Birmingham and Solihull Mental Health NHS Foundation Trust

Long stay or rehabilitation mental health wards for working age adults

Inspection report

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

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Long stay or rehabilitation mental health wards for working age adults

Inspected but not rated

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

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

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

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

Following our previous inspection, we rated long stay/ rehabilitation mental health wards for working age adults as Requires Improvement overall, safe, effective, and well led as Requires improvement and Caring and responsive as Good.

At this inspection we found:

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

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

Our findings

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

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

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

At Grove Avenue we saw that national guidance was not followed on mixed sex accommodation and male patients were using the female lounge. Patients did not always have privacy during visits with their family and friends.

What people who use the service say:

We spoke with 12 patients across the wards we visited in this core service.

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

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

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

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

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

Patients had mixed views about the food and some patients said it lacked taste. However, all patients said they had a choice of food and where appropriate met their cultural and dietary needs.

Is the service safe?

Inspected but not rated

Safe and clean care environments

Our findings

All wards were safe, clean well equipped, well-furnished and well maintained.

Safety of the ward layout

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

One ward did not comply with guidance on mixed sex accommodation. At Grove Avenue there were male and female patients accommodated but there was a separate lounge for female patients. However, this was not used in line with national guidance. We observed that male patients were using the female lounge. At Grove Avenue there was also limited space for patients to have private visits.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff were aware of these and used observations to minimise the risks to patients.

Maintenance, cleanliness and infection control

Ward areas were clean and well maintained.

All wards visited were clean and well maintained.

Safe staffing

The service did not have enough nursing staff, who knew the patients, however most staff received basic training to keep people safe from avoidable harm.

Nursing staff

The service did not always have enough nursing and support staff. At Dan Mooney House we saw there were 5 vacancies for qualified nurses. On the day of inspection, the ward manager was included in the numbers. Staff said that the lack of staffing meant that sometimes patients' activities and escorted leave were cancelled. 40% of staff were bank or agency staff and there were 4 staff absent due to sickness. The trust told us they were recruiting to these posts. We saw staffing was discussed at daily staffing huddles and where needed staff were moved around wards to provide safe cover.

However, at Grove Avenue there were no staff vacancies.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers said that all bank and agency staff were familiar with the service and received an induction before working there.

The service had reducing turnover rates. Data provided by the trust showed that in September 2023 across this core service staff turnover rates had reduced from 8.33% in April 2023 to 7.39%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The trust used the Mental Health Optimal Staffing tool (MHOST) to review and calculate nurse staffing requirements based on acuity, dependency, and workload of patients on a ward.

Our findings

The ward manager could adjust staffing levels according to the needs of the patients. Ward managers told us they could adjust their staffing levels depending on patients changing needs and observation levels.

Patients rarely had their escorted leave or activities cancelled but their escorted leave was often delayed. Patients at Dan Mooney House had their escorted leave or activities cancelled or delayed to later in the day or another day.

Mandatory training

Staff had not all completed and kept up-to-date with their mandatory training. For example, at Grove Avenue only 56% of staff had completed emergency life support training. However, the provider told us these training levels were low due to long term absence.

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

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

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, but did not always review these regularly and not after every incident.

We reviewed 28 patient records across this core service.

At Dan Mooney House we reviewed 4 patients records. One patients risk assessment was not updated following an incident on 17 August 2023. The patient's records did not detail how staff were to manage their risks. The patient's record did not show how staff were to manage their health risks. Another patient's risk assessment had not been updated since August 2023. It did not accurately reflect the patient's risk of harm to others.

At David Bromley House we reviewed 5 patients records. In one patient's record an incident was recorded which occurred when the patient was out on unescorted leave. Staff had not recorded this as an incident and there was no record in the patients progress notes of how they were assessing or managing the risk to the patient. Staff had not updated another patient's risk management plan since 8 July 2022. However, they had updated the patients risk assessment following an incident on 24 September 2023.

At Grove Avenue we reviewed 10 patient's records. On 1 patients risk assessment staff had recorded they had reviewed it on 30 September 2023. However, the information about the patient's risks had not been updated so it was not clear what their current risks were.

Management of patient risk

Our findings

Staff knew about any risks to each patient but did not always act to prevent or reduce risks. At Grove Avenue one patients risk assessment stated they were at risk of self-harm and to manage this risk staff were to offer the patient 1 to1 time with staff daily to support them. We reviewed the patients records for a period of 2 weeks but only found that 2 1 to 1 sessions had been recorded. It was not clear if they had been offered other sessions.

Staff identified and responded to any changes in risks to, or posed by, patients. However, one patient at Dan Mooney House risk management plan stated that staff must complete a Malnutrition Universal Scoring Tool (MUST) weekly for the patient. Their records did not show this had been completed so staff may not be aware of any changes to the patient's weight and risks.

Is the service effective?

Inspected but not rated

Assessment of needs and planning of care

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

We reviewed 28 patient records across this core service. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Records showed that staff monitored patients' physical health needs.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. However, at Grove Avenue one patients care plan still referred to how to support the patient when they had an infection which had now resolved. Their care plan was not about meeting their current needs. Their records also stated that the patient had seizures, but this was not identified in their care plan as to how staff were to support them regarding this.

Care plans were not always personalised, holistic and recovery-orientated. We reviewed 5 patients records at Hertford House. These included care plans which detailed how staff were to support patients to meet their needs. The patients view about their care was included in the care plan. However, there was no record that the patient had been given a copy of their care plan.

At Grove Avenue patients care plans included goals set to promote patients' rehabilitation in the community. However, in one patient's care plan it was not clear how and when staff were to support the patient to increase their physical activity and gain confidence in the community.

Matrons were completing audits of care plans and we reviewed these. At Dan Mooney House we saw 7 audits which highlighted that staff had assessed patients' physical health needs well and planned for these. However, they had not always sought the patients view on their care plan and some did not have clear goals for discharge planning. None of the care plans reviewed by the matrons had an admission checklist completed. At David Bromley House audits showed that only 2 of 7 care plans included a completed admission checklist. There was good detail in physical health care plans.

Our findings

However, they highlighted improvements were needed in Section 17 care plans particularly around what to do if the patient did not return from their authorised leave. We did not review care plans at Endeavour Court. We looked at matron's audits of these. These showed that 5 of 14 care plans reviewed included the patients views and 2 partially included these. 8 of 14 included views of the patient's family. Only 2 of 14 care plans clearly showed where the person was on their recovery pathway and what the barriers/risks were to them being discharged.

Audits at Grove Avenue showed that staff had attempted to gain the patients views and recorded where the patient chose not to engage in this. 5 of 7 showed where the person was on their recovery pathway and their plans for discharge. One patient was highlighted as good and showed the patients views on goal setting and wants on their discharge.

Audits at Hertford House showed that only 2 of 7 care plans showed where the person was on their recovery pathway and their plans for discharge. However, 6 of 7 showed that staff had attempted to engage the patient and their family on their views.

Skilled staff to deliver care

The ward teams did not all include or have access to the full range of specialists required to meet the needs of patients on the wards. Most managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. However, supervision was not always recorded. Managers provided an induction programme for new staff.

The service did not always have access to a full range of specialists to meet the needs of the patients on the ward. The lack of psychology at Hertford House impacted on patients who had been assessed as needing this.

Managers did not ensure all staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. At Grove Avenue only 56% of staff had been trained in emergency life support.

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

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. The appraisal rates at Endeavour House were 83%, at Dan Mooney House were 86% and at Hertford House were 92%. At David Bromley House and at Grove Avenue these were at 100%.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. The appraisal rates for medical staff across this core service were 100%.

Managers supported staff through regular, constructive supervision of their work. However, staff told us that the new system was cumbersome, and they had experienced access and login difficulties. The trust provided figures for each ward of management supervision, and this showed that the system had not been updated to reflect what staff told us at the inspection. Data provided by the trust for management supervision showed at Dan Mooney House only 46% of staff had recorded management supervision and at Hertford House this was at 72%. However, at David Bromley House this was 88% and at Grove Avenue was 100%. Clinical supervision rates were recorded as higher compliance with Hertford House 65%, Dan Mooney House at 78%, David Bromley House 92% and Grove Avenue 95%.

Our findings

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us they had regular team meetings and if they could not attend minutes of these were shared.

Is the service well-led?

Inspected but not rated

Leadership

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

All staff spoken with, said the local managers and matrons were visible and approachable. Staff felt there was a disconnect between senior managers within the trust and the services. They said that senior managers were not visible in the services.

Culture

Staff felt respected, supported and valued. They could raise any concerns without fear.

Staff spoken with said that they had not witnessed any bullying, harassment or racism. They felt confident to report this and said this would be dealt with seriously. The trust has a Freedom to Speak Up Guardian who most staff said they knew how to contact and would do so if needed.

Governance

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

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

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

Audits were completed of patients care plans and risk assessments and we reviewed some of these. They had identified across this core service that patients and their carers were not always involved in their care plans and that care plans about the patients discharge from hospital were not always in place. Care plan audits had not been summarised and did not include action plans with timescales for meeting these.

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

Our findings

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

Our findings

Areas for improvement

- The trust must ensure that national guidance on mixed sex accommodation is followed. (Regulation 15)
- The trust must ensure that band 5 vacancies are recruited to at Dan Mooney House. (Regulation 18)
- The trust must ensure that assessed safe staffing levels are maintained on all wards at all times. (Regulation 18)
- The trust must ensure that all staff receive emergency life support training. (Regulation 18)
- The trust must ensure that changes to the care planning and risk assessment system are effective and embedded. The trust must ensure that patients are involved in their care plans and are offered a copy. (Regulation 9)
- The trust must ensure that all staff have access to the system to record their supervision and appraisals in a timely way. (Regulation 17)
- The trust should ensure that patients are able to meet with their visitors in private. (Regulation 10)

Our inspection team

We inspected all three core services unannounced on 17th October 2023. We visited all wards of this core service except Forward House and Rookery Gardens from 17th to 19th October 2023.

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

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

During the inspection we:

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care