

Birmingham and Solihull Mental Health NHS Foundation Trust

Forensic inpatient or secure wards

Inspection report

Trust Headquarters, Uffculme Centre
52 Queensbridge Road
Birmingham
B13 8QY
Tel: 01213012000
www.bsmhft.nhs.uk

Date of inspection visit: 17 October 2023, 18 October
2023, 19 October 2023
Date of publication: 25/01/2024

Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Forensic inpatient or secure wards

Inspected but not rated



Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health services for people of Birmingham and Solihull, and to communities in the West Midlands and beyond. Birmingham and Solihull Mental Health NHS Foundation Trust was established on 1 July 2008. Before becoming a foundation trust, the organisation was created on 1 April 2003 following the merger of the former North and South Birmingham Mental Health NHS Trusts. The trust provides a range of inpatient, community and specialist mental health services for people from the age of 16 years upwards in Birmingham and for all ages in Solihull. However, the trust provides services to children younger than 16 in forensic child and adolescent mental health services and Solar services. Other community mental health services for children and young people in Birmingham is provided by another NHS trust. The trust provides services to 73,000 service users, with 700 inpatient beds across over 40 sites. The Trust has an annual income of £429 million.

We carried out this unannounced inspection on the three core services of acute wards for adults of working age and psychiatric intensive care units, long stay/ rehabilitation mental health wards for working age adults and forensic inpatient secure wards. This was an unannounced focused inspection to review progress against the conditions we imposed on the trust's acute wards for adults of working age and psychiatric intensive care units on 16 December 2020. This required the trust to take steps to address the ligature risks on all acute wards and implement an effective system to improve risk assessments and care planning. We also reviewed progress following the S29a warning notice we issued the trust with on 3 January 2023 on all three core services. This required the trust to make significant improvements regarding the trust deploying sufficient numbers of staff to work on the wards with patients and those staff receive the right training, professional development and have access to supervision and appraisal.

We also used the mental health observation tool across the wards observing staff interactions with patients and speaking with patients. This was to inform our work on Observing, Understanding and Improving Cultures on mental health wards.

We inspected some of the key lines of enquiry relating to Safe, Effective and Well led at this inspection. We did not rate at this inspection.

Following our previous inspection, we rated forensic inpatient secure wards as Requires Improvement overall, safe, effective, and well led as Requires improvement and caring and responsive as Good.

At this inspection we found:

Work had been completed to reduce the risk of ligature points on the acute and PICU wards which meant the conditions imposed on the trust on 16 December 2020 had been met. The trust had plans to reduce these risks on the forensic and secure wards also. The trust had prioritised the acute and PICU wards due to the increased risks of people using these services. However, in the interim staff reduced risks on the forensic and secure wards. This included locking the ensuite doors back and increasing patient observation levels where needed.

The patients' care planning and risk assessment system had improved since we imposed the condition on 16 December 2020. The trust had implemented a system where the patient's care plan was reviewed and discussed in their

Our findings

multidisciplinary team meeting. In some care plans and risk assessments this review was not updated into the patient's care plan or risk assessment so that all staff working with the patient may not know of changes. However, this information could be found elsewhere on the system for staff to access. Whilst further improvements were still needed to embed, the system had been implemented to improve care planning, therefore overall, this condition had been met.

We found that not all patients had been offered a copy of their care plan and there was not a record that the patient or their family or carers were involved in their care plan.

Following the warning notice we served on 3 January 2023 we found at this inspection that staffing had improved across the wards however further improvements were needed. The trust was using a safer staffing tool which assessed the staffing levels needed for each ward based on the patients' needs. However, staff told us that sometimes they were moved to other wards to work which meant there may be only one qualified nurse remaining on a ward. Qualified nurses said they did not always get their breaks. Patients and staff told us that their authorised leave was sometimes delayed because of staffing. Some patients told us they did not have support from an occupational therapist which meant they had not been assessed for their rehabilitation skills.

Improvements had been made to staff appraisal rates since our inspections in October 2022. Staff said improvements had been made to them receiving supervision and data showed this had improved. However, the system to electronically record these was still difficult for staff to use and some staff still did not have access to this system. Therefore, the data received from the trust did not show that all staff had received regular supervision or an annual appraisal.

Some staff had not completed their mandatory training. These included training in emergency and immediate life support.

On Trent ward at Reaside there was mould in the shower room. This had been identified at an infection control audit but had not been removed at the time of inspection. The decoration on some of the wards at Ardenleigh looked worn and tired. The trust told us they had plans to refurbish these wards.

What people who use the service say:

We spoke with 46 patients across the three core services we visited.

Most patients told us that the staff were good and supported them to feel safe.

Patients told us on the rehabilitation wards that they were supported to go out into the community and staff supported them to cook and do their own laundry.

Some patients at Reaside told us they were bored, and they said this was due to there not being enough staff to support them to take part in activities.

Patients who were ward representatives on the 'Residents Council' were proud of this role. They said they had the opportunity to improve all wards and that staff listened to their suggestions and acted to improve the wards.

Patients said their physical health needs were monitored and they always saw a doctor if they needed to.

Our findings

Some patients were not aware what an advocate was. However, on all wards we saw that there was information displayed about the advocate with contact details. Staff told us the advocate visited at least weekly and was available by telephone if needed.

Patients had mixed views about the food and some patients said it lacked taste. However, all patients said they had a choice of food and where appropriate met their cultural and dietary needs. At Hillis Lodge patients said they would prefer a hot meal at teatime rather than sandwiches and has raised this at the Residents Council.

Is the service safe?

Inspected but not rated



Safe and clean care environments

All wards were safe and clean however some wards were not well furnished or well maintained.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed these assessments and found these were regularly updated.

The wards complied with guidance and there was no mixed sex accommodation. At Pacific and Adriatic wards at Ardenleigh there were separate areas for male and female patients. Although these wards operated as one for staffing arrangements, they complied with guidance on same sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff showed us how they locked back patients ensuite doors to reduce these risks.

Maintenance, cleanliness and infection control

Ward areas were clean but not all wards were well maintained or well furnished. On Coral ward at Ardenleigh the decoration of the ward was tired, one of the sofas was worn and in need of replacing. One door had been damaged by patients and the door window was boarded up. The trust told us they had approved Capital expenditure to complete internal decoration work at Ardenleigh and we saw evidence of this in a site improvement plan.

On Trent ward at Reaside the decoration of the environment was tired and worn. In the shower rooms there was mould on the ceilings and staff said this was identified in a recent infection control audit.

Patients did not have ensembles in their bedrooms but shared 2 showers and 4 toilets. Some patients said the toilets were left dirty by other patients which was not good for their wellbeing.

The trust is aware that Reaside is not fit for purpose and does not meet the current design guidance for an adult medium secure facility. They put in an expression of interest to the Department of Health and Social Care to build a new hospital

Our findings

in 2021 but this was unsuccessful. They have business continuity plans in place, but this will not ensure the hospital meets the current national guidance. They discussed this at their Capital Review Group meeting in June 2023 and it is on the trust risk register reviewed in September 2023 and remains as Red (high risk). They have put control measures in place for maintenance and business continuity and continue to highlight for future Capital investment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients. However, not all staff received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. However, we saw that on some wards staff were moved around to support other wards. This meant that the qualified nurse may be the only qualified on the ward, so they did not have an opportunity to have a break.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers and staff told us that where possible they used regular bank staff and sometimes agency staff although requested staff who had worked at the service before.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Staff told us that bank and agency staff had an induction and knew the wards before starting their shift.

The service had reducing turnover rates. Data provided by the trust showed that in September 2023 across this core service staff turnover rates had reduced from 8.56% in April 2023 to 7.39%.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The trust used the Mental Health Optimal Staffing tool (MHOST) to review and calculate nurse staffing requirements based on acuity, dependency, and workload of patients on a ward. We observed the 'safety huddle' at Ardenleigh where staffing across the service was discussed. This was thorough and well documented.

The ward manager could adjust staffing levels according to the needs of the patients. Ward managers told us they discussed at the 'safety huddle' the needs of their patients and what staffing was needed to meet these.

Patients rarely had their escorted leave or activities cancelled, but this was sometimes delayed when the service was short staffed. Patients told us this affected their wellbeing as they looked forward to time off the ward.

Mandatory training

Staff had not always completed and had not all kept up-to-date with their mandatory training. Data provided by the trust showed at Ardenleigh on Pacific ward 75% of staff had completed emergency life support (ELS) training and only 50% of eligible staff had completed intermediate life support (ILS) training. On Citrine ward only 55% of staff had completed ELS and only 57% had completed ILS. At Reaside Kennet ward only 50% of staff had completed both ELS and ILS training. On Severn ward only 40% of staff had completed ELS and 75% of staff had completed ILS training. On Swift ward only 67% of staff and on Trent ward only 63% had completed ELS training. At Tamarind Centre only 67% of staff on Acacia and Hibiscus wards, 56% of staff on Laurel ward had completed ELS training. For ILS training only 62% of staff on Myrtle ward, 63% on Sycamore ward and 71% of staff on Laurel ward had completed this.

Our findings

However, across the trust 84% of staff had completed safeguarding adults training at level 3 and 86% of staff had completed safeguarding children training at level 3.

Managers monitored mandatory training and alerted staff when they needed to update their training. All staff told us that managers reminded them when they needed to complete their training and it flagged on the computer training system when they needed to do this.

Assessing and managing risk to patients and staff

Staff assessed but did not always manage risks to patients and themselves well.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, however these were not always updated following review or an incident. We reviewed 16 records in this core service and found 7 of these records did not clearly show the patients' updated risks. It was not clear that the patients risk assessment had been updated and reviewed regularly.

Management of patient risk

Staff may not know about any risks to each patient as 7 of the 16 patients records, we reviewed had not been updated regularly. Staff would have to look at the patient's multidisciplinary team review to see their current risks as this had not pulled through in 7 of the records reviewed.

We looked at audits of care plans completed by ward managers and matrons. At Ardenleigh children and young people's service these stated that 4 patient's specific risks had not been identified including risks of self-harm and risks to others. They did not include information about the patient's historical risks which could impact on their risk management plan. However, an audit completed in September 2023 showed that in 13 records of the women's service reviewed only 1 risk assessment needed updating.

An audit completed on Acacia ward at Tamarind Centre in September 2023 showed that all 5 of the patient records reviewed did not include updated risk assessments.

Is the service effective?

Inspected but not rated



Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs but were not always personalised.

We reviewed 16 patient records in this core service. Each record contained a care plan for the patient.

Our findings

All patients had their physical health assessed soon after admission however this was not always regularly reviewed during their time on the ward. Audits completed by matrons at Ardenleigh stated for 1 patient care plan that their physical health care plan was inaccurate and that observations were daily despite being prescribed as weekly. The patient's dietary and fluid care plan did not include reference to a recent food and fluid chart being commenced due to their poor intake. Therefore, staff may not know they needed to complete this.

Staff did not always develop a comprehensive care plan for each patient that met their mental and physical health needs. Of the 4 patients records reviewed at Tamarind Centre only 1 included detailed information about the patient's physical health needs. At Ardenleigh 1 of the 5 patients' records reviewed did not include detailed information about their physical health care needs. However, of the 4 patients records reviewed at Raeside there was evidence of ongoing monitoring of the patient's physical health care needs.

Staff regularly reviewed and updated care plans when patients' needs changed. These were discussed and updated at patient's multidisciplinary team meetings. However, this information was not always transferred to the patients care plan, so it was not easy for staff to access this information.

Care plans were not always personalised. At Ardenleigh we looked at 5 records. 2 of these care plans were not personalised. At Raeside we looked at 7 patients records, 3 were not personalised and did not include information about the patients views of their care plan. At Tamarind Centre we looked at 4 patient records which contained limited information about the patients views on their care plan.

Audits of care plans reviewed at Ardenleigh by matrons showed that in 7 care plans reviewed in September 2023 the views of the patient's parent or carers had not been included. An audit completed on Acacia ward at Tamarind Centre in September 2023 showed that it was not documented whether the patient had been offered a copy of their care plan.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers did not always make sure they had staff with the range of skills needed to provide high quality care. Managers supported staff with supervision and opportunities to update and further develop their skills. However, the systems to record staff supervision and appraisals was not easy for staff to use. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. However, some patients at Raeside said they did not have the regular support of an occupational therapist. They said this could hinder their rehabilitation.

Managers did not always ensure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Trust data showed that some staff had completed their mandatory training. This included training in emergency and immediate life support.

Managers gave each new member of staff a full induction to the service before they started work. All staff including bank and agency staff said they had an induction before they started working in the service.

Our findings

Managers generally supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. Trust data showed at Reaside the compliance rates for appraisal were lowest across this core service with Dove ward at 65%, Hillis Lodge at 72%, Swift and Avon wards at 79%, Severn ward at 83% however Trent ward was 95% and Blythe ward 100%.

At Ardenleigh the compliance rates were over 94% for all wards and Citrine ward was 100%.

At Tamarind Centre the compliance rate was over 84% for all wards and three wards Hibiscus, Laurel and Lobelia were at 100%.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. The appraisal rates for medical staff at Reaside/Hillis Lodge and Ardenleigh were 88% and at Tamarind Centre these were 100%.

Managers supported staff through regular, constructive supervision of their work. However, staff told us that the new system was cumbersome, and they had experienced access and login difficulties. The trust provided figures for each ward of management supervision, and this showed that the system had not been updated to reflect what staff told us at the inspection. Data provided by the trust for management supervision showed that in 13 of the 20 wards for this core service compliance was below 75%. This was as low as 33% on Pacific ward and 52% on Adriatic ward at Ardenleigh and at Reaside 41% on Avon ward and 50% on Swift ward.

Managers supported staff through regular, constructive clinical supervision of their work. Staff on all wards told us that they also participated in reflective group sessions, occasionally with a psychologist input. However, this was not reflected in the data provided by the trust which showed on 13 of the 20 wards for this core service that the rate of clinical supervision was less than 75%. This was as low as 38% on Kennet ward at Reaside, 46% at Hillis Lodge and 44% at Citrine and Pacific wards at Ardenleigh.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff spoken with said they had regular team meetings and minutes of these were available if they could not attend.

Is the service well-led?

Inspected but not rated



Leadership

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

Staff across this core service said that local managers were visible and approachable. However, they said that leaders above matrons were not visible, and some staff did not know who the executive directors were. We discussed this with some of the trust executive directors during this inspection and they said they had shared information with staff through emails and bulletins. They were surprised that staff did not know who they were.

Culture

Our findings

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

The trust shared information about how they had engaged with staff in this core service to improve the culture. They had re-launched the staff forum, encouraged staff to be Engagement Champions, held monthly drop ins with Matrons that included night staff, so they did not feel isolated, encouraged staff recognition initiatives, and encouraged staff to nominate their colleagues for awards.

The trust has a Freedom to Speak Up Guardian who most staff said they knew how to contact and would do so if needed. Staff said they could raise concerns and that their local managers would listen to these.

We observed that some staff did not always uphold the trust values. We raised this with the trust who took immediate action to address.

Governance

Our findings from the other key questions demonstrated that governance processes had improved but they did not always operate effectively at team level.

We found that staffing was discussed at a daily huddle meeting across each location. Arrangements were made from these to ensure safe staffing levels on each ward. Staffing was discussed at board level meetings and committees.

Improvements had been made to the care plan and risk assessment audit system which included monthly 'deep dives' by matrons. The reports of these were shared with ward managers and staff. The reports were also shared at the trust quality forum and action plans developed which were shared and monitored by the clinical governance committee.

Audits were completed of patients care plans and risk assessments and we reviewed some of these. They had identified across this core service that patients and their carers were not always involved in their care plans and that information and detail about patients' risk were not always highlighted.

Data provided by the trust showed on some wards that staff had not all completed their mandatory training which included training in emergency and immediate life support.

The system to record staff supervision and appraisals was described by staff as cumbersome to use and some staff did not have access to the system. Staff told us that since January 2023 they had received regular supervision, but this was not reflected in the data provided by the trust.

Our findings

Areas for improvement

- The trust must ensure that the mould in the shower room on Trent ward is removed. (Regulation 15)
- The trust must ensure that all eligible staff receive emergency life support and immediate life support training. (Regulation 18)
- The trust must ensure that assessed safe staffing levels are maintained on all wards at all times. (Regulation 18)
- The trust must ensure that changes to the care planning and risk assessment system are effective and embedded. The trust must ensure that patients are involved in their care plans and are offered a copy. (Regulation 9)
- The trust must ensure that all staff have access to the system to record their supervision and appraisals in a timely way. (Regulation 17)
- The trust should ensure that redecoration and refurbishment works are carried out as planned at Reaside and Ardenleigh to improve the environments for the patients. (Regulation 15)

Our inspection team

We inspected all three core services unannounced on 17th October 2023.

8 CQC inspectors, 1 CQC deputy director, 1 CQC operations manager, 1 expert by experience (person who has experience of using mental health services) and 3 nurse specialist advisors carried out this inspection.

We also visited every ward in the acute and PICU core service on 17th and 18th October 2023 that related to the conditions imposed on 16th December 2020 about removing ligature points on bedroom and ensuite doors.

During the inspection we:

- Spoke with 95 staff members including nurses, occupational therapists, doctors, psychologists, ward managers, matrons, heads of nursing and trust executives.
- Spoke with 46 patients who used the service.
- Reviewed 69 care records of patients.
- Spoke with 3 carers of people who used the service.
- Visited wards and observed how staff were supporting people who used the service.
- Reviewed staff rotas.
- Attended and observed a residents council representatives meeting.
- Spoke with an independent advocate and a hospital chaplain.

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance