

# Jigsaw Independent Hospital

## 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

### Ratings

#### Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

### Overall summary

This was a focused inspection relating to issues identified at a previous inspection following which we served a warning notice. We have not rated services at this inspection.

We issued a warning notice following a comprehensive inspection in March 2016 relating to regulation 12: safe care and treatment.

We found:

- staff did not know about environmental risk assessments and what they needed to do to reduce risks.
- there was no effective system in place to ensure that patients were only given medicine that was authorised
- patients were not always getting their medicines as prescribed
- patients who were prescribed high doses of antipsychotic medication, above the limits recommended in the British National Formulary (BNF),

# Summary of findings

were not receiving increased monitoring to check for any adverse effects. There were no guidelines for high dose antipsychotic treatment and monitoring in the medication policy

- medication was not stored appropriately, which meant that patients were at risk of being given medications which were not effective, and medicines were not being disposed of safely.

At this inspection, we assessed whether the service provider had put right issues identified in the warning notice. We found improvements in terms of safe care and treatment and that the provider had met the requirements of the warning notice.

We found:

- staff knew about risks on their ward, how to reduce risks and all three wards had ligature risk assessments in place
- forms for authorising treatment, certifications showing that a patient had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medicine charts where required
- staff checked medication stock levels to ensure the correct medicine was available for patients and records showed staff gave medicines to patients as prescribed. Staff ensured that patients who went on leave had their medicine with them. This was in the form of blister packs
- the provider had reviewed the medicines policy, and it now included guidance on high dose antipsychotic monitoring and rapid tranquillisation monitoring. Staff completed a high dose antipsychotic monitoring form and patients' care files had a sticker to indicate increased monitoring required
- all medicines were in date and appropriately stored.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Long stay/ rehabilitation mental health wards for working-age adults</b>		Jigsaw Independent Hospital provides care and treatment for up to 36 patients.

# Summary of findings

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Jigsaw Independent Hospital

**Services we looked at**

Long stay/rehabilitation mental health wards for working-age adults;

# Summary of this inspection

## Background to Jigsaw Independent Hospital

Jigsaw Independent Hospital provides care and treatment for up to 36 patients. At the time of the inspection, there were 21 patients staying at the hospital and all patients were detained under the Mental Health Act.

The hospital is registered to provide the following regulated activities :

- diagnostic and screening procedures
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury.

There are four wards at the hospital: Montrose, Linden, Cavendish and Oriel wards but Oriel was closed for refurbishment during our inspection.

The provider had appointed a new hospital manager, who had applied to CQC to become the registered manager; this application was being processed.

The hospital has been registered with CQC since 4 January 2011. There have been three inspections carried out at the service. We conducted the most recent inspection between 21 and 23 March 2016 and overall rated the hospital as requires improvement. We rated safe as inadequate, effective, responsive and well-led as requires improvement and caring as good.

A warning notice was served for a breach in Regulation 12 safe care and treatment. CQC also issued requirement notices for breaches of a further four regulations, Regulation 9 person-centred care, Regulation 17 good governance, Regulation 20 duty of candour and

Regulation 18 staffing. The warning notice had a compliance date of 30 June 2016. At this visit only the breach in Regulation 12 relating to safe care and treatment was followed up.

The warning notice related to regulation 12 safe and care treatment.

Previously we had found:

- the environmental and ligature risk assessments had been completed on a six monthly by the registered manager who stored them locally within their office. When we spoke with staff members on the ward they were not aware of the risk assessments or how to manage and mitigate identified risks to patients locally on their wards
- there was no effective system in place regarding the management of T2 and T3 consent to treatment monitoring of authorised medication and reviews. This meant that patients were being given, or at risk of being given medicines for which there was no authority
- patients were not always getting their medicines as prescribed
- identified patients who were prescribed high doses of antipsychotic medication, above the limits recommended in the British National Formulary (BNF), who were not receiving increased monitoring to check for any adverse effects. There were no guidelines for high dose antipsychotic treatment and monitoring in the medication policy
- medication was not stored appropriately which meant that patients were at risk of being given medications which were not effective, and that medicines were not being disposed of safely.

## Our inspection team

Team leader: Sharon Watson

The team comprised two CQC Inspectors.

# Summary of this inspection

## Why we carried out this inspection

We undertook this unannounced inspection to find out whether Jigsaw Independent Hospital had made improvements since our last comprehensive inspection on 21 to 23 March 2016.

When we last inspected the service we rated the hospital as requires improvement overall. We rated the service as inadequate for safe, requires improvement for effective, responsive and well-led, and good for caring.

We issued the provider with one warning notice applied to Jigsaw Independent Hospital. This related to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

## How we carried out this inspection

On this inspection, we assessed whether the hospital had made improvements in response to the specific concerns we identified during our last inspection which related to safe care and treatment. We inspected only the safe domain.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- reviewed ward environmental and ligature risk assessments
- spoke with four staff to find out their understanding of the purpose of restrictive practices and confirming that there was an appropriate risk assessment and rationale for any restrictions
- reviewed six patient care records to see how individual risk assessments were completed and any supportive management plans were up to date
- reviewed how staff identified and responded to changing risks of patients and when they were discussed, reviewed and changed

- reviewed how the service managed consent to treatment and authorisation of medication and reviews
- reviewed six medication administration records to ensure patients were receiving their medication appropriately and on time
- reviewed a the new range of audit processes in place to ensure medication was available for patients
- reviewed three patient records where they had high dose antipsychotic medication to ensure they were receiving increased monitoring to check for any adverse effects
- reviewed the storage and disposal of medication practices
- reviewed the process and equipment in place for disposal of medication
- reviewed a range of policies and procedures and other documents relating to the running of the service
- spoke with the external pharmacist and pharmacy technicians on site on the day of our visit
- spoke with the hospital manager about the changes implemented.

## Information about Jigsaw Independent Hospital

Jigsaw Independent Hospital provides care and treatment for up to 36 patients.

## What people who use the service say

We did not interview patients during this visit.

# 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 found the following areas of good practice:

- Medicines management practices were safe.
- Environmental risk assessments were in place on each ward and staff knew how to reduce risks to patients to keep them safe.
- Staff documented patients' consent to treatment where needed.
- Medicines were available when needed and staff checked stock levels weekly.
- Staff checked fridge and room temperatures and took action when required to ensure that medicines were stored at the correct temperature.
- The hospital had implemented medication disposal processes and had the necessary equipment.
- Staff undertook internal audits of medication routinely.
- A pharmacist and pharmacy technicians audited medication weekly.

### Are services effective?

This inspection was relating to warning notice requirements only.

### Are services caring?

This inspection was relating to warning notice requirements only.

### Are services responsive?

This inspection was relating to warning notice requirements only.

### Are services well-led?

This inspection was relating to warning notice requirements only.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We did not review Mental Health Act at this inspection.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review Mental Capacity Act and Deprivation of Liberty Safeguards at this inspection.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

### Notes

# Long stay/rehabilitation mental health wards for working age adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are long stay/rehabilitation mental health wards for working-age adults safe?

Following the previous inspection, we served a warning notice relating to safe care and treatment, with a focus on medicines management and environmental risks. This related to medicines disposal bins not being available, out of date medicines being stored, and medicines not being available. Three patients were prescribed antipsychotic medication above the maximum British National Formulary limits had not been identified as needing increased monitoring. We found medicines prescribed that were not covered by the necessary consent to treatment (T2) or authorisation for treatment (T3) forms.

### Safe and clean environment

During this inspection, we inspected the clinic rooms on Cavendish and Linden wards.

Clinic rooms were fully equipped, including with emergency drugs and resuscitation equipment. Staff checked the clinic fridges daily. Staff kept drug fridges locked. The clinic temperatures were also monitored daily and there was air conditioning in the clinic room to ensure medicines were stored at the correct temperature. Checklists for both showed that staff were completing checks daily and took action if needed. Nursing staff completed a daily audit of the prescription charts.

Large sharps bins were in use in both clinic rooms, with the date opened clearly marked. Replacements were stored centrally within the hospital so that these were always available. Medicines disposal bins were available with a process for discarding unused medication.

Staff on each ward undertook environmental audits annually and added supplementary entries for changes to

identified risks. The maintenance staff and the allocated health and safety champion completed a monthly audit, which highlighted actions for areas of concern found. Staff rated the identified risks by their severity and took appropriate action to support patients or to remove or reduce the level of risks to them. Nursing staff conducted daily environment checks and patient observations in line with the patient's observation levels and identified risks.

Ward managers completed ligature audits once every six months. Staff managed ligature points as part of individual patient risk assessments, which were reviewed monthly or as a risk was identified. Ligature points are places to which patients intent on self-harm might tie something to strangle themselves. The individual patient risk assessments had details of how to support patients' safety and reduce risks.

### Safe staffing

We did not review the staffing levels on this inspection.

### Assessing and managing risk to patients and staff

The service had contracted a new pharmacy provider since the last inspection. Pharmacy staff including a clinical pharmacist visited weekly to restock medication and offer clinical advice to medical and nursing staff. They also checked all prescription charts and consent to treatment forms for errors. The pharmacist verbally informed staff of any issues they needed to deal with, and followed up with an email to all staff copied to the hospital manager. This ensured that staff took immediate action when needed. The manager held a medicines management committee were action plans and information from the pharmacist was disseminated to all staff regarding any issues. This group also monitored any issues, when appropriate this was raised with individual staff members during supervision.

# Long stay/rehabilitation mental health wards for working age adults

The pharmacy staff had also delivered medicines competency training sessions with nursing staff including a competency assessment.

All medicines were in date and appropriately stored. All items of medication were prescribed individually for patients. On Linden ward, a limited medication stock of commonly required 'as needed' medicines was available. Controlled drugs cupboards were locked and a review of the records showed that recordable and controlled drugs were checked twice daily by two nurses.

We reviewed six prescription charts from two wards. All prescription charts were legibly completed and signed. Allergies were clearly stated except for one card for a newly-admitted patient. Depot medication charts were used. Two nurses before administration check these prescriptions and medication.

Three patients within the service were prescribed high dose antipsychotic medication. We reviewed two of the patient records. Both patients had medicines folders with stickers identifying that they were prescribed high dose antipsychotic medication. Both patients had care plans detailing monitoring required and both were signed by the patients. The medical staff completed a high dose monitoring form in one file and GP notes were available in both files detailing when additional electrocardiograph monitoring had taken place. Staff were treating both patients under a second opinion appointed doctor certificate (a T3 form authorising treatment if a patient refuses necessary treatment or lacks capacity to consent to treatment), which authorised antipsychotic treatment above British National Formulary limits.

Some prescription charts had blood results stored with prescription charts and all had copies of GP notes, which included recent investigations. Health passports were stored with all prescription charts so that these were available for medical and primary care appointments.

Forms for authorising treatment, certifications showing that a patient had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medicine charts where required. An approved clinician to review a patients' treatment used a section 61 form. At this inspection, all consent to treatment paperwork was correct. Doctors had assessed patients' capacity to consent to their treatment in line with the

Mental Capacity Act 2005 and copies of their assessments were stored with patients' charts. Staff undertook a monthly consent to treatment audit with actions identified and followed up.

The provider had comprehensively reviewed and rewritten the medicines policy, which included guidance on high dose antipsychotic monitoring and rapid tranquillisation monitoring. The hospital had trained staff on the new policies. There was also an arrangement with a local chemist to ensure that if urgent medicines were required in the evening or at weekends, for example antibiotics, these could be obtained via a private prescription arrangement. This ensured that medicines were available when needed.

We were able to review the care of one patient who had been prescribed a medicine, which was found to be repeatedly omitted during our last inspection when they went on leave. This had been resolved with the patient having started a self-medication plan and the pharmacy dispensing medication into a blister pack to allow the patient to take this when on leave.

The hospital had developed a medicines management committee with clear terms of reference and had reported no medicines errors in the last two months.

## Track record on safety

We did not review track record on safety on this inspection.

## Reporting incidents and learning from when things go wrong

We did not review reporting incidents and learning from when things go wrong on this inspection.

**Are long stay/rehabilitation mental health wards for working-age adults effective?**  
(for example, treatment is effective)

We did not review effective on this inspection, the inspection related to a warning notice requirement only.

# Long stay/rehabilitation mental health wards for working age adults

## Are long stay/rehabilitation mental health wards for working-age adults caring?

We did not review caring on this inspection, the inspection related to a warning notice requirement only.

## Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

We did not review responsive on this inspection, the inspection related to a warning notice requirement only.

## Are long stay/rehabilitation mental health wards for working-age adults well-led?

We did not review well-led on this inspection, the inspection related to a warning notice requirement only.