personalised (includes patient's views)												
Care plan holistic (full range of problems & needs)												
Care plan recovery oriented (strengths & goals)												
Patient has been given a copy of care plan												
Overall score for care plans												
Full physical health examination on admission												
Evidence of ongoing physical care (if applicable)[A]												
Overall score for physical healthcare												
Evidence of informed consent (eg. giving of information, discussion of treatment & options)												
Evidence of assessment of mental capacity												
Overall score for consent and capacity												
MHA documentation correct												
Score for MHA documentation												

Scoring: **0 = not recorded/not done/poorly done**
          1 = present/done but less than good

> **2 = present/done and good**
>
> A   **Score as 2 if not applicable (e.g. patient has no physical health problems or has only just been admitted)**

Definitions of personalised, holistic, and recovery oriented (these are overlapping concepts)

Personalised

Empowers individuals, promotes independence and helps people to be more involved in decisions about their care. Centres on listening to individuals, finding out what matters to them and finding out what support they need.

Holistic

Focused on the whole person, and covering their entire well-being – physical, emotional, spiritual, mental, social, and environmental.

Recovery oriented

Following the core principles:

- **Self-direction**: service users determine their own path to recovery.
- **Individualised and person-centred**: there are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds.
- **Empowerment**: service users can choose among options and participate in all decisions that affect them.
- **Holistic**: recovery focuses on people's entire lives, including mind, body, spirit and community.
- **Nonlinear**: recovery is not a step-by-step process, but one based on continual growth, occasional setbacks and learning from experience.
- **Strengths-based**: recovery builds on people's strengths.
- **Peer support**: mutual support plays an invaluable role in recovery.
- **Respect**: acceptance and appreciation by society, communities, systems of care and service users themselves are crucial to recovery.
- **Responsibility**: service users are responsible for their own self-care and journeys of recovery.
- **Hope**: the central, motivating message of recovery is a better future – that people can and do overcome obstacles.

Evidence table 7: Review of prescription charts

Provider /location									Ward			Inspector name								Date	
	Complete a column for each prescription chart (note name of any patient whose chart contains a significant error)[A]																			Comments	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Patient initials																					
At least 1 prescription not signed or dated																					
>1 antipsychotic prescribed																					
Total antipsychotic dose >BNF limit																					
HDAT monitoring and review is not completed (if app)																					
Lithium/Clozapine Health checks & levels not checked as per protocol																					
prn hypnotics given for >7 nights																					
prn medication not reviewed for >14 days																					
No evidence of consent to treatment																					
Medicines Information not provided to the patient																					

Allergies not noted																							
T2/T3 does not match Prescrip' Chart inc'g PRN [or note INF / 3M]																							
Other issues/comments																							

Evidence table 8: Interview with pharmacist

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with pharmacist
Date	
Inspection team members	
Provider staff in attendance	
Medicines management *Safe storage of medicines* • *How are medicines obtained, transported and stored?* • *What checks are made on storage procedures on ward? E.g. Fridge and room temperature monitoring procedures* • *How are medicines disposed of?* • *What is the policy and practice for secure handling of Controlled Drugs* • *Have any incidents been reported to the CD accountable officer?* • *Is there access to medicines and*	

equipment that may be required in an emergency? What checks are in place? • *Wards where rapid tranquilisation is used: is Flumazenil injection and Procyclidine injection available on the ward? If yes, policy and training for this.* • *Is medicines related stationery securely stored?* **Safe prescribing & dispensing** • *How is medicines reconciliation done on admission?* • *For detained patients, are the appropriate authorisations in place?* • *What checks for high dose prescribing, contraindications, drug interactions, allergies etc.?* • *When are PRN prescriptions reviewed?* • *Is use of rapid tranquilisation reviewed?* • *What is the policy for novel or off-label prescribing?*	

Safe appropriate administration ***For safe appropriate administration check:*** • ***Have staff administering medicines completed appropriate training?*** • ***How is the dignity of patients maintained whilst they are receiving their medication?*** • ***Is self-administration appropriately assessed and supported?*** ***Medicines management advice*** • ***How does the ward manager ensure that consent to treatment and capacity requirements are adhered to, and copies of Consent to Treatment forms are attached to medication charts where applicable?*** ***Inappropriate use of medicine*** • ***Refer to Evidence Table 7 Prescription Charts.***	

• **Where Rapid Tranquilisation is used, are care /support plans and strategies reviewed to ensure least restrictive practice?** • **Is due consideration afforded to any Advance Statements re: medicines and Treatment?** • **Aare appropriate authorisations in place (MHA).** • **Is the use of Section 62 reviewed?**	
Track record on safety • **How are medicines and medical devices safety alerts brought to the attention of those using these?** • **What are examples of recent medication errors on this ward?** • **What are examples of recent improvements as a consequence of these?**	

Assessment of care and treatment • ***Refer to Evidence Table 7 Prescription Charts.*** • ***Is information about the use of when 'required medicines' included within patient's care/recovery plans?***	
Best practice in treatment and care ***For National Guidance and Best practice check:*** • ***Is relevant National Guidance reviewed and incorporated into prescribing guidelines? Is there audit of practice?*** • ***How does the pharmacist promote NICE and other national and professional guidance?*** • ***Does the pharmacist participate in clinical audit?*** • ***Does the ward participate in POMH audits?*** • ***Do staff have access to an up to date copy of the BNF (paper or online)?*** • ***Completes reviews for patients' physical health conditions?***	

• ***Where and by whom is any relevant physical health monitoring carried out? How are the results communicated to the ward? Where are they recorded?*** • ***Are physical health recommendations acted upon and reflected within care plans?*** • ***Where additional monitoring is needed, e.g. High Dose Anti-psychotic Treatments, Lithium, Clozaril how is this need communicated to the relevant department? How and where are the results recorded?*** • ***How does the service make sure that patients behaviour is not controlled by excessive or inappropriate use of medicines?[1]***	

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[1] Further prompts: Refer to Evidence Table 7, Prescription Charts, and check:
- Where Rapid Tranquilisation is used care /support plans and strategies are reviewed to ensure least restrictive practice.
- Information about the use of when 'required medicines' is included within patients care/recovery plans
- Due consideration is afforded to any Advance Statements re: medicines and Treatment.
- Appropriate authorisations are in place (MHA). Use of Section 62 is reviewed*.*

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Skilled staff to deliver care • ***How often does a pharmacist visit the ward?*** • ***Does he/she attend MDTs?*** • ***How does pharmacist feedback to ward staff?*** • ***Does the pharmacist attend psychiatrist led ward rounds and contribute to decision making regarding the progress of the patient?*** • ***How does pharmacist feedback to ward staff?*** • ***Can patients meet a pharmacist to discuss medication?***	
The involvement of people in care • ***Can patients meet a pharmacist to discuss medication?*** • ***How are patients supported to take their medicines?*** • ***What information is provided to patients about their medicines (leaflets/easy read/accessible formats)?***	

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• *Do patients have the opportunity to speak with the pharmacists about their medicines? How frequently is this utilised?*	
Discharge and transfers of care • *Are medicines supplied in a timely and appropriate way for leave and on discharge from the hospital?* • *Is relevant up-to-date information about patients medicines provided to relevant health or social care providers on discharge*	
Meeting the needs of people who use the service • *What information is provided to patients about their medicines (leaflets/easy read/accessible formats)?*	

Good governance • *Does the organisation have a Medication Safety Officer?* • *How is learning from incidents shared, both internally and externally?* • *Do the ward metrics or audits include information about medication handling* • *Does the pharmacy provide a regular newsletter / medicines information update? What areas for discussion have been raised recently?*	
Other observations	

Summary and further action	
• **Bullet point list of what is good about this ward.**	**Good points**
• **Bullet point list of what is not good.**	**Problems**
• **What issues require further assessment or corroboration?** o **Consider requesting results of any audits of prescribing.**	**Further assessment or corroboration**

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Evidence table 9: Interview with carer of patient

Provider name	
Core Service	Wards for older people with mental health problems
Location	
Name of ward	
Assessment activity	Interview with carer of patient
Date	
Inspection team members	
Initials of patient	

Safe and clean ward environment *Maintenance, cleanliness and infection control* • *Are the bathrooms and toilets always clean?* • *Are decor, furnishings and fittings well maintained?*	
Safe staffing • *Are the nurses a visible presence in the ward living area at all times?* • *Has the patient ever had escorted leave cancelled because of too few staff?* • *Has the patient ever had an activity or therapy session cancelled because of too few staff?*	

• *Is the person able to access doctors in a timely way when necessary?*	
Assessing and managing risk to patients and staff • *Has the patient experienced any aggression towards them?* • *Does the patient appear to be, and feel, safe, including from sexual harassment?* • *If they do not feel safe, do they know what to do?* • *Has the patient been restrained, secluded or forcibly medicated?* • *If so, how was this carried out?* • *How did the patient feel about it?* • *If the patient is vulnerable to falls, does the carer feel that adequate measures have been taken to prevent them, and manage them if they happen?*	

Medicines Management • ***Do patients and their carers receive specific advice about their medicines?*** • ***Are medicines reviewed regularly?*** • ***How are they involved in the reviews?***	
Assessment of needs and planning of care • ***Are the patient and their carer confident about any treatment the patient is receiving for physical health problems?*** • ***If the patient needs assistance with eating or drinking, do staff provide suitable help?***	
Best practice in treatment and care • ***Does diagnosis take into account history from relatives and carers?*** • ***How is information technology used to improve care on the ward?*** • ***How are patients supported to live healthier lives?***	

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Kindness, privacy, dignity, respect, compassion and support • ***Are staff respectful and polite?*** • ***Are staff caring and interested in patients well-being?*** • ***Are staff responsive if/when the carer asks them for information?*** • ***Are patients (family members or) carers needs considered by staff?***	
The Involvement of people in care ***Involvement of family and carers*** • ***Was the carer given information, about:*** o ***The ward, and what would happen while the patient was there?*** o ***the care and treatment the patient would receive?*** o ***how to obtain updates on the patients care?*** o ***how to make comments and complaints?*** o ***Was he/she involved in the patients care plan?*** o ***If applicable, was he/she involved in discharge planning?***	

o *Has he/she been kept informed of developments regarding the patients care?* o *Does the carer have the opportunity to give feedback about the service?* o *Have they been provided with information about how to make a carer's assessment?*	
Facilities that promote comfort, privacy and dignity • *Is the ward comfortable?* • *Is the ward quiet and can the patient relax?* • *Is there a place for patients to meet visitors?* • *Can patients and visitors go outside?* • *Are meal times flexible?* • *Are there activities seven days per week?* • *Does the patient participate?* • *Are therapies and activities relevant to their needs?* • *Are their possessions safe?*	

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Patients' engagement with the wider community • ***Where appropriate, do they have access to education and work opportunities?*** • ***Are they supported to develop and maintain relationships?***	
Meeting the needs of all the people who use the service • ***Is information given accessible (e.g. in their language, easy to read)? Are interpreters or signers provided, if needed?*** • ***Is the food good quality and does the patient have a choice?*** • ***What adjustments have been made for patients requiring disabled access?***	
Listening to and learning from complaints • ***Does he/she know how to complain and raise concerns?*** • ***Would he/she feel confident to complain or raise concerns?*** • ***If they have complained, did they receive***	

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appropriate feedback in a timely way?	
Other observations	
Summary and further action • *Bullet point list of what is good about this ward.* • *Bullet point list of what is not good.* • *What issues require further assessment or corroboration?*	**Good points** **Problems** **Further assessment or corroboration**