The Huntercombe Hospital - Roehampton

Quality Report

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

Overall summary

This was an unannounced focused inspection where we looked at the progress the provider had made in addressing breaches identified at our previous inspection in May 2018. Following the May 2018 inspection, two warning notices were served relating to Regulation 9 - Person Centred Care and Regulation 12 - Safe Care and Treatment. Following that inspection, the service was placed into special measures due to the serious concerns we identified about the safety and quality of the service. This inspection did not review whether the service should come out of special measures. We will complete a full inspection of the service within six months to review the overall progress made by the service and decide whether the service should come out of special measures.

We did not rate the service at this inspection. This inspection looked at the progress made in the areas identified within the warning notices. We found the service had made improvements, and it had partially met the warning notices. However, further improvements were still needed and the service needed to embed new systems introduced since the last inspection.

- The service had improved how staff monitored patients' vital signs after rapid tranquilisation, but it still needed to ensure consistent monitoring and learning in all incidents. At our previous inspection in May 2018, we found that staff did not follow best practice guidance in relation to monitoring the physical health of patients after rapid tranquilisation. Staff did not record patients' vital signs every 15 minutes for the first hour and every hour until the patient was ambulatory as per the provider's policy. At this inspection we found that improvements had been made. We found that in 24 out of 27 records staff had followed guidance as per the service's policy. However, in three records staff had not followed the policy. The provider needed to ensure that the policy and procedure was fully embedded within the service to ensure consistent monitoring and recording.
- Staff still needed to improve how they recorded patient risks. At the previous inspection, we found that staff did not always consistently record why a patient's risk level had changed. At this inspection, we found that this had not improved. Patient risk assessments did not always show the reason why the patient's assessed level of risk had changed. There were also inconsistencies as to where risk assessment information was stored. However, the provider had

Summary of findings

identified that there were inconsistencies in the recording of risk levels and was in the process of changing the risk assessment procedure. The provider needed time to ensure that this system was embedded within the staff team.

However:

- At the last inspection in May 2018 we found that where patients had specific risks identified, staff had not always put risk management plans in place. At this inspection, we found that where staff had identified specific risks, they had put risk management plans in place.
- At the previous inspection in May 2018, we found that staff did not always record the reasons for administering 'as required' medicines to patients. At this inspection, we found that this had improved.
- At the previous inspection in May 2018, we found that staff imposed inappropriate and unsafe blanket restriction on patients. A water cooler in the communal areas did not have cups available for patients to use to get themselves a drink of water. Staff said they locked cups away due to the risk of some patients using plastic cups to self-harm. At this inspection we found that patients now had access to cups and could get themselves a drink of water.

At the previous inspection in May 2018, we found that staff did not complete personalised care plans. At that time, staff did not accurately reflect the individual needs and preferences of the patients. At this inspection, we found that this had improved. Care plans were now personalised and reflected patients' specific needs and views.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Location		
Acute wards for adults of working age and psychiatric intensive care units		

Summary of findings

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Services we looked at

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

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Background to The Huntercombe Hospital - Roehampton

The Huntercombe Hospital – Roehampton is provided by Huntercombe (No 13) Limited. It is registered to provide the following activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983;
- Accommodation for persons who require nursing or personal care;
- Diagnostic and screening procedures; and
- Treatment of disease, disorder or injury.

The service provides 39 psychiatric intensive care (PICU) beds for patients on one male-only and two female-only wards.

Kingston Ward is a 14-bed male only ward, Upper Richmond is a 14-bed female only ward and Lower Richmond is an 11-bed female only ward.

We have inspected Huntercombe Hospital – Roehampton eight times since 2010. Reports for these inspections were published between March 2012 and July 2018.

We undertook an unannounced inspection to Huntercombe Hospital – Roehampton in May 2018. Following that inspection, the service was placed into special measures due to serious concerns that we identified about the safety and quality of the service. We issued two warning notices to the hospital, requiring them to make significant improvements. We told the provider that it must act in the following regulations: -

Health and Social Care Act (Regulated Activities) Regulation 2014

Regulation 9; Person Centred Care

Regulation 12: Safe Care and treatment.

This inspection in August 2018 took place to follow up on these warning notices and ensure that the service had taken the necessary action to improve the service.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, an inspection manager, a CQC pharmacy specialist and one specialist advisor with a background in mental health nursing.

Why we carried out this inspection

We inspected this service to check whether the provider had taken actions to improve following the inspection in May 2018. At this unannounced focused inspection, we reviewed aspects of the safe and effective key questions to identify if the breaches outlined in the warning notices had been met.

The comprehensive inspection carried out in May 2018 identified concerns regarding omissions of care and treatment which put patients at risk of harm. We took enforcement action against the provider and issued warning notices in relation to regulation 9 – Person Centred Care and Regulation 12 – Safe Care and Treatment. We required the provider to achieve compliance against the breaches by 12 July 2018. We told the provider it must take the following actions to improve the service:

- The provider must ensure that staff record the reasons why a patient's risk level has changed. Staff must ensure that where they change the risk level, they record the reason for this in-patient notes. Staff must clearly record the risks and how they are managed.
- The provider must ensure staff monitor and record patients' physical health vital signs after a patient has

Summary of this inspection

received rapid tranquilisation. This must be recorded in line with the provider's policy of every 15 minutes for the first hour and then every hour until the patient is ambulatory.
- The provider must ensure that staff record the reason why they have administered 'as required' medicines for patients.
- The provider must ensure they provide sufficient quantities of cups for patients to get themselves a drink of water from the communal water cooler.

The provider must ensure staff complete care plans with patients to reflect their individual needs and preferences. Care plans must be personalised.

How we carried out this inspection

This inspection focused on whether the provider had met the conditions of the warning notices issued after the previous inspection.

Before the inspection visit, we reviewed information that we held about the location. The inspection was unannounced, which meant the provider did not know we were coming.

During the inspection visit, the inspection team;

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the registered manager and managers for each of the wards
- spoke with the quality assurance lead
- spoke with nine other staff members; including doctors, nurses, and a care worker
- attended and observed one hospital operations meeting and one ward managers meeting
- looked at 16 care and treatment records of patients
- looked at 27 rapid tranquilisation administration records
- carried out a specific check of the medicine management on all three wards, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients. Patients gave us mixed feedback about how staff treated them. Four patients told us that staff were always helpful and caring. However, one patient told us that staff were not helpful or respectful. A patient told us that they did not like the way that staff restrained them as it hurt and another patient told us that they had made a complaint about how staff had restrained another patient and that this had been upheld.

Three patients told us that they felt safe on the wards; however, two patients told us that they did not feel safe on the wards due to other patients being aggressive.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

As this was a focused inspection we did not change the rating for safe.

- At the last inspection in May 2018, we found that the staff did not follow best practice guidance in relation to monitoring the physical health of patients after rapid tranquilisation. Staff did not monitor or record patients' vital signs every 15 minutes for the first hour and every hour until the patient was ambulatory in line with the provider's policy on rapid tranquilisation. At this inspection, we found that improvements had been made. In 24 out of the 27 records we looked at staff had recorded the monitoring of physical health in line with the provider's policy. However, in three records staff had not recorded the monitoring of physical health. The provider still needed to ensure that the policy and procedure was fully embedded within the staff team.
- At the last inspection in May 2018, we found that staff did not consistently record the reasons why a patient's level of risk had changed and did not always develop clear management plans for all identified risks. At this inspection, we found that improvements had been made. Staff developed clear risk management plans for all identified patient risks. However, staff did not consistently record the reasons why a patient's level of risk had changed. We also found inconsistencies in where staff stored information regarding risk assessments. The provider was in the process of changing the risk assessment recording system. The provider needed to ensure that this system was embedded within the service.
- At the last inspection in May 2018, we found that staff imposed inappropriate and unsafe blanket restriction on patients. A water cooler in the communal area did not have cups available for patients to use to get themselves a drink of water. At this inspection, we found that improvements had been made. All wards had cups available for patients to be able to get themselves a drink of water.
- At the last inspection in May 2018, we found that staff did not always record why they administered 'as required' medicines to patients. At this inspection, we found that this had improved.

Are services effective?

As this was a focused inspection we did not change the rating for effective.

Summary of this inspection

- At the previous inspection in May 2018, we found that staff did not complete personalised care plans with patients. Staff did not reflect the individual needs or preferences of the patient. Some care plans did not show that staff met patients' physical health needs. At this inspection, we found that improvements had been made. Care plans were personalised and reflected the patient's voice. Staff had reflected the individual needs of the patients including physical health needs.

Detailed findings from this inspection

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

Safe	
Effective	

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff used a risk assessment tool to assess a patient's risk on admission. This tool included several areas of possible risk and had a rating scale to score the severity of each risk from. We reviewed 16 care and treatment records. Records showed there were completed risk assessment in place for all patients. However, there were discrepancies as to where risk assessment information was stored. In six records, staff stored risk assessment information in ward round notes rather than on the risk assessment. This meant that it may be difficult for staff to know where to find information regarding risk.
- At the last inspection in May 2018, we found that staff had completed risk assessment inconsistently and that staff had not recorded the reasons for changes they made in risk scores. At this inspection, we found that there were still inconsistencies regarding the recording of the scoring of risks and changes in the score rating. In 11 of the 16-patient care and treatment records we reviewed there were inconsistencies in the scoring rates and rational given for the scoring. For example, a patient had had their risk score reduced from a three to a two (significant risk possible) for violence to others but records showed there had been an incident of violence to staff.
- On Upper Richmond, a patient's care and treatment record showed that they had a risk of self-harm, which increased from a score of three to four (serious and imminent). Staff had not recorded why the patient level of risk had increased. This meant that staff, particularly new or agency staff, could be unaware of the details of the potential risks to patients and therefore unable to address and minimise those risks.
- However, during the inspection staff told us that the risk assessment tool was being revised, and in future would not include the risk scoring system. Following the inspection, the provider sent us a copy of the new procedure, which showed that staff were no longer going to use the risk scoring system. The provider had not yet embedded the new risk assessment process within the staff team so that staff were completing and updating risk assessments in a consistent manner, reflecting patients' risks.

Management of patient risk

- At the last inspection in May 2018, patients' risk management plans varied in detail and staff did not always complete comprehensive risk management plans to safely manage patient risk. At this inspection we found that risk management plans had improved. For example, staff had developed a risk management plan for a patient who had a risk of violence and aggression which explained how staff would intervene to support them if they became aggressive. Staff completed a risk management care plan for patients who scored a risk of three or four. However, due to the inconsistencies of the scoring system, staff may not have always been identifying where an identified risk needed a risk management plan.
- At the last inspection in May 2018, patients did not always have access to cups for water and needed to ask a member of staff for a cup if they wanted a drink. At this inspection, we found that patients now had access to cups for water from the cooler machine in the communal area.

Use of restrictive interventions

- At the last inspection in May 2018, staff did not always follow National Institute for Health and Care Excellence (NICE) guidelines or the provider's policy when administering rapid tranquilisation by injection to patients. Patients receiving rapid tranquilisation are at risk of seizures, airway obstruction, excessive sedation and cardiac arrest. Therefore, patients need to be monitored closely after they have received rapid tranquilisation medicines. At the last inspection in May

2018, staff did not consistently take patients' physical observations following rapid tranquilisation. NICE guidance recommends such observations be taken at least every hour after rapid tranquilisation until there are no more concerns about their physical health status. The provider's policy, provided by an external pharmacist, informed staff to check patients' vital signs as a minimum every 15 minutes for the first hour, then hourly until the patient is ambulatory.

- At this inspection, we found that the provider had made improvements in the administering of rapid tranquilisation and monitoring of physical observations post administration. Staff had developed a new form, which guided staff to record why rapid tranquilisation had been administered and the observations completed following its administration. Staff had received training in rapid tranquilisation from a pharmacist.
- Staff completed weekly audits on the administration and post administration monitoring records. Managers addressed any concerns identified with staff. In addition, ward managers checked the records each morning to ensure that staff recorded any administration of rapid tranquilisation correctly.
- We looked at 27 records of rapid tranquilisation. Staff completed 24 rapid tranquilisation records correctly. However, three records on Kingston ward had not been fully completed. Managers had previously identified these omissions through the auditing system and action had been taken to discuss them with staff. The service needed time to ensure that the new system was embedded within the staff team so that all staff completed the records fully to demonstrate that the necessary observations had been completed.

Medicines Management

- Staff now recorded the reason why they administered 'as required' medicines. At the last inspection in May 2018, staff did not always follow good practice in medicines management. Staff did not always record the reasons for 'as required' medicines being administered in patients' clinical notes. At this inspection, staff completed the reasons for administering 'as required' medicines in patients' clinical notes. Staff also recorded on handover sheets why and when 'as required' medicines had been administered to ensure this information was communicated to other staff.
- The pharmacists from the pharmaceutical company used by the hospital had delivered training on medicines management and the administration and recording of 'as required' medication to staff. Staff completed weekly audits to ensure that they recorded the administration of these medicines correctly, and managers addressed any concerns identified with staff. In addition, ward managers checked the care records each morning to ensure that records had been completed correctly.

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Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- At our last inspection in May 2018, we found that care plans were not always personalised and that patients were not always involved in the development of their care plans. During this inspection, we found that this had improved. All the 16 care plans that we reviewed were person centred, holistic and reflected the patient's voice. Where patients had an identified physical health need, staff had developed care plans that addressed this need. For example, staff had developed a care plan for a patient who experienced seizures which clearly stated how staff should respond if the patient had a seizure. In another care plan where the patient had a history of self-harm there was evidence that staff had discussed with the patient how they would like to be supported to manage their self-harm.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure that staff clearly record the risks posed to patients and how this is managed. The provider must ensure all staff record risks consistently.
- The provider must ensure that staff consistently comply with NICE guidance to monitor and record the patient's physical health vital signs after the patient has received rapid tranquilisation by injection. This must be recorded in line with the provider's policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to mitigate the risks to patients receiving rapid tranquilisation. The provider did not adequately assess and manage the risks to the health and safety of service users receiving the care and treatment. This was a breach of regulation 12(1)(2)(a)(b)