Humber NHS Foundation Trust

Psychiatric intensive care units and health-based places of safety

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Miranda House	RV945	PICU	HU3 2RT
Buckrose Ward, Bridlington & District Hospital	RV987	Health-based places of safety	Y016 4QP

This report describes our judgement of the quality of care provided within this core service by Humber NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Psychiatric intensive care units (PICU) and health-based places of safety and these are brought together to inform our overall judgement of Humber NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of findings

Overall summary

Humber NHS Foundation Trust provides a psychiatric inpatient intensive care unit and health based places of safety. We spoke with staff and managers involved in using the area, looked at the policies and records relating to use and looked at the environments of the hospital based places of safety.

We checked whether the hospital staff and managers were meeting their responsibilities under the Mental Health Act and adhering to the Mental Health Act Code of Practice, especially in relation to the use of section 136.

People at the Miranda House health-based place of safety, were kept safe and assessed quickly. However, there were significant delays in medical and Approved Mental Health Professional (AMHP) assessments at Buckrose ward at Bridlington & District Hospital. We found that staff were working within the Mental Health Act (MHA) 1983 Code of Practice. We also saw that staff attempted to inform people of their rights when they arrived at the hospital-based place of safety.

We found the environment provided privacy and dignity for people on the PICU and in the health based place of safety by adhering to the MHA Code of Practice guidance on gender separation in order to ensure sexes had a choice of not mixing in communal areas. We found good multi-agency working and good multi-disciplinary team working.

At the PICU, people told us that care from staff was good and that they felt safe. People were admitted to the services nearest their home. Care plans were holistic and focused on the individual. People had access to good information and activities. However, whether people were granted section 17 leave, depended on the number of staff available.

Staff reported incidents and the lessons learnt were embedded into practice. Staff also understood their responsibilities in terms of safeguarding, as well as their role and purpose in providing care. Staff told us that they were well-led and had supervision with line managers and training to ensure they had the right skills.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

People who used services told us that they felt safe. Staff knew how to report incidents and describe how the lessons learnt were shared across the trust and embedded into practice. Staff used risk assessment tools consistently and there were risk management plans in place. Staff on the PICU knew how to manage and report safeguarding concerns.

The unit areas were kept clean. We found the environment provided privacy and dignity for people on the PICU and in the health based place of safety by adhering to the MHA Code of Practice guidance on gender separation in order to ensure sexes had a choice of not mixing in communal areas.

Are services effective?

There was good multi-agency working. Care Programme Approach meetings took place. Physical assessments were also completed on admission and there were physical care plans in place. People's ability to consent to treatment was recorded.

Staff were knowledgeable and aware of the policies and practice guidelines relating to their work. Training was encouraged as part of their professional development.

Are services caring?

People were positive about staff and their experience. They said that staff were caring, supportive and helpful. Care plans focussed on people's individual needs; however there was a lack of discharge planning.

We saw that staff interacted well with people who use services and were specifically trained to work in the health-based place of safety.

Are services responsive to people's needs?

Care plans were holistic and focused on the individual, with some evidence that people who use the services were involved in the process

People were able to access beds in their local acute psychiatric service. We found there were delays in medical and Approved Mental Health Professional (AMHP) assessments.

Staff supported people to write an advanced directive (a statement that outlines what medical treatment they would not want in the future). People had access to advocacy services and were supported by their advocates at meetings.

Summary of findings

When people did not need to stay in hospital, they were offered a follow-up visit by the Crisis Resolution and Home Treatment team.	
Are services well-led? Local leadership was very visible and accessible. We saw that the multidisciplinary team worked well together. Staff reported that morale on the unit was high and that they felt able to raise issues of concern. At both health-based places of safety, the systems of administration under the Mental Health Act were good.	

Summary of findings

Background to the service

Humber NHS Foundation Trust provides a psychiatric inpatient intensive care unit and health based places of safety. Health-based places of safety are also sometimes called section 136 suites. Section 136 of the Mental Health Act 1983 is the police power to remove someone experiencing mental distress from a public place to a place of safety. National guidelines encourage the use of health-based places of safety rather than police stations, so that people who experience mental health distress or crises receive appropriate treatment.

Psychiatric intensive care unit (PICU)

- Miranda House, based in Hull is a 14-bed, mixed-sex unit.

Health-based places of safety (HBPOS),

- Miranda House, based in Hull.
- Buckrose Ward at Bridlington & District Hospital.

Our inspection team

Our inspection team was led by:

Chair: Stuart Bell, CEO Oxford Health NHS Foundation Trust

Team Leaders: Surrinder Kaur and Cathy Winn, Inspection Managers, Care Quality Commission (CQC)

The team included: CQC inspectors, Mental Health Act commissioners, a social worker, a nurse, an Expert by Experience, a consultant psychiatrist, a student nurse, an occupational therapist and psychologists.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health and community health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We visited the psychiatric intensive care units (PICU) and health-based places of safety from 20 to 22 May 2014. During the visit, we held focus groups with a range of staff who worked within the service, including nurses, doctors and therapists. We talked with people who use services, their carers and/or family members. We observed how people were being cared for and reviewed their care or treatment records.

What people who use the provider's services say

We used focus groups to speak to previous users of the service, and also spoke to people on the wards during our inspection.

Feedback from people who use services was positive, with some people who use services stating they were well cared for by good staff.

Humber NHS Foundation Trust

Psychiatric intensive care units and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
PICU	Miranda House
Health-based places of safety	Buckrose Ward, Bridlington & District Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the provider.

We checked whether the hospital staff and managers were meeting their responsibilities under the MHA and adhering to the MHA Code of Practice especially in relation to the use of section 136. We spoke with staff and managers involved in using the area, looked at the policies and records relating to use and looked at the environments of the health-based places of safety. We found that there was overall good adherence to the MHA.

The trust had mechanisms in place to audit detention papers. Some section papers were incorrectly filed and we found one person's section was incorrectly identified on one ward. We found improvements were needed in the recording of procedures required under the MHA and MHA Code of Practice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

We found that staff were trained in the use and understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty safeguards.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

People who used services told us that they felt safe. Staff knew how to report incidents and describe how the lessons learnt were shared across the trust and embedded into practice. Staff used risk assessment tools consistently and there were risk management plans in place. Staff on the PICU knew how to manage and report safeguarding concerns.

The unit areas were kept clean. We found the environment provided privacy and dignity for people on the PICU and in the health based place of safety by adhering to the MHA Code of Practice guidance on gender separation in order to ensure sexes had a choice of not mixing in communal areas.

We found there were significant delays in medical and Approved Mental Health Professional (AMHP) assessments at Buckrose Ward.

Our findings

Miranda House Psychiatric intensive care unit (PICU)

Learning from incidents and Improving safety standards

We were told by some people who use services that they felt safe. Between January 2011 and December 2013 there were no serious untoward incidents. The unit regularly received weekly global messages on learning from serious untoward incidents and discuss these at team meetings. Lessons learnt from serious untoward incidents were embedded in practice. There were de-briefing sessions carried out following incidents.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

We reviewed the electronic incident recording system (Datix) that was completed following incidents which allowed staff to review incidents and learn any necessary lessons. Staff spoken with, were able to describe the electronic system and how to complete records on it.

We found that staff on the ward knew how to manage and report any safeguarding concerns and were able to show us evidence of safeguarding incidents that had occurred on the ward. We found safeguarding to be embedded in practice.

The environment at Miranda House was suitable and was clean and well maintained.

Assessing and monitoring safety and risk

We found that a consistent tool was being used to undertake risk assessments (GRi:ST) which identified the individual risks to a people who use services safety and wellbeing while in hospital, and we also saw evidence of coherent risk management plans in response to identified risks. The GRi:ST record was completed electronically and printed off to be placed in the people who use services care records, which are paper records. We found seclusion records being kept in line with the Mental Health Act Code of Practice. All areas of the unit were clean.

The unit had 14 beds was for both men and women with separate corridors and bathrooms. The ward had a mixed lounge as well as a women only lounge and a separate small lounge/dining area with separate outside space for women. All bedrooms were single.

Understanding and management of foreseeable risks

The ward was adequately staffed with a combination of qualified nurses and healthcare assistants. Staffing levels were arranged as having five staff on duty: two qualified nurses and three healthcare assistants during the day, working a 12-hour shift. There were four staff on duty at night: two qualified nurses and two healthcare assistants. The ward operates as a multidisciplinary team, with input from the modern matron, a consultant psychiatrist, a senior registrar, an occupational therapist and a pharmacist. The consultant psychiatrist provided five days-a-week cover, with the trust's on-call doctors providing out-of-hours cover at evenings and weekends.

We saw that risk assessments and plans were in place. Staff were trained so that where required they were able to use restraint safely.

There was a seclusion room in place which we were told was not used often, records seen confirmed this.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Health-based place of safety – Miranda House

At Miranda House health-based place of safety (HBPOS), there was evidence of good working relationships between the Crisis Resolution Home Treatment teams, the Approved Mental Health Professionals (AMHPs), the doctors, the police service, the ambulance service and alternative places of safety and accident and emergency (A&E) departments.

We heard that in most cases, the police stayed with people in the HBPOS until assessment by professionals could be completed. However, we observed that this did not occur during our visit as the police left soon after they arrived with a person at the Miranda House HBPOS and before the assessment could start. The people who use services were supported by the Crisis Resolution Home Treatment team.

The environment at Miranda House was suitable and was clean and well maintained.

Health-based place of safety – Buckrose Ward

On Buckrose Ward, we found that the HBPOS was used infrequently. We found there were significant delays in medical and Approved Mental Health Professional (AMHP) assessments for example we saw records that a person who was admitted at midnight was not seen by the AMPH until 10am that day.

The environment at Buckrose Ward was suitable and was clean and well maintained.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Care plans were holistic and focused on the individual, with some evidence that people who use the services were involved in the process. Care Programme Approach meetings also took place. People's ability to consent to treatment was recorded. Physical assessments were also completed on admission and there were physical care plans in place. However there was a lack of discharge planning.

Staff were knowledgeable and aware of the policies and practice guidelines relating to their work. Training was encouraged as part of their professional development.

Our findings

Miranda House Psychiatric intensive care unit (PICU)

Assessment and delivery of care and treatment

The PICU has received AIMS accreditation from the Royal College of Psychiatrists. The accreditation is awarded to services meeting set standards. This meant that the team sought opportunities to have the quality of their service peer reviewed.

Documentation relating to care planning was reasonably completed and was occasionally signed by people who use services to show that they had seen and agreed with the plan. We found evidence of formal care programme approach (CPA) meetings and were told by a people who use services that they had the support of their advocate at the CPA meeting. However we found evidence of a lack of discharge planning for people who use services.

We looked at notes and found good evidence of the assessment of people who use services' capacity to consent to treatment through the use of a helpful proforma that was routinely well completed.

We found that all people who use services had a thorough physical assessment completed by a doctor on admission. Ongoing physical health needs, were appropriately followed up by staff. Where physical health needs were present these were appropriately addressed within care plans.

Pharmacists came to the ward to carry out weekly checks on medication and medication charts. We checked the detained people's medication charts and found that the appropriate certificates were in place, in order and attached to the medication charts to clearly demonstrate who had consented or did not consent to their medication.

Outcomes for people using services

All people who use services have detailed initial assessments and risk assessments. Care provided was holistic and individualised. There were regular reviews of medication, GRIST risk assessments, CPA meetings, discharge planning, physical health and assessment of people who use services capacity and consent to treatment, with robust records maintained.

People who used services were positive about the staff caring for them, describing them as "brilliant". However some people told us that due to staffing shortages, they are sometimes unable to take their Section 17.

Staff, equipment and facilities

Staff told us that they had completed and were up to date with their mandatory training and that only rarely would they be held back from attending training due to pressure on the ward. We found that staff were, in the main, clear about their purpose and roles and responsibilities.

Staff told us that training was encouraged as part of staff professional development, including training on the Mental Health Act and Code of Practice as well as updates on the Mental Capacity Act. Supervision, meetings with managers to discuss performance and training needs, was carried out monthly and a development review annually.

We found evidence that staff's knowledge and awareness of policy and practice guidance relating to their work was present and utilised.

Multidisciplinary working

A daily professionals meeting took place on the ward to ensure that assessments were proceeding in a timely manner.

Mental Health Act

The trust had mechanisms in place to audit the MHA detention papers. Some section papers were incorrectly filed and we found one person's section was incorrectly identified on one ward. We found improvements were needed in the recording of procedures required under the MHA and MHA Code of Practice. We found there was

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

appropriate recording of Section 17 leave, Section 58 consent to treatment in relation to medication was being implemented according to the code of practice and Section 132 information to people who use services on their rights, were being given and recorded.

One person who used services told us they were appealing against their detention in hospital.

Health-based place of safety – Miranda House

We found that staff were working in accordance with the MHA Code of Practice in relation to the place of safety. There were appropriate proformas and flagging systems to ensure that staff worked within the MHA Code of Practice for example to record key demographic details, issues such as transfers between places of safety and the outcome of the use of the hospital based place of safety.

At Miranda House, there was evidence of good working relationships between the many parties involved in the hospital based of safety, including Crisis Resolution Home Treatment teams, the Approved Mental Health Professionals (AMHPs), the doctors, the police service, and the ambulance service.

Health-based place of safety – Buckrose Ward

We found that staff were working in accordance with the MHA Code of Practice in relation to the place of safety. There were appropriate proformas and flagging systems to ensure that staff worked within the MHA Code of Practice for example to record key demographic details, issues such as transfers between places of safety and the outcome of the use of the hospital based place of safety. We found significant delays in the carrying out of Mental Health Act Assessment and infrequent use of the HBPOS.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

People were positive about staff and their experience. They said that staff were caring, supportive and helpful. Care plans focussed on people's individual needs;

We saw that staff interacted well with people who use services and were specifically trained to work in the health-based place of safety.

Our findings

Miranda House Psychiatric intensive care unit (PICU)

Kindness, dignity and respect

We found that people who use services had care plans in place that were individualised and holistic. However, we also found limited evidence of people who use services involved in care planning. A useful risk assessment tool (GRi:ST) was routinely used and well completed. We evidenced this through discussions with people who use services and a review of their records. People had access to advocacy services.

People who used services described staff as "caring" and "brilliant "and there was good access to their named nurse. People who use services told us that the staff had discussed their medication with them and that they had been provided with a leaflet about the medications they were prescribed.

Most people spoken with, told us that staff were helpful and told us that there were plenty of activities happening on the ward for example, they could undertake gardening sessions which were helpful to them.

People who use services involvement

We found that care plans were holistic and individualised in their approach, with some evidence that people who use services had been involved in the process, although meaningful involvement was not consistently applied for example the care plans were not written in the patient voice, reasons for not signing not consistently recorded.

We checked care plan records and found that plans were in place which reflected the individual needs of people who use services.

The interactions we saw between staff and people who use services were positive.

Emotional support for care and treatment.

Most staff were observed to be out in the ward area engaging with people who use services, some of whom were distressed and being supported by staff in a professional and caring manner.

The ward had a welcome pack for people newly admitted to the ward. This gave them appropriate information regarding their stay on the ward. A range of appropriate information was also located on walls in the ward area, where people could easily access it.

We saw care plans were established within 72 hours of admission and substantive care plans subsequently formulated.

Health-based place of safety – Miranda House

People attending the suite were able to enter through a discreet entrance and were cared for in a comfortable environment affording privacy and dignity.

However drinks were not available within the suite. On the day of our inspection there was a young person under 18 years admitted and we observed members of the crisis team cared for the person until the assessment team arrived.

Health-based place of safety – Buckrose House

On the day of our inspection there were no people admitted to the unit so we were unable to see interactions between staff and people who may use the place of safety.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

Care plans were holistic and focused on the individual, with some evidence that people who use the services were involved in the process.

People were able to access beds in their local acute psychiatric service. We found there were delays in medical and Approved Mental Health Professional (AMHP) assessments.

Staff supported people to write an advanced directive (a statement that outlines what medical treatment they would not want in the future). People had access to advocacy services and were supported by their advocates at meetings.

When people did not need to stay in hospital, they were offered a follow-up visit by the Crisis Resolution and Home Treatment team.

Our findings

Miranda House Psychiatric intensive care unit (PICU)

Planning and delivery

Assessments of where people may be at risk, and to assess their physical health, had been completed on admission and care plans were in place. On the day of our inspection, the beds were not fully occupied and there were few detained people.

Right care at the right time

A daily professionals meeting took place on the ward to ensure that assessments were proceeding in a timely manner and to implement care plans for the day. Some people who use services told us they were unable to take their Section 17 leave due to staffing shortages as planned.

Case record review showed that care programme approach (CPA) meetings took place and people were supported by their advocates at the CPA reviews when needed. People were informed of the their rights to an independent mental health advocate who use services to support them in making complaints, attending ward and CPA meetings and tribunals.

In reviewing case records we saw evidence that people who use services were encouraged to consider the benefits of establishing advanced directives and were supported to do this by staff, this means that there wishes would be considered in how they should be managed when feeling unwell.

Care pathway

There was a clear pathway for people who were admitted to the PICU for intensive treatment and then transferred to the rehabilitation wards.

Learning from concerns and complaints

People who use services had access to advocacy services and were supported by their advocates at CPA reviews when needed. People told us they were able to raise concerns with staff using either their named nurse or their advocate.

Health-based place of safety – Miranda House

Information seen, showed that when a decision was made that a person needed a hospital admission, in most circumstances, they were able to access a bed in the relevant acute psychiatric service in the locality from which they came. Where people were not deemed to require a hospital stay, we saw people were offered follow up by the CRHT with the level of support determined by the levels of assessed and manageable risk.

At Miranda House records confirmed that people were assessed quickly and were involved in decisions about their care where this was possible. The information and audits showed that the police based place of safety was very rarely used. This meant that where people needed to be taken from their home or from a public place to a place of safety, they were taken to a hospital based place of safety to receive appropriate treatment and medical support.

Within the trust, there were staff that were trained to work within the HBPOS. Staff were on call to respond when the police arranged for an admission to take place and this could be arranged within half an hour.

Health-based place of safety – Buckrose ward

At Buckrose ward there was a delay during the assessment process both between arrest and the Mental Health Act assessment.

People who use services were rarely brought to the HBPOS in Bridlington and were generally taken to Miranda House

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

in Hull as an alternative. This meant that they may not be able to access a bed locally. The Buckrose ward is going through a phased closure and will be closed down by autumn and is largely staffed by bank and agency nurses.

Where people were not deemed to require a hospital admission, we saw people were offered follow up by the CRHT with the level of support determined by the levels of assessed and manageable risk.

The unit was clean, well maintained and furnished in line with the Royal College of Psychiatrists' guidelines on HBPOS.

The information and audits showed that the police based place of safety was very rarely used. This meant that where people needed to be taken from their home or from a public place to a place of safety, people were taken to a hospital based place of safety to receive appropriate treatment and medical support.

At Buckrose ward we found that the HBPOS was rarely used and that there were significant delays in arranging medical and AMHP assessments.

Within the trust there were staff trained to work within the HBPOS and were on call to respond when the police arranged for an admission to take place. There were significant delays of at least one hour for staff to get to Buckrose Ward at Bridlington due to the geography of the area. The HBPOS had not been used for three months. The trust had plans to close Buckrose Ward and the HBPOS in the autumn of 2014.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Local leadership was very visible and accessible. We saw that the multidisciplinary team worked well together. Staff reported that morale on the unit was high and that they felt able to raise issues of concern. At both health-based places of safety, the systems of administration under the Mental Health Act were good.

Our findings

Miranda House Psychiatric intensive care unit (PICU)

Vision and Strategy

Staff were clear about the trust's goals and values and found the board and general managers to be visible. The closure of the HBPOS has been planned for a number of years as the usage was low. Whilst there was some staff anxiety about this, all the staff had identified new roles within the home treatment teams.

Responsible governance

Staff meetings were held and part of the agenda focused on governance. Staff we spoke with were clear about their responsibilities to escalate to the manager, any issues which may impact on the quality of the service they provided.

The service had an audit programme in place to monitor and review the quality of the service provided. This included Mental Health Act monitoring, care records, medication, infection control and staff training.

Leadership and culture

Staff spoke very positively about their employment and of their management within the trust.

The ward had a manager, who was supernumerary to the staffing levels on the unit. We found that the ward manager and other senior staff were very visible and accessible to staff. The unit was supported by a consultant psychiatrist and other members of the multi-disciplinary team. It was clear that staff had a positive relationship with the ward manager and with the modern matron who oversaw the ward. We observed a professional multi-disciplinary working model in operation model.

Engagement

Staff indicated that much of the communication from senior managers within the trust was by email although bulletins were also made available to them from time to time. Thematic visits were carried out by board members whereby intelligence gained from incidents, safeguarding, risks , complaints, audits were used to look at the service area in more depth.

Performance improvement

Staff confirmed that structured and informal supervision was taken seriously within the unit. Annual performance reviews were also carried out routinely and staff told us that they felt their individual development needs were addressed through these processes. Staff indicated that they felt they would be able to raise concerns if necessary. Staff felt that morale on the unit was high.

Health-based place of safety – Miranda House

At Miranda House we found that there were audits carried out to consider how well the HBPOS was used. Audits undertaken included key demographic details, issues such as transfers between places of safety and the outcome of the use of the hospital based place of safety.

We looked at the audits on the use of the Mental Health Act in relation to the use of the Mental Health Act and section 136 provided by the trust and spoke with the managers.

Health-based place of safety – Buckrose Ward

We looked at the audits in relation to the use of the Mental Health Act and section 136 provided by the trust and spoke with the managers. It was not clear that the audit of the giving of rights had occurred.