Butterworth Centre

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 a focused inspection we undertook to investigate specific concerns raised in respect of three key questions; is the service safe, are staff caring and is the service well-led? We did not re-rate the service following this inspection. We found:

- The service provided safe care. The wards were clean and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff respected patients' privacy and dignity when delivering personal care.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible and approachable for patients and staff.

However:

- Staff did not always follow the provider's policies and procedures when managing medicines. This included the administration of covert medication and the reporting of medicines incidents.
- On the day of our visit three staff were momentarily not wearing the correct personal protective equipment.
- Relationships within the nursing team did not always support a positive work culture but this had not directly impacted patient care or treatment.

Summary of findings

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Summary of this inspection

Background to Butterworth Centre

Butterworth Centre is an independent mental health hospital operated by Sanctuary Care. The service offers inpatient care and treatment to older people with mental health needs, many of whom also require support for their physical health needs or end of life care.

At the hospital there are three separate wards providing single-sex accommodation to men and women. Each ward can accommodate up to 14 patients. On the day of our inspection all patients were either detained under the Mental Health Act 1983 or staying there under Deprivation of Liberty Safeguards.

We last inspected this service in February 2020. We rated the service as good overall but found the provider had failed to ensure that all staff delivering care and treatment had received the necessary mandatory training. This was a breach of Regulation 12 of the Health and Social Care Act 2008. Following this, we told the provider they must ensure all staff complete the relative mandatory training before delivering care and treatment to patients and served a requirement notice.

Since we last visited the service, a newly appointed hospital manager had joined in April 2020; they were applying to become the registered manager with the Care Quality Commission (CQC) at the time of our inspection.

Our inspection team

Two CQC inspectors completed an onsite inspection of the service. Due to the COVID-19 pandemic, the remainder of the inspection was carried out offsite by two other CQC inspectors and a CQC pharmacist specialist.

Why we carried out this inspection

We carried out this inspection after concerns were raised to us during our ongoing monitoring of this service. These concerns included ward staffing levels, medication management, infection control procedures, training compliance and organisational culture. We also investigated specific concerns relating to the delivery of personal care in line with care plans. This intelligence had been shared with us by members of the public and staff.

How we carried out this inspection

As this was a focused inspection, we only looked at specific areas and did not re-rate any of the key questions.

This inspection took place during the COVID-19 pandemic. To minimise the risk of infection to patients, staff and our inspection team we adapted our approach. Two inspectors visited the site on 8 July for half a day to complete essential checks. Whilst on site we limited the number of wards we toured to prevent cross infection, wore the appropriate personal protective equipment and followed local infection control procedures. The remainder of our inspection activity was conducted off-site. This included staff interviews over the telephone and analysis of other pieces of evidence we requested from the provider. Our final telephone staff interview was completed on the 21 July.

This was an unannounced inspection and, in order to see how the service operated outside office hours, the site visit started at 5:00am.

During the inspection visit, the inspection team:

Summary of this inspection

- visited two wards and observed the quality of the environment and how staff were caring for patients
- spoke with the newly appointed hospital manager and two other senior managers
- spoke with 17 other staff members; including nurses, health care assistants, ancillary staff and the GP
- attended and observed a staff hand-over meeting between shifts
- looked at records relating to medication across all wards
- looked at a range of policies, procedures and other documents relating to our concerns.

What people who use the service say

We were unable to speak to any patients during our onsite visit. Many patients at the service had mental health conditions, caused by organic diseases, that impacted their ability to communicate and engage.

To limit the potential risks of transmitting any infections to patients we limited our time on site which meant we were less able to conduct face-to-face interviews with patients. We also began our visit in the early morning which meant fewer patients were awake to speak with us.

We reviewed feedback received from family members and carers of patients ahead of our visit. We also observed interactions between staff and patients on the ward.

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?

We looked at specific areas of safety such as ward staffing levels, medication management, the training and competency of staff and infection control procedures. We did not re-rate this key question. We found:

- Wards we visited were safe, clean, well equipped and fit for purpose.
- The service generally had enough nursing and medical staff, who knew the patients.
- Most staff followed the provider's infection control policies and procedures in order to assess the risk of, prevent, detect and control the spread of infectious diseases. There was adequate personal protective equipment available to deliver care and treatment safely.
- Staff received basic training to keep patients safe from avoidable harm. Completion of mandatory training had improved since our last visit.

However:

- Staff did not always follow internal policies and procedures about covert medication. Sometimes, health care assistants had been left unsupervised by nurses during the administration of these medicines.
- Incidents regarding medication had not always been reported and investigated.
- On the day of our visit we saw three members of staff who were not wearing a face mask momentarily on the ward. This was not in line with the provider's current guidance on the use of personal protective equipment.

Are services caring?

We investigated concerns raised around how well patients' dignity was protected during the delivery of personal care. We did not re-rate this key question. We found:

- Staff respected patients' privacy and dignity. Patients' individual preferences regarding the gender of staff supporting them with their personal care, were discussed and upheld.

Are services well-led?

We explored concerns that had been raised with us around the working culture and general leadership of the service. We did not re-rate this key question. We found:

Summary of this inspection

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were approachable for patients and staff.
- Managers had been visible and available to support staff and patients during a very difficult time.
- All staff understood the importance of raising concerns and felt able to do so without fear of retribution.
- Managers had acted to address behaviour and performance concerns.

However:

- Some staff did not feel the team culture on each ward was supportive or cohesive. Although there was no evidence this had impacted the quality of patient care or delivery, some staff said they did not feel valued or respected by colleagues.

Detailed findings from this inspection

Wards for older people with mental health problems

Safe	
Caring	
Well-led	

Are wards for older people with mental health problems safe?

Safe and clean environment

The two wards we visited were clean, tidy and fit for purpose. Since our last inspection, patient beds had been positioned, wherever practical, to ensure the call alarms were within reach.

Most staff followed the current infection control policies and procedures. Where practicable staff were using social distancing, good hand hygiene, frequent surface decontamination and other measures to prevent the spread of infectious diseases. The service had provided mandatory training to staff on infection control procedures, which 92% of staff had completed.

The provider had developed its own internal protocols in relation to COVID-19 to assess the risk of, prevent, detect and control the spread of the virus. These were based on national guidance. They also shared updates on national guidance at daily meetings. Posters were displayed on wards to remind staff about current infection control guidance. The infection control lead from a local acute hospital had also visited the service to share best practice and provide an independent review.

Staff had access to personal protective equipment (PPE). A minimum level of PPE was calculated and supplied to each ward. This took account of the number of patients and staff on each ward and the frequency that PPE needed to be changed. If staff required more PPE they were able to access this without leaving the ward by requesting it from the nurse in charge.

Managers had provided supplementary infection control training to wards when an outbreak occurred. This mainly focused on the safe donning and doffing of PPE (putting it on and taking it off). Due to the layout of the building all visitors and staff were required to walk through the ward on the ground floor to access other areas of the building. Staff were encouraged to don and doff their PPE in the air lock before entering the ground floor ward. Visitors were provided with PPE on arrival.

During the pandemic, the service had faced initial challenges accessing PPE due to national shortages. Some staff said that during this time it had been unclear if they could access extra PPE than had been allocated for their given shift. When we raised this with managers, they explained there due to some initial shortages and incidents relating to PPE supply, staff had at first been required to sign for any extra PPE they required. This was to try and control stock levels and minimise wastage. Managers appreciated why staff may have felt anxious about the supply of PPE. They were assured that there was now enough stock in place to deliver care and treatment to patients safely.

However, on the day of our visit we saw three members of staff who were momentarily not wearing a face mask. Although these staff were not delivering direct care or treatment to patients at the time, the provider's policy stated staff should always wear a face mask whilst in clinical areas.

Safe staffing

The service had enough staff to provide safe care to patients. Managers could adjust staffing levels to take account of individual patient needs. If patients required one-to-one support, the local clinical commissioning group (CCG) arranged for additional care staff. This was through a direct agreement which they held with a local staffing agency.

The service managed sickness and performance issues in line with the provider's wider policies and procedures. Sanctuary Care's central human resources department provided the manager and staff with additional support when needed. All staff had access to support for their own physical and emotional health needs through an occupational health service.

Wards for older people with mental health problems

The exceptional circumstances of the COVID-19 pandemic had impacted the availability of staff on wards. More staff were absent during this time due to sickness and the need for some staff to shield themselves and vulnerable family members at home. Two registered nurses had also faced temporary suspensions during this time. Because of this, there had been some incidents where the service had been unable to find cover for staff absence through bank or agency staff.

Between March and June there were 19 incidents where members of staff had worked extended shifts or across multiple floors to cover staff shortages. On seven of these occasions some nurses and health care assistants had worked a 24-hour shift. Managers were aware of these incidents and made it clear that asking or allowing staff to remain and work 24 hour shifts was not routine practice. Staff are to be commended for working additional hours to keep patients as safe as possible during such a stressful period.

Although there had been no serious incidents as a result of these shortages, some staff reported that they felt exhausted. In response, the hospital manager had recruited additional nursing and care staff to increase staffing levels on the wards in the future.

Mandatory training

Staff had received and completed appropriate mandatory training for their roles. This was an improvement since our inspection in February 2020. At the time of our visit 93% of staff had completed training on the Management of Actual or Potential Aggression (MAPA) and knew how to safely restrain patients if attempts to de-escalate a situation failed.

The completion of the provider's Equality and Diversity training was below the provider's internal target, as only 76% of eligible staff had completed this training. Managers said they were aware of this and the pandemic had meant staff resources and time had been diverted to other higher priorities but planned to ensure staff completed this training as soon as possible.

Medicines management

Most staff followed good practice in relation to medicines management and did it in line with national guidance. This included the storage, dispensing, administration, recording and disposal of medication. Controlled drugs were securely stored, and the temperatures of the clinic rooms and fridges were monitored daily to ensure they were kept at the appropriate level. A local pharmacy visited the hospital on a weekly basis to complete checks and audit medication charts.

The pilot electronic medication management system, new at our last inspection, was now the permanent system in place used to manage medication across the hospital. The system was popular with staff and had been designed to automate key features of medicines management to make it easier for staff on the ward.

However, medication errors and incidents were not always reported and investigated in line with the provider's policy. During our checks on records relating to controlled drugs, we found one discrepancy in stock levels that had not been reported or investigated. When we raised this with managers, they were unable to give an explanation as to what had happened or what action had been taken to avoid a repeat occurrence. Nor were managers always aware of incidents surrounding covert medication.

Administration of covert medication was not always done in line with the provider's policy and procedures. This stated that registered nurses were solely responsible for the administration of medication. Managers had held a reflective practice session with nurses in March 2020 to remind them of best practice and guidance in relation to covert medication.

However, a number of staff told us that health care assistants were sometimes left unsupervised to support patients to consume covert medication in their food or drink. Some staff told us they had felt uncomfortable about this. Due to the provider's policy, health care assistants were not provided with any training in relation to medication.

We also found the medication competence of two nurses had not been assessed in a timely way despite them having worked on the wards for several weeks prior to the onset of the pandemic. When we raised this with managers, they told us nurses were not permitted to independently administer medication without having completed this competency assessment. Managers stated they had recently held a refresher session on medication with registered nurses to remind them of how to administer it appropriately and in line with best practice, internal policies and procedures.

Wards for older people with mental health problems

Track record on safety

The service had a good track record on safety and notified external organisations about any incidents, as required.

Since our last inspection in February 2020 there had been two separate incidents which had led to the suspension of two registered nurses. One investigation had been completed and had resulted in no further action and another was still pending at the time of this inspection. The investigations in to each incident had been carried out in line with the provider's internal policies and procedures.

Are wards for older people with mental health problems caring?

Kindness, privacy, dignity, respect, compassion and support

Prior to our visit, concerns had been raised to us that patient preferences with regards to the gender of staff that supported them with their personal care needs had not upheld due to staff shortages.

During our inspection we found that staff respected patients' personal care preferences and maintained their privacy and dignity. Staff we interviewed also knew the individual preferences of patients regarding the gender of staff supporting them with personal care and ensured they were upheld.

Are wards for older people with mental health problems well-led?

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The newly appointed hospital manager had joined the service in April 2020. They had a good understanding of the service and plans to improve the quality of care and experiences of patients and staff. Prior to this the service had been led by an interim management team that included an experienced clinical development manager and the group's director of nursing. At the time of this visit both the clinical development manager and director of nursing had maintained involvement with the Butterworth Centre to support the new hospital manager during his induction. This also helped to increase leadership capacity and support during the pandemic.

Managers and leaders were visible in the service and approachable for staff. However, the provider was keen to develop leadership opportunities across the service and at ward level amongst the nursing team. They had recently introduced the role of ward manager on each floor. At the time of our inspection there were two ward managers in post and one vacancy.

Culture

Most staff felt able to raise concerns without fear of retribution and knew how to use the provider's 'Speak up service' to report concerns. A few staff members we spoke with said they did not feel able to raise concerns with some senior managers about other members of staff as they believed managers had favourites. We found no evidence that demonstrated this or where it may have caused an impact on the quality of care and treatment that patients received.

Prior to our inspection we had received feedback that the working culture between staff on each ward did not allow for teams to work cohesively. We were concerned that this may have impacted patient care and treatment and wanted to understand how changes to the local leadership within the hospital was managed.

Notably, some individuals in ward teams did not work well together. A number of staff reported that the relationship between registered nurses and health care assistants varied on each floor. Most staff told us there were some interpersonal issues between individual nursing staff members at ward level. Although staff agreed that this had not yet affected patient care or treatment. Managers were aware of problems, understood their potential impact and had plans to address them appropriately. This included reflective practice sessions with staff teams, one of which had already taken place.

The new hospital manager aimed to encourage supportive relationships amongst staff by leading by example on the wards. They had worked alongside ward staff, including out-of-hours, to offer support and to understand the cultural dynamics on each ward. The newly introduced ward manager role for each floor aimed to strengthen the relationships between staff on each ward by introducing floor-specific team meetings and encouraging cohesiveness by increasing leadership on each ward.

Wards for older people with mental health problems

Management were also conscious about improving the completion rate of equality and diversity training amongst staff. Management wanted to explore ways of promoting cultural awareness across the hospital.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure staff are aware of and follow internal procedures for reporting any issues relating to medicines management, to allow investigations to take place.
- The provider should ensure that staff members who administer covert medicines are adequately trained to do so.
- The provider should ensure staff always wear the correct personal protective equipment when on duty in line with the requirements of the provider's internal policies and procedures.