

Cambridgeshire and Peterborough NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services caring?

Inspected but not rated 

Are services well-led?

Requires Improvement 

Our findings

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement  

The acute wards for adults of working age are part of the mental health services provided by Cambridgeshire and Peterborough NHS Foundation Trust.

The five acute wards at Fulbourn Hospital and Cavell Centre, Peterborough provide assessment and treatment in an inpatient care setting for both adults admitted on an informal basis and patients detained under the Mental Health Act 1983.

Following a focussed inspection of Mulberry 2 ward in May 2022 we issued a Section 29a warning notice under the Health and Social Care Act against Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment:

- The trust was not ensuring staff carry out patient observations in accordance with trust policy and National Institute for Health and Care Excellence (NICE) guidance in order to protect people from harm.
- The trust did not inform the Care Quality Commission of a serious allegation of sexual assault on one vulnerable patient to another.
- The trust was not ensuring there are robust, safe systems to protect patients from sexual harm when residing on this mixed sex ward.
- The trust did not ensure patients bedrooms were cleaned to a safe standard, exposing patients to a risk of harm.

We inspected Mulberry 2 ward to follow up on the Section 29a warning notice.

We also inspected the other four acute wards at Fulbourn Hospital and Cavell Centre, Peterborough.

We also inspected areas of the well-led key question for the core service.

The provider submitted an action plan in response to the Section 29a warning notice and had addressed or was in the process of addressing all the identified concerns at this inspection.

We found enough improvement to remove the warning notice as the Trust had demonstrated that action had been taken to improve the safety of patients on Mulberry 2 and ongoing measures were in place to maintain this improvement.

We rated this service as requires improvement. We found:

- The trust had taken steps to improve observations of patients on the ward including zonal observations. Observations hadn't always taken place due to staff shortages, however we were assured the introduction of closed-circuit television and swipe access cards reduced the risk of patients entering the other gender bedroom corridors.
- Staff could not always observe the bedroom corridors at the three wards at the Cavell Centre. Patients told us that patients of the opposite gender sometimes entered the bedroom corridor. The storage room for male and female patient possessions was located in the female bedroom corridor on two wards.

Our findings

- Staff did not always complete daily cleanliness checklists at the Cavell Centre.
- Staff did not always complete the front sheet of observation records fully, so it was not clear who had undertaken the observation.
- Staff did not always record which staff member had completed searches.
- The Trust had not fully addressed and embedded all of the lessons learned from Mulberry 1 and 2 wards to the Cavell Centre wards.

However:

- Staff on Mulberry 2 ward had completed enhanced observations training and the trust planned to deliver this across the other wards. Observation records had improved since the previous inspection.
- The trust oversight of sexual safety at Mulberry 1 and 2 wards had improved. The trust had introduced a sexual safety project, co-produced with patients and was in the process of delivering sexual safety training to all staff on the wards.
- The wards and patient bedrooms were all clean and tidy. Staff supported patients who had additional needs regarding cleanliness of their bedroom and checked bedrooms regularly.
- The trust had completed audits including observation records and infection prevention and control audits.
- Staff told us they felt supported by managers and morale was good within teams despite the staff shortages. The trust was actively recruiting to vacant roles.
- Wards held regular governance meetings and had monitored progress against the action plan to meet the warning notice requirements.

Before the inspection we reviewed information provided by the trust.

During the inspection visit, the team:

- Reviewed the environments of five acute wards;
- Reviewed 21 care records including observation records;
- Spoke with 11 staff including modern matrons, ward managers, clinical nurse specialists, nurses and healthcare assistants;
- Spoke with 17 patients;
- Reviewed one month of zonal observation records;
- Reviewed training compliance rates;
- Reviewed a number of audits, meeting minutes, policies and action plans.

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

What people who use the service say

We spoke with 17 patients and most patients told us they felt safe on the wards and staff managed any incidents well. Some patients told us that they had seen patients of the opposite gender in their bedroom corridors and that staff would escort them out.

Our findings

Patients told us that there were regular staff shortages, but that staff were respectful and caring.

Patients told us that the wards were clean.

Is the service safe?

Requires Improvement   

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

Safe and clean care environments

All wards were clean well equipped, well furnished, well maintained and fit for purpose. The safety of wards had improved since the previous inspection.

Safety of the ward layout

Staff could not observe patients in all parts of the wards. The previous inspection found there were multiple blind spots in the bedroom corridor areas and no mitigation to prevent patients entering the opposite genders bedroom corridor. We found at this inspection that the trust had installed closed circuit television cameras to monitor the bedroom corridors on Mulberry 1 and Mulberry 2 wards, however these were waiting for the standard operating procedure to be finalised before they could be used. Following this inspection, the trust advised that they were introducing swipe cards to control access to patient bedroom corridors on Mulberry 1 and Mulberry 2 wards and that the cameras were operational by the end of November 2022.

The trust had implemented zonal observations of bedroom corridors by staff as an interim measure until the cameras and swipe cards were in use and had increased the staffing numbers by one staff member to facilitate this. However, we reviewed the zonal observation records for the 35 days prior to the inspection and found there was gaps in the observations due to short staffing on 31 days at Mulberry 2 ward and 27 days on Mulberry 1 ward. Staff reported gaps in observations as incidents. There had not been any reported sexual safety incidents during this period although a male patient had entered the female bedroom corridor by mistake on two occasions and was redirected by staff.

The wards at the Cavell Centre did not have staff allocated to monitor the separate bedroom corridors. Staff told us there was always a staff member allocated to the communal lounge area who could see the bedroom corridor entrances and there was a staff member in the lounge area during the inspection. However, we were not assured that the staff member would always be observing the corridor when they were interacting with patients in the lounge area. Three patients on the treatment ward and three patients on the recovery ward told us that patients of the opposite gender had entered their bedroom corridors and had been redirected by staff. There had not been any sexual safety incidents during this period.

The ward complied with guidance and there was no mixed sex accommodation as all wards had separate male and female bedroom corridors. However, the treatment and recovery wards at the Cavell Centre had patient storage rooms at the end of the female bedroom corridor. This meant that male patients had to enter the corridor with a staff member to access their stored possessions.

The wards had separate male and female lounges as well as a communal lounge area.

Our findings

Staff had easy access to alarms and patients had easy access to nurse call systems. Patient bedrooms had alarm call bells and staff carried personal alarms to raise assistance if required.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. Staff made sure premises were clean but cleaning records were not up to date at the Cavell Centre.

The previous inspection found that one bedroom on Mulberry 2 ward fell below expected hygiene standards and had not been cleaned regularly. At this inspection we visited the five acute ward areas and found they were all clean and that most cleaning records were up to date. Patients on Mulberry 2 ward who required additional support with keeping their bedrooms clean and tidy had care plans that identified support required, including additional checks by staff throughout the day and spot cleaning where required. Staff on Mulberry 2 ward completed a daily checklist of all bedrooms to identify where additional cleaning was required and ensure that hygiene levels were maintained.

However, staff did not always complete daily checklists on the treatment ward at the Cavell Centre.

Staff followed infection control policy, including handwashing. The trust completed an infection prevention and control audit in July 2022. The wards had infection prevention and control environmental audits completed and quality improvement plans in place to address any issues, including increased legionella flushing.

Seclusion room

The seclusion room in Mulberry 2 was out of use due to damage but the room allowed clear observation and two-way communication. It had a toilet and a clock.

Safe staffing

We did not review staffing levels across all the wards.

The trust had increased the required staffing numbers by one staff member on Mulberry 1 and Mulberry 2 wards to facilitate the zonal bedroom observations. However, Mulberry 2 had 12 vacant posts and regularly did not have enough staff to cover the zonal observations. Staff reported all staff shortages for a shift as an incident and had reported 72 occurrences since July 2022. The ward manager reviewed staffing levels daily and attended safety huddles three times a week to discuss planned staffing. The ward manager could use regular bank and agency staff where required.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Overall training compliance was 89% with physical intervention training having the lowest compliance of 73% but we saw that staff were booked to complete this in the following month.

The mandatory training programme was comprehensive and met the needs of patients and staff. The mandatory training programme included 29 courses including; the Mental Capacity Act, medical emergency response, Safeguarding Adults and Children; and physical interventions.

Following the previous inspection, the trust had implemented sexual safety training for Mulberry 1 and 2 wards as part of the sexual safety project. The training was developed following a co-produced survey of staff and patients. Clinical nurse specialists delivered the first session to all staff on the two wards during July and August 2022 with the second session due to be completed by the end of November 2022.

Our findings

Some modern matrons, ward managers and clinical nurse specialists from the acute wards at the Cavell Centre had also received the training. The trust was in the process of securing an external provider to deliver the training to all staff on the three wards at the Cavell Centre, and then wider across the trust to all staff.

Following the previous inspection, the trust completed a pilot enhanced observations training session with all Mulberry 2 staff in July and August 2022. The trust told us they planned to deliver the training across other wards.

Assessing and managing risk to patients and staff

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

Assessment of patient risk

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

We reviewed 21 care records and found staff completed a thorough assessment of risk and updated risks regularly.

Management of patient risk

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

Staff followed procedures when completing enhanced observations of patients.

We reviewed 21 care records and found staff recorded the observation levels and rationale for any change in observation levels in risk assessment and care plans. Staff also recorded the reason for enhanced observations on the observation record.

We found that in five observation records staff had not signed the front sheet for their allocated period of observation and so it was not clear which staff member had completed the observation. The trust completed an audit of observation records in June 2022 and had also noted this as an area requiring improvement.

However, we found in one patient record that their observation levels had been reduced from enhanced to intermittent observations with no reason recorded. The patient also had a history of sexual trauma but there was no evidence that this was discussed to see if the patient had any requirements for the gender of staff observing her and we saw that male staff frequently completed intermittent observations.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

At the previous inspection we found that staff did not always follow trust policy when searching patient bedrooms.

At this inspection Mulberry 1 and 2 wards told us that they had not completed any searches as there had been no reason to search a bedroom, so we were unable to review the records.

Our findings

During the inspection at the Cavell Centre, a patient disclosed to staff that they had brought razors onto the recovery ward following unescorted leave. The patient had not been searched on return to the ward and staff conducting a bedroom search that morning had not found the razors. .

We reviewed incident reports for the recovery ward and found that search reports did not always record which staff completed the search.

Is the service caring?

Inspected but not rated



Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients.

Patients said staff treated them well and behaved kindly. We spoke with 17 patients who told us that staff were caring and respectful. Three patients said that staff shortages meant that they had to wait to speak to a member of staff, but that staff were helpful when they did speak to them.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. We spoke with 17 patients who all said that they had been shown around the ward as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. Patients on Mulberry 1 and Mulberry 2 ward told us they had a copy of their care plan and were involved in setting their care plan. However, eight of the twelve patients we spoke with at the Cavell Centre did not have a copy of their care plan.

Staff made sure patients could access advocacy services. The trust contracted an independent advocacy service who visited the wards regularly, and patients were aware of how to contact them.

Is the service well-led?

Requires Improvement



Our rating of well-led went down. We rated it Requires Improvement

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.

Staff told us that morale was good and that they felt supported by each other and by managers. Staff generally felt supported by modern matrons and senior leaders within the trust although not all staff we spoke with knew who the senior team were.

Staff felt pressure at work due to the staff shortages but were aware of how the trust was actively trying to recruit into vacancies.

Staff told us that they knew how to raise any concerns and would feel comfortable to do so without fear but not all staff felt confident that their concerns would be acted upon.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well.

We reviewed governance in relation to the warning notice.

Following the previous inspection, the trust set up weekly quality assurance meeting to monitor progress against the action plan to meet the requirements in the warning notice. However, the trust had not applied the improvements such as sexual safety training, closed circuit television or zonal observations across the wards at the Cavell Centre to reduce the risk of sexual harm to patients.

The wards also held monthly governance meetings to review patient safety, clinical effectiveness and patient experience. These included staffing levels, risk management, incidents and audit outcomes.

Management of risk, issues and performance

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

The trust had implemented additional audits and quality assurance visits across all wards following the previous inspection, including observation audits and infection prevention and control audits. The clinical nurse specialists on Mulberry wards completed a weekly audit of observation records and the outcomes were emailed to staff.

The trust had identified areas that required improvement through an audit of observation records and searches in June 2022 but we found that the issues such as staff not signing the front page of the record were still occurring.

Information management

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

Our findings

The trust shared outcomes and lessons learned with staff via meetings, newsletters, and in messages on the trust intranet site.

Our findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that they continue to have oversight of sexual safety and implement robust systems to protect patients for sexual harm. (Reg 12)
- The trust must ensure that staff follow trust policy when completing observation records. (Reg 12)
- The trust must ensure that staff follow trust policy when completing searches. (Reg 12)
- The trust must ensure that staff offer patients a copy of their care plan. (Reg 9)
- The trust must ensure that they have systems and processes in place to identify and address areas for improvement. (Reg 17)

Action the trust Should take to improve:

- The trust should consider patient access to their stored possessions.
- The trust should ensure that cleaning records are kept up to date.
- The trust should ensure that all staff are up to date with mandatory training.

Our inspection team

The inspection team included one CQC inspection manager, two CQC inspectors, one CQC assistant inspector and two experts by experience.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance