

Oxleas NHS Foundation Trust

Wards for older people with mental health problems

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

Wards for older people with mental health problems

Good   

Summary of this service

Oxleas NHS Foundation Trust provides wards for older people with mental health problems across four locations. These are Shepherdleas Ward, based at Oxleas House and Oaktree Lodge, based at Memorial Hospital, both in Greenwich. Scadbury Ward is based at Green Parks House in Bromley and Holbrook Ward based at the Woodlands Unit in Bexley.

Shepherdleas Ward is a 19 bedded ward providing care to people over the age of 65 who have mental health needs.

Scadbury Ward is a 22 bedded ward providing care for people over the age of 65 with functional mental health problems such as depression.

Holbrook Ward is a 22 bedded dementia intensive care unit for people who have complex needs and behaviours related to their dementia.

Oaktree Lodge is a 17 bedded continuing care unit providing care for people over the age of 55, with long term mental health rehabilitation needs.

The regulated activities provided are treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983.

We carried out this unannounced focused inspection to check whether the trust had made improvements and complied with a Warning Notice served under Section 29A of the Health and Social Care Act (HSCA) 2008 in 2020. The Warning Notice was issued due to concerns about the assessment and management of ligature risks to patients and the governance arrangements, which had led to a failure to implement key safety recommendations from a serious incident investigation. The date for compliance with the Warning Notice was 8 February 2021.

At the previous inspection we identified breaches of Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 good governance. The overall rating for this core service following this inspection in October 2020 went down and was limited to Inadequate for the safe and well led key questions, due to the enforcement action we took. The core service was rated as Inadequate overall.

The current inspection was a focused inspection looking at Safe and Well Led, to review improvements that had been made in all four older adult wards. We inspected all four wards for older people with mental health problems. We inspected the Safe and Well-led key questions in full to enable a re-rating of these areas.

As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent in the service to prevent cross infection. Whilst on site we wore the appropriate personal protective equipment and followed local infection control procedures. This included staff interviews over the telephone and via video and analysis of evidence and documents. Our final video call interview was completed on 15 April 2021.

During the inspection visit, the inspection team:

- spoke with two patients who used the service and four carers;
- visited all four wards and observed the safety of the ward environment;

Summary of findings

- spoke with the ward managers for each of the wards;
- spoke with one healthcare cleaning manager;
- spoke with one director of estates and facilities and two estates senior facilities managers;
- spoke with four matrons;
- spoke with fourteen staff members; including healthcare cleaners, health care cleaning supervisor, consultant psychiatrist, occupational therapists, physiotherapist, registered nurses and healthcare assistants and a pharmacy technician;
- used the Short Observational Framework for Inspection (SOFI2) to conduct periods of observation on two wards, Holbrook Ward and Oaktree Lodge. SOFI2 is a way of observing care to help us understand the experience of people who cannot talk with us; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Our rating of services improved. We rated them as good because:

- The trust had complied with the Warning Notice. The service had made significant improvements in the safety of the wards. The management of environmental ligature risk assessments had improved. All four wards had an updated live environmental ligature risk assessment that staff could access. Refurbishment work, including the removal of ligature risks had been carried out on all wards. Staff were aware of the remaining ligature risks on the wards and there were clear plans in place to manage these. All environmental ligature risks had been updated following a serious incident. Remaining works to remove ligature risks on the wards were due to be completed by the end of the July 2021.
- The overall governance of the service had improved. Governance operated effectively from directorate to ward level, particularly in relation to the implementation and monitoring of serious incident action plans on the wards. The trust senior management had introduced a matron with responsibility for and oversight of ligature risks on the wards and the implementation of improvements.
- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff maintained good practice in terms of infection prevention and control.
- The wards had enough nurses, doctors and therapists to keep patients safe. The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received appropriate training, supervision and appraisal.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing distressed behaviour. Staff minimised the use of restrictive practices.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service through meetings, posters in staff offices, serious incident 'flash alerts', individual supervision and directorate meetings. Since our last inspection improvements had been made to ensure staff were aware of and learned from incidents across the services.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. Staff followed trust policies when administering covert medicines.

Summary of findings

- Staff ensured clear and full documentation of the decisions, reasons, and the discussions that informed do not attempt cardiopulmonary resuscitation (DNACPR) decisions.
- Staff participated in clinical audits and quality improvement initiatives to monitor the effectiveness of services provided and continuously improve the service provided.
- 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 knew and understood the provider's vision and values and how they applied to the work of their team. The trust was reviewing their overall strategy and staff had been involved. 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.

However:

- We found some excess, out of date and used equipment that needed to be removed or disposed of from two clinic rooms in two wards. There was no thermometer to measure room temperature in two clinic rooms meaning the temperature was not monitored or recorded. Two wards had an out of date British National Formulary.

How we carried out the inspection

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 to two patients who felt safe on the ward, staff were supportive and met their needs.

Is the service safe?

Good   

Our rating of safe improved. We rated it as good.

Safe and clean environment

Safety of the ward layout

All wards were safe, clean, well equipped and fit for purpose. Patients and staff had easy access to call alarm bells to call for help. Staff completed and regularly updated risk assessments of all wards areas and removed or reduced any risks they identified. The wards had clean and fully equipped clinic rooms that staff checked regularly.

Staff were able to observe all parts of the wards. Where blind spots existed, the risks were mitigated with the help of convex mirrors. Staff completed regular environmental risk assessments.

The wards complied with guidance on eliminating same sex guidance. Female and male patient bedrooms were in separate corridors. Wards either had a female lounge or additional rooms that female patients could access as needed.

The trust had made significant improvements to the management of environmental ligature risks since the previous inspection in 2020. The improvements included removal of risks or reduction of risks and the implementation of adequate risk mitigation. All four wards had an updated live environmental ligature risk assessment that staff could

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access. All environmental ligature risk assessments had been updated following a serious incident. All staff we spoke to were able to give examples of risks on the wards and how these were being managed. Staff, in partnership with estates, had created a photobook to help staff identify ligature anchor points on the wards and the plans in place to mitigate risks.

All wards had or were in the process of creating ligature free bedrooms for high risk patients. Improvements included the installation of collapsible curtain rails, covering radiators and pipework and the provision of safer furniture. The ensuite bathrooms had push button taps on the wash basins. Some remaining work was needed including the fitting of some new doors with safer hinges and new toilet seats. Some communal bathrooms and toilets still contained potential risks, these could not be removed without reducing accessibility for patients with mobility and cognitive problems. These rooms were either kept locked or were observed regularly by staff.

Maintenance, cleanliness and infection control

All patient areas were visibly clean, comfortable, well furnished, and well-maintained at the time of our inspection. Additional maintenance work was identified and followed up by staff. For example, where pictures had been removed areas of the wall had been repainted and holes filled in on Scadbury and Shepherdleas wards. All wards had cleaning schedules that were easily accessible to all staff as needed.

Staff adhered to infection prevention and control policies and procedures, including handwashing and the use of personal protective equipment. Wards had displayed additional information for staff and patients to refer to on preventing infection. For example, Shepherdleas Ward had a large display board about infection prevention and control and how patients and staff could ensure the ward was kept clean. A hand cleaning champion had also been nominated.

Staff had access to sufficient personal protective equipment to minimise the risk of cross infection and to enable them follow current national guidance in respect of COVID-19. Staff followed clearly defined processes to manage the admission, testing and discharge of patients in line with national COVID-19 guidelines. All staff and patients had been offered a COVID-19 vaccine.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs and records showed that staff checked these regularly. The automated external defibrillators were functioning, and spare pads were in date. Staff had been individually fitted for face masks required for aerosol generating procedures, such as chest compressions during cardiopulmonary resuscitation. These were kept in a separate bag with the emergency equipment. A set of ligature cutters was kept in the emergency bag as well as in the staff office.

Staff checked, maintained, and cleaned equipment. Equipment was calibrated. Records showed that equipment was cleaned regularly.

Yellow plastic bins were provided for the safe disposal of sharps. These were not overfilled, and staff had added the date of opening to the label.

However, on Holbrook Ward there were eight oxygen cylinders in the clinic that were waiting to be removed. They had been there since the last infection prevention and control audit on 12 February 2021. This made it difficult to clean the room effectively. The porters had been contacted to remove the cylinders but eight weeks later they were still there. On Scadbury Ward some butterfly syringes were out of date, and there was a used space inhaler fitting in the cupboard that had no label on and should have been disposed of.

Safe staffing

The service had enough registered and non-registered nursing, medical and therapy staff, who knew the patients and received appropriate training to keep patients safe from avoidable harm.

Summary of findings

All four wards were staffed safely with adequate medical cover to safeguard patients and ensure the smooth running of the service. Managers ensured that staffing levels were adjusted to reflect the fluctuating needs of patients and the risk levels present at that time. Any potential impact of staffing vacancies was mitigated by the use of bank and agency staff familiar with the ward and its patients. Staff were present in communal areas at all times and were quick to respond to patients needs. We observed staff on Holbrook Ward using excellent therapeutic skills to de-escalate situations where patients were beginning to become agitated or distressed. Staff anticipated patients' needs and reduced the risk of potential aggression.

Oaktree Lodge did not have a junior doctor on the ward, but a GP visited the ward four days a week and treated patients' physical health problems. Staff could access on call medical assistance out of hours. Wards were located near other wards and staff could ask for help from those wards in an emergency.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Over 80% of staff on all wards were compliant with statutory and mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. However, on Scadbury Ward personal safety: breakaway was at 67% as some staff had not yet completed annual refreshers. The ward manager on Scadbury Ward had ensured that outstanding training had been booked.

Assessing and managing risks to patients

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour.

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

We reviewed the care records of 16 patients at the time of our visit. Staff had completed risk assessments for all patients. Staff were aware of specific risk issues affecting the patient group and put in place plans to manage or mitigate the risks identified. Staff had completed care plans that addressed most of the individual risks identified.

The care plans described ways in which staff could manage or mitigate the risks and minimise risk of harm to patients. For example, the records of patients on Holbrook showed they all had a completed falls assessment tool. Once the falls risk was assessed plans were put in place to minimise the risk of falls. Patients at risk of skin damage had a Waterlow assessment and were provided with products to minimise the risk of developing pressure ulcers, such as pressure relieving cushions and air flow mattresses. When staff identified a patient had a problem with swallowing, they were referred to a speech and language therapist for assessment. Patients at risk of choking were prescribed special meals in line with the international dysphagia diet standardisation initiative, and there were detailed care plans describing the type of meals they should receive.

Staff assessed patients' vital signs every day and escalated any concerns when indicated. Staff assessed patients using the malnutrition universal screening tool every week and took action to address any concerns identified.

Staff had put in place individual personal emergency evacuation plans for all patients outlining the help they would need to leave the wards in an emergency. However, the emergency evacuation plan for one patient on Oaktree Lodge did not reflect that they had their leg in plaster and required a wheelchair to mobilise. This was pointed out to staff who took immediate steps to review the plan.

Use of restrictive interventions

Levels of restrictive interventions were minimal. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We observed staff effectively intervening and de-escalating situations when patients started to become distressed or agitated.

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Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff used restraint and seclusion only after attempts at de-escalation had failed. The wards did not have seclusion rooms. Ward managers reported they rarely, if ever, used rapid tranquilisation with patients.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There were comprehensive systems to keep people safe, which took account of current best practice. Staff were trained in safeguarding, knew how to make a safeguarding referral, and did so when appropriate.

Staff access to essential information

Patient notes were comprehensive, and all staff could access them easily. Staff maintained high quality clinical records – whether paper-based or electronic. Where patients had do not attempt cardiopulmonary resuscitation (DNACPR) instructions in place a hard copy of the documentation was kept in a file as well as being held electronically. Information on the physical health status of patients was clearly laid out in patients' records. Multiple records of a patient's vital sign checks could be seen together in a graph format, which helped identify anomalies or deterioration promptly.

Staff ensured clear and full documentation of the decisions, reasons, and the discussions that informed DNACPR decisions was in place. We reviewed DNACPR records on the wards. These decisions were discussed during multidisciplinary team meetings and all forms were audited once completed to check they were accurate and had involved patients and families appropriately.

Records were stored securely. Staff needed an identification card to access electronic records.

Medicines Management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

We reviewed 19 medicine administration records for completeness, legibility and inclusion of relevant client-specific information, such as allergies. Records were legible and prescriptions signed by a doctor. Staff had signed the record when administering medicines, there were very few gaps in recording without a reason given. Instructions were recorded for when to give 'as required' medicines. Staff recorded when patients had allergies to medicines directly on the administration record. However, on Oaktree Lodge, one patient's health care records clearly stated that the patient had allergies to two medicines. Neither of these medicines were recorded on their medicine administration record. We showed this to the nurse in charge who promptly remedied the situation.

For two patients who were receiving covert medicines in their food, on Holbrook Ward, pharmacists had left clear directions for staff on how exactly this could be administered. Policies on giving medicines covertly were followed.

Medicines, including controlled drugs were stored safely. We checked a sample of medicines and found they were all in date. Records showed that staff monitored and recorded the drug fridge temperatures to ensure medicines were stored safely and remained effective, and these were in range. However, staff did not record the clinic room temperatures on two wards as there were no room thermometers, this meant staff could not be assured that the clinics were maintained at suitable temperatures at all times.

On Shepherdleas Ward and Scadbury wards we found out of date British National Formularies.

Track record on safety

There had been two serious incidents in the service since our inspection in 2020. These were being investigated.

Summary of findings

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service through meetings, supervision, 'flash alerts', posters, training and directorate meetings. All staff we spoke with were aware of recent incidents and reported that lessons learned were shared in team meetings. When things went wrong, staff apologised and gave patients honest information and suitable support.

The trust had improved structures for learning from incidents since the last inspection in 2020. Ward managers had made changes to business team meetings and set agenda items included learning from serious incidents. In meetings, the teams discussed how the learning applied to them on their ward. Staff knew about serious incidents that had occurred in the service and demonstrated awareness of the lessons learnt from these incidents. Improvements had been made to ensure staff were aware of and learned from incidents.

Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good.

Leadership

Leaders demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Ward managers had the skills and knowledge to perform their role and could explain the improvements that had been made since the last inspection. They were visible in the service and approachable for patients and staff. Leaders had a deep understanding of issues, challenges and priorities in their service. Carers we spoke with were very positive about ward managers.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team. The trust senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The trust had recently launched a new strategy that ward managers felt was clear and incorporated positive values. Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

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 ward staff reported an overwhelmingly positive culture. They valued the open culture and felt that when concerns were raised, they were taken seriously and where possible addressed. For example, staff spoke positively about the response of the ward manager, ward consultant, and trust board to a serious incident on Scadbury Ward in February 2021.

Governance and management

Governance processes operated effectively at team level and performance and risk were managed well. The overall governance of this core service had improved since our last inspection in 2020. Governance systems operated effectively from directorate to ward level, particularly in relation to the implementation and monitoring of serious incident action plans on the wards. The trust senior management had introduced a matron who had responsibility for and oversight of

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ligature risks, and for the implementation of action plans arising from serious incidents since the last inspection. The matron worked in partnership with senior staff and the estates department to implement and monitor action plans at a ward level and develop training for staff. Ward managers we spoke with felt the introduction of the matron had been particularly useful in sharing learning and improving standards across all older adult wards.

Leaders had high quality management information, which showed trends and risks in the service. They were able to use this information to manage risks and improve the service. Ligature risk assessments were updated regularly and there was clear mitigation in place for identified ligature points. These were reviewed regularly with estates. Ward managers had been consulted on the estates plan to upgrade the wards and felt their views were taken into account.

The trust had an action plan in place in response to the ligature risk assessments for all four wards with a completion date of April 2021. This outlined work taking place to improve safety on the wards, such the provision of two ligature free bedrooms on each ward. Although most work had been completed there were some outstanding actions remaining. These were due to be completed in June and July 2021. The director for estates and facilities had regular updates from the trust project manager and liaised with the trust ligature matron as needed to keep staff updated of progress with the structural improvements.

We reviewed the minutes from the trusts' governance forums that took place between October 2020 and March 2021. The minutes showed that the implementation of recommendations from serious incidents was shared with staff on the wards.

Ward managers undertook or participated in local clinical audits. Most of the audits provided assurance and staff acted on the results when needed. Any concerns identified from audits were also shared in supervision with staff.

Ward managers attended meetings as part of the governance framework such as the older people service forums and clinical governance meetings. Ward managers felt there was a clear connection and line of communication from ward level up to senior leadership team and vice versa.

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.

Staff maintained and had access to the risk register at ward and directorate level. Staff at ward level could escalate concerns when required. The ward managers discussed items on the risk register with staff in team meetings. Risk were identified, and a plan made for each risk on the register.

Staff received mandatory training and an annual appraisal. Staff received regular monthly clinical supervision sessions with managers.

Information management

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

Ward managers had access to information to support them with their management role. For example, supervision records, training data, admission and discharge information, staffing, complaints, incidents and accidents. We reviewed team meeting minutes that showed that staff were regularly discussing key performance indicators in those meetings. Managers were transparent about the performance of the ward in terms of achieving their objectives.

Staff had access to the equipment and information technology needed to do their work. For example, staff used handheld tablets to complete ligature risk assessments.

Engagement

Summary of findings

Patients and carers had opportunities to give feedback on the service they received. Staff, patients and carers had access to up-to-date information about the work of the service.

Following learning from a serious incident on Scadbury Ward, the ward manager had been using a tool to improve family and carer involvement called Support Network Engagement Tool (SNET). The SNET is used to promote family engagement as part of improving patient care and discharge planning. Staff were involved and given time to consider opportunities, a SNET champion was identified and this led to positive changes.

Learning and continuous improvement.

Innovations were taking place in the service. Staff used quality improvement methods and knew how to apply them. Staff were committed to learning and continuous improvement of the service provided to patients. Staff engaged actively in local and national quality improvement (QI) activities.

The trust co-produced QI training for service users and carers which was delivered in February 2021.

Staff had implemented recommendations from reviews of deaths and incidents. For example, on Shepherdleas staff had implemented falls huddles and started a QI project around DNACPPR assessments. Huddles are short team meetings to discuss safety concerns and share updates.

Holbrook Ward had a motion activated sensory interactive projector system, which was being used by patients on the day of our visit. The device projected a moving picture on to a table which was modified by touch. This meant patients had alternative ways to reduce anxiety other than relying on medicines only.

Trainee doctors on Shepherdleas Ward led and completed a QI project in February 2021 called the Patient Driving audit. Staff had conversations with patients if they were still driving. Whether patients were driving was now being added to their discharge letter along with future advice.

A consultant psychiatrist on Scadbury Ward led a QI project on inappropriate admissions to the ward. It included looking at patients admitted through the accident and emergency department that may have a urinary tract infection but no mental health need. Through this project, a checklist had been devised for telephone referrals from an acute hospital or psychiatric liaison team at accident and emergency. The ward had shared this learning with the bed management team who had begun to use the checklist.

Detailed findings from this inspection

Areas for improvement

SHOULD

- The trust should ensure that excess, out of date and used equipment should be removed from clinic rooms or disposed of promptly
- The trust should ensure that thermometers are available to record temperatures in all clinic rooms
- The trust should ensure that staff have access to an up to date British National Formulary).

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, inspection manager, three CQC inspectors and a specialist advisor. The specialist advisor was a matron with experience in wards for older adults with mental health problems.