

# Kneesworth House

## 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?

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

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

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

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

## Overall summary

Ratings are not given for this type of inspection.

At this inspection, we found that:

# Summary of findings

- Ward managers for Wortham (locked rehab) and Wimpole (low secure) and the senior management team were unable to access figures for mandatory training, supervision or appraisal completion. It was unclear how staff performance was being monitored and any issues addressed.
- Senior management and the ward managers across the hospital met each morning to review incidents and staffing levels for the previous 24 hours. Minutes from these meetings lacked detail and did not reflect the discussion regarding the two serious incidents that led to the CQC unannounced inspection.
- Environmental ligature risk audits for Wimpole and Wortham wards did not contain details of all ligature risks present within the ward and treatment environments.
- Patient's care plans and risk assessments were not linked to the environmental ligature risk audits to mitigate and manage individual risks.
- Blind spots and poor lines of sight for monitoring patients remained on the wards. This issue was identified in the 2016 inspection, but had not been resolved in its entirety.
- We identified poor cleanliness on both wards, particularly in toilets, bathrooms and the rehabilitation kitchen on Wortham ward. This increased infection control risks for patients and staff.
- We found examples of contraband and restricted items on Wortham ward such as cigarettes butts. It was unclear how regularly staff completed patient and property searches in line with the provider's prohibited items policy and environmental ligature risk audits action points.
- Staff and ward managers reported concerns in relation to the varying quality and level of detail given at shift handovers, particularly where shifts contained agency staff and staff unfamiliar with the patients and ward environment.
- Records for patients on enhanced levels of observation contained gaps and inconsistencies. Staff were not adhering to the provider's observation policy.
- We identified a lack of appropriate professional boundaries between staff and patients on Wimpole ward.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Forensic inpatient/ secure wards</b>		This was a focussed, unannounced inspection. Ratings are not given for this type of inspection.
<b>Long stay/ rehabilitation mental health wards for working-age adults</b>		This was a focussed, unannounced inspection. Ratings are not given for this type of inspection.

# Summary of findings

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# Kneesworth House Hospital

## Services we looked at

Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults.

# Summary of this inspection

## Background to Kneesworth House

Partnerships in Care Limited as part of the Priory Group of companies provide inpatient mental health and learning disability services at this location.

Kneesworth House provides medium and low secure wards, an acute admission ward and locked and open rehabilitation wards.

The Care Quality Commission last inspected this hospital between 29 November and 1 December 2016. There were breaches identified of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time.

Requirement notices were issued under:

- Regulation 12 – Safe care and treatment
- Regulation 15 – Premises and equipment
- Regulation 17 – Good governance

The overall rating for the hospital was requires improvement, with inadequate for the safe domain, good for effective, caring and responsive and requires improvement for the well-led domain.

The hospital had a registered manager and a separate controlled drugs accountable officer.

The service is registered to provide the following regulated activities:

- Treatment for disease, disorder and injury;

- Diagnostic and screening procedures
- Assessment or medical treatment for persons detained under the Mental Health Act

The hospital had 155 registered beds. During the inspection, there were 136 patients receiving care and treatment.

### **The following core services were inspected:**

#### **Forensic inpatient/secure wards.**

- Wimpole ward - 15 bed low secure service for women with a mental illness/personality disorder. At the time of our visit there were 10 beds occupied.

#### **Long stay/rehabilitation wards for working-age adults:**

- Wortham ward - 17 bed locked rehabilitation service for men with a mental illness. At the time of our visit there were 15 beds occupied.

The musts and shoulds from the 2016 inspection report relating to Wimpole and Wortham ward were reviewed as part of the inspection process. We found that some of the concerns identified in the last inspection report had not been addressed fully by the provider on the two wards visited.

## Our inspection team

Team leader: Gemma Hayes - Inspector.

The inspection team consisted of two CQC inspectors and one CQC inspection manager.

## Why we carried out this inspection

We undertook this unannounced inspection to review practices in light of two recent serious incidents, and receipt of whistleblowing information requiring further investigation.

In 2016 The Care Quality Commission rated Kneesworth House Hospital as inadequate for the safe domain and overall requires improvement following a comprehensive inspection.

Ratings are not given for this type of inspection.

# Summary of this inspection

## How we carried out this inspection

To fully understand the experience of people who use services, we concentrated our inspection on the following domains:

- Is it safe?
- Is it well-led?

During the inspection, the inspection team:

- visited Wortham ward (locked rehabilitation) and Wimpole ward (low secure) at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service

- interviewed senior management and managers for each of the wards
- spoke with five other staff members including nurses and healthcare assistants
- examined two care and treatment records of patients
- visited two ward clinic rooms, and examined 17 medication cards
- looked at a range of policies, procedures and other documents relating to the running of the service
- Examined incident investigation reports, meeting minutes and other documents relating to serious incidents and clinical governance procedures within the hospital.

## What people who use the service say

We spoke with five patients during the unannounced inspection.

Some patients reported the care they received to be of a high standard, and that staff treated them with dignity and compassion. Other patients reported that staff argued in front of them, and discussed the needs of other patients in their presence.

Two patients raised concerns in relation to a bullying culture between nurses and support staff, particularly during night shifts. Patients expressed concerns in relation to the wellbeing of some staff on the wards, reporting that staff presented as burnt out and in need of a break.

Some patients raised concerns about the quality of agency staff used on the wards, and their lack of

familiarity with their care and support needs and the ward environment. These patients reported to feel unsafe at times, particularly when night staff were alleged to have fallen asleep during their shifts.

Patients expressed their emotions in relation to the two recent serious incidents involving patients on the wards. Some patients reported insufficient levels of debriefing and support had been implemented post incidents.

One patient expressed their concerns in relation to the alleged inappropriate use of restraint; this incident was under investigation at the time of the unannounced inspection.

These areas of concern identified during the inspection were escalated to the ward managers and members of the senior management team. CQC have subsequently followed up on the issues reported.

# 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?

Ratings are not given for this type of inspection.

- Environmental ligature risk audits for Wortham ward (locked rehabilitation) and Wimpole ward (low secure) did not contain details of all ligature risks present within the ward and treatment environments.
- Patient's care plans and risk assessments were not linked to the environmental ligature risk audits to mitigate and manage individual risks.
- Blind spots and poor lines of sight for monitoring patients remain on the wards. This issue was identified in the 2016 inspection, but has not been resolved in its entirety.
- We found examples of contraband and restricted items on Wortham ward such as cigarettes butts. It was unclear how regularly staff completed patient and property searches in line with the provider's prohibited items policy and environmental ligature risk audits action points.
- The ward manager told us that the high use of agency staff on Wimpole ward (low secure) with a lack of experience and familiarity with patient risks and the ward environment was an area of concern and placed additional pressures on permanent staff.
- Staff and ward managers reported concerns in relation to the varying quality and level of detail given at shift handovers, particularly where shifts contained agency staff.
- Records of patients on enhanced observations contained gaps and inconsistencies. Staff were not adhering to the provider's observation policy.
- We identified poor cleanliness on both wards, particularly in toilets, bathrooms and the rehabilitation kitchen on Wortham ward. This increased infection control risks for patients and staff.

However:

- The provider had made some changes and improvements to practice following the recent serious incidents. This included implementation of a new observation policy in line with The National Institute for Health and Care Excellence good practice guidance.

### Are services effective?

This was a focused, unannounced inspection we did not inspect this domain.



# Summary of this inspection

## Are services caring?

This was a focused, unannounced inspection we did not inspect this domain.

## Are services responsive?

This was a focused, unannounced inspection we did not inspect this domain.

## Are services well-led?

Ratings are not given for this type of inspection.

However:

- Ward managers on Wortham (locked rehabilitation) and Wimpole (low secure) and the senior management team were unable to access figures for mandatory training, supervision or appraisal completion. It was unclear how staff performance was monitored and issues addressed.
- Senior management and the ward managers across the hospital site met each morning to review incidents and staffing levels for the previous 24 hours. Minutes from these meetings lacked detail and did not reflect discussion regarding the two serious incidents that led to the CQC unannounced inspection.
- Staff spoken with reported that morale was low
- Staff regularly escalated concerns to the senior management team in relation to the high use of agency staff on Wimpole ward (low secure). It was unclear how senior management had fully addressed these concerns.
- Blanket restrictions were due to be introduced on Wimpole ward (low secure) that were not linked to individual patient risk assessments.
- Patients reported concerns regarding bullying cultures within the night staff team. The ward manager reported this matter to be under investigation.
- We identified a lack of appropriate professional boundaries between staff and patients.
- Patients told us some staff showed signs of burn out, and being in need of a break.
- Some policies in use at the time of the inspection were out of date and in need of review.
- Most staff felt well supported by the senior management team following the two serious incidents.
- Staff received a governance bulletin with policies of the month to read, linked to recent serious incidents or areas for practice improvement.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

- Wortham ward (locked rehabilitation) had 14 patients detained under the MHA and one patient was informal.
- On Wimpole ward (low secure), all 10 patients were detained under the MHA.
- T2 and T3 consent to treatment paperwork was stored with medication cards; however, on Wimpole ward (low

secure) we identified that a member of agency staff reviewed all medication records, but did not check the corresponding T2 or T3 consent to treatment forms. This could result in medication administration not in line with the legal framework under the Mental Health Act Code of Practice. This matter was escalated to the ward manager to address.

- Mandatory training figures for the whole site, which included completion of MHA training was 86%.

## Mental Capacity Act and Deprivation of Liberty Safeguards

This was a focussed, unannounced inspection and we did not inspect this practice area in detail.

# Forensic inpatient/secure wards

Safe

Effective

Caring

Responsive

Well-led

## Are forensic inpatient/secure wards safe?

### Safe and clean environment

- Wimpole ward (low secure) consisted of two bedroom corridors, with a central communal seating area, and some smaller rooms for use when patients needed quiet space. There was a shared courtyard garden for patients to access fresh air. There were blind spots in sections of the ward, impacting on lines of sight for monitoring patients. Some were mitigated by use of convex mirrors, and there was closed circuit television in one area of the ward near to the seclusion room.
- We did not inspect the seclusion room as this was in use.
- Staff positioned themselves in the nursing office and communal seating area to observe patient movement within the ward environment. Where patients were on enhanced levels of observation, we saw staff seated with those patients or walking with them around the ward.
- The ward environment contained ligatures risks (fittings to which patients intent on self-injury might tie something to harm themselves). Many of the patients on Wimpole ward were assessed to be at high risk or had known histories of self-harm.
- The audit contained repeated information that did not reflect different types of ligature or assessed levels of risk.
- From the patient record examined, staff had not linked the information in the environmental ligature risk audit with the patient's care plan and risk assessments to mitigate and manage individual risks.
- Most areas of the ward were visibly clean, with furniture in a good state of repair, although some decoration was tired. However, communal bathrooms were in a poor condition, with stained and mouldy flooring in shower areas and around the soak away drains in the centre of

the floors. Wood panelling in the bathrooms was damaged with paint peeling, making it difficult to clean. This could pose an infection control issue within the ward environment. Patients reported to dislike standing on the bathroom floors in bare feet. The condition of the bathrooms was escalated to the senior management team during the inspection.

- Staff worked with patients to complete artwork and projects to brighten up the communal areas of the ward.
- Staff wore personal alarms as a means of sourcing support in an emergency; however, on arrival at Holland House, inspectors were unable to pass through the security reception and enter Wimpole ward due to a lack of personal alarms available. Staff advised that there were some alarms needing testing, and there were no alarms available from the secure reception in the adjoining building. Inspectors therefore waited until staff left Wimpole ward for a shift break, so that alarms became available.

### Safe staffing

- Wimpole ward (low secure) staffing levels for the day shift was two qualified nurses and three healthcare assistants. Due to some patients being on enhanced observation levels, there were two extra staff, both agency on shift. The staffing levels were calculated on 10 patients admitted to the ward. Staffing levels for day and night shifts would increase if all 15 beds were in use. We identified that the shift consisted of six staff until 9am when the seventh staff member arrived. It was unclear if they received a separate shift handover.
- There were two patients on level four observations (with one allocated staff member per patient). Two patients on level two observations and six patients were on general observations. Staff reported to feel under

# Forensic inpatient/secure wards

pressure as in addition to completion of patient observations, one staff member was responsible for ward security and there needed to be sufficient coverage to allow staff to take their breaks.

- Staffing levels for night shifts based on having 10 patients admitted was one qualified nurse and two healthcare assistants.
- We examined staffing rotas for May, June and July 2017. Wimpole ward covered 241 day shifts with agency staff and 147 day shifts with bank/ bureau staff. Night shifts for the same period had 275 agency shifts and 80 bank/ bureau shifts. From the information provided, 114 agency day shifts and 99 bank/ bureau day shifts were for providing one to one and enhanced observations to patients, and for night shifts it was 138 agency and 61 bank/ bureau.
- The ward manager reported to use a high level of agency staff due to difficulties encouraging bureau staff (directly employed staff) to complete shifts on the ward due to patient complexity.
- Permanent staff identified that high use of agency staff placed additional pressures on them, as they were more familiar with the patients, their risks and care needs. Some staff reported feeling unsafe due to high use of agency staff. The ward manager identified the need for improved quality of shift handover.
- Staffing levels on paper did not reflect skill mix, levels of experience and expertise to meet the complexity of patient need. The ward manager told inspectors that a lack of familiarity with the patient group and or ward environment potentially placed staff and patients at high risk.
- The ward manager identified that it could be difficult to source female agency staff, needed to complete enhanced observations with the patients on this ward as observations could include oversight of patients completing personal care tasks.
- Patients and staff gave examples of leave and activities cancelled due to staffing pressures. The ward manager reported to be working closely with the occupational therapy team to draw up a new activity timetable for the ward.
- The ward manager reported to have completed a review of tasks for each shift, and looked at how staff managed their breaks to ensure these were taken. Staff providing enhanced observation levels to patients required regular breaks to manage fatigue levels and ensure they remained alert.

- Responsible clinicians were responsive to requests for medical reviews during the day and overnight.
- Patients expressed concerns at alleged incidents of agency night staff found to be asleep on the ward during their shift. This matter was escalated to the senior management team and ward manager during the inspection.
- The provider had recently changed recording systems for mandatory training. At the time of the inspection, the management team were unable to confirm mandatory training compliance figures. However, clinical governance meeting minutes reviewed indicated that compliance for the whole hospital site remained at 86% from May to July 2017. While we were unable to confirm course completion information for each ward, from reviewing staffing rotas, these contained details of shifts where staff completed training courses with a total of 41 day shifts used for training within the Wimpole ward staff group between May and July 2017.

## Assessing and managing risk to patients and staff

- Inspectors received an allegation of inappropriate use of restraint involving a patient and three staff members the day before the inspection. Inspectors escalated this matter to the ward manager and senior management team for further investigation and for a safeguarding referral to be submitted to the local authority team. Inspectors received confirmation that the patient involved had been medically reviewed post incident and an internal investigation was in progress.
- Contemporaneous notes did not consistently contain a record of the patient's observation levels to inform staff at the start of each shift.
- From the patient record examined, we found evidence of ongoing risk assessments, using HCR20 secure and START assessment tools, with some evidence that these documents were updated following incidents. Patients had multiple care plans. This could make it confusing for agency staff to know where to access information.
- Following the recent serious incident on the ward, patients were in a vulnerable and emotional state. Whilst the decision to implement changes in activity structure in part linked to other incidents that had occurred on the ward, inspectors noted that this approach was introducing new blanket restrictions, and not working to least restrictive practices. Restrictions were not linked to individualised risk assessments.

# Forensic inpatient/secure wards

Some patients raised their concerns about these plans, whilst others reported to view the plans as positive. This appeared to relate to where the patient was in their recovery and treatment programme.

- Currently patients had access to fresh air and off site breaks throughout the day. From the week after the inspection, patients would have nine opportunities per day to access breaks for 15 minutes at a time.
- The ward manager told us that from the week after the inspection, plans were being implemented so that patients would not have bedroom access between 9am and 1.30pm to encourage participation in activities. At the time of the inspection, patients had bedroom access throughout the day except for 45 minutes in the morning and an hour in the afternoon, and this was primarily to allow housekeeping staff time to clean bedrooms.
- The ward manager advised that the planned changes were discussed with patients at the ward community meeting, and would be under continual review.
- Staff reported to be familiar with the new observation policy introduced in the last month by the provider. However, we observed a patient who was on enhanced observations with one staff member allocated to observe them at all times. Instructions were issued to the staff member by the ward manager on how observation levels were to be maintained while the patient had private time to speak with one of the inspectors. The staff member was asked to observe the patient through the observation panel on the room door at all times. On leaving the room the staff member was found to have their back to the door and not have followed instructions as requested. This staff member was observed by another inspector, from outside the room to not be looking through the viewing panel as instructed for long periods of time. Inspectors escalated this matter to the ward manager and senior management team during the inspection.
- At the time of the serious incident on this ward, the provider was using their previous observation policy with staff expected to check on patients at agreed timescales e.g. every 15 minutes. From examining the observation records for six days leading up to, and including the serious incident, gaps in recording were identified, with between one and five consecutive checks not completed. Codes used to indicate patient presentation indicated times where the patient was experiencing difficulties coping, yet we found examples where staff did not record any further observations for an hour and 15-minutes. We identified disparity of information recorded when the observation sheets were compared with other evidence relating to the incident. One staff member was listed as completing 15-minute observations continuously for three and a half hours.
- The management team were unable to provide training completion figures for safeguarding training; however, completion of mandatory training across the hospital site was 86% at the time of the inspection. Staff were aware of how to report safeguarding concerns, and reported to seek guidance and advice from the social work team when required.
- Staff had access to a fully equipped clinic room. The provider had recently moved to a new pharmacy supplier. Some medication bottles were not marked with expiry dates or dates to indicate when first opened. A grab bag was located on the ward, containing emergency equipment and medication. We observed one of the physical healthcare nurses checking the bags content following use earlier in the shift. While inspecting the clinic room, an agency staff member was preparing medication to give to patients. We noted that they reviewed all medication cards, but did not check the corresponding T2 or T3 consent to treatment forms. This could result in medication administration not in line with the legal framework under the Mental Health Act Code of Practice. This concern was escalated to the ward manager.
- Some staff lacked knowledge of medication storage procedures, but no concerns were identified in relation to dispensing and medication reconciliation practices on the ward.
- There were patients with assessed physical healthcare needs such as falls or pressure care risks on Wimpole ward. Some patients reported to not have their skin integrity checked regularly, or their blood pressure taken. We observed staff supporting patients with food and fluid intake. Patients reported this to be inconsistent, and dependent on which staff were on shift. Staff worked closely with external organisations to source clinical expertise where patients required specialist support.
- There were designated child visiting rooms on site, located off the ward to facilitate family visits.

## Track record on safety

# Forensic inpatient/secure wards

- There was one serious incident on Wimpole ward and additional information of concern received by the commission.
- We examined 24 hour and 72 hour investigation reports alongside closed circuit television footage, patient records and provider policies and procedures.
- The provider had made initial improvements and changes had been implemented to policies and procedures. These included implementation of the new observation policy and changes to specialist care plans.

## Reporting incidents and learning from when things go wrong

- Staff were able to explain the provider's incident recording process, and were aware of the types of incident that needed reporting. The Wimpole ward manager had been in post for two weeks prior to the inspection. They did not have access to the incident reporting system aligned to Wimpole ward and were unable to assure inspectors that they had sufficient oversight of incident reports, or the escalation process. This matter was raised with the senior management team to ensure the ward manager had access in a timely way to meet the demands of their job role and management of ward safety.
- Staff accrued 15 minutes of additional paid time for each shift worked. This was combined into six hours, every six weeks when staff attended training and development sessions (TR6). This offered an opportunity for shared learning and lessons learnt from incidents.
- Ward managers met with members of the senior management team on a daily basis to review incidents from the past 24 hours. This offered cross-site learning and information sharing from incidents; support to the ward managers and information to feedback to ward staff during shift handovers and in supervision. However, we examined the minutes for the morning meetings following the serious incidents on Wortham and Wimpole wards. We noted that minutes contained limited or no details relating to the incidents, and would not offer a robust audit trail.
- Staff and patients reported to receive debriefing sessions following serious incidents. However, some staff and patients on Wimpole ward reported the support to have only been in place immediately after serious incidents, and not available longer term to allow for individuals coping with situations in different ways.

## Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

This was a focussed, unannounced inspection we did not inspect this domain.

## Are forensic inpatient/secure wards caring?

This was a focussed, unannounced inspection we did not inspect this domain.

## Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

This was a focussed, unannounced inspection we did not inspect this domain.

## Are forensic inpatient/secure wards well-led?

### Vision and values

- Staff implemented the provider's values into their care and treatment of patients.
- The Wimpole ward (low secure) manager reported that during and following the serious incident on the ward, there had been a consistent level of senior management presence and support.

### Good governance

- Supervision rates from data provided during the inspection visit ranged from 63% for May 2017, June 75% and July 75%. Senior management advised that all supervision and appraisal data was on a new recording system holding the data. Supervision was provided on a monthly basis alongside the TR6 programme for training.
- Ward managers received bulletins to ensure they were able to address any compliance issues; however, inspectors were unable to examine data collected as unavailable. The provider's own compliance target was 85%.

# Forensic inpatient/secure wards

- Current appraisal completion for Wimpole ward staff was 75%.
- Staff told us, they had repeatedly escalated concerns regarding staffing levels and high use of agency staff to the senior management team. Rotas examined showed high use of agency staff for the three months prior to the inspection.
- Proposed changes to bedroom access and fresh air breaks introduced a range of blanket restrictions. These did not adhere to the provider's restrictive interventions reduction plan.
- The quality and content of shift handover for permanent, agency and bureau staff needed to be reviewed to ensure patient risks; care and support needs were explained in full.
- Staff were not maintaining professional boundaries. They were divulging confidential information pertaining to other patients or themselves to the patients they worked with.
- Ward managers met with members of the senior management team on a daily basis to review incidents from the past 24 hours. We noted that minutes contained limited or no details relating to the incidents, and would not offer a robust audit trail. Where minutes contained action points, there were no timescales for completion included.
- Some policies were out of date, but still in use by staff. This matter was escalated to the senior management team during the inspection.

- Staff received a governance bulletin with policies of the month to read, linked to recent serious incidents or areas for practice improvement.

## **Leadership, morale and staff engagement**

- The Wimpole ward (low secure) manager, staff and patients spoken to reported low morale within the staff team. It was concerning this issue has been identified by patients.
- Patients expressed concerns regarding bullying cultures within the night staff group. The inspection team escalated these concerns to the senior management team and the ward manager. The ward manager confirmed this matter was under investigation.
- The provider told us that following incident investigation processes staff were offered debriefs and counselling support. However, some staff reported to feel unsupported and vulnerable following the internal investigation process.
- The ward manager identified that cohesion within the permanent staff team was affected by continual use of agency staff.
- Patients reported that some staff were not open and honest with them when things went wrong and this bred frustration which patients acknowledged could result in aggressive behaviour and incidents on the ward.
- Patients required support to manage the period of readjustment on Wimpole ward.

# 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?

### Safe and clean environment

- Wortham ward (locked rehabilitation) had bedrooms and communal areas for patients to access on the ground and first floors. The layout resulted in poor lines of sight for staff to observe all areas of the ward. Staff were unable to safely check all lines of sight when approaching the top of the flight of stairs to access the first floor of the ward. This issue was identified during the 2016 inspection report, but no changes had been made.
- The ward environment contained ligatures risks (fittings to which patients intent on self-injury might tie something to harm themselves). The environmental ligature risk audit was under review at the time of the inspection visit, but the existing document did not identify all ligatures in detail. This could prevent staff being able to complete individualised risk assessments for each patient linked to self-harm history and the environment.
- The audit indicated for weekly searches to be undertaken of all patient bedrooms to check for any contraband or restricted items in addition to spot searches linked to concerns identified by staff. Ward areas such as the conservatory were listed as patients being 'supervised at all times of the day' to manage the environmental risks in this area. We observed patients to be seated in the conservatory without staff present during the inspection.
- Some areas of risk such as the banister rails on the stairs were not included in the audit, and areas accessed by

staff only such as the staff toilet were included. Significantly, the courtyard/ garden area was not included in the audit but contained multiple ligature risks.

- The external courtyard contained multiple ligature points and blind spots. The ward manager advised patients would access this area at allotted times under the supervision of one staff member. Due to the layout of the courtyard, one staff member would be unable to monitor all blind spots consistently.
- Staff had access to a fully equipped clinic room. The provider had recently moved to a new pharmacy supplier. Staff were unclear of the new procedures for the safe disposal of medication. The sharps disposal bin contained items of medication.
- We found two examples of delays between prescribing medication, the orders placed, and delivery of the medication to the ward. Staff were uncertain of the escalation process for addressing this.
- The clinic room did not have an emergency response bag, but did contain a first aid kit. When asked, staff advised in the event emergency equipment was needed, they completed a specific radio call that signalled for staff from other wards to respond and carry the emergency bags. In the event of the incidents that led to the CQC inspection, from the initial investigation findings, no concerns were identified regarding the timeliness of the emergency equipment reaching the ward.
- Wortham ward did not have a seclusion room. If a patient required seclusion, we were told that staff accessed the room available on Nightingale ward, located in a separate building.
- Communal bathrooms and toilets smelt strongly of urine and had dirty toilet bowls. The shared rehabilitation kitchen on the first floor of the ward was visibly dirty with thick layers of grease and food debris on surfaces and in the oven. This increased risk of



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

infection control issues for patients and staff. Patients were encouraged to keep the ward environment clean and tidy. The condition of the bathrooms and rehabilitation kitchen, along with overall cleanliness of the ward was escalated to the senior management team during the inspection.

- We examined cleaning records for the two weeks prior to the inspection. Records showed gaps in task completion for the whole ward. The therapy kitchen was not listed as one of the ward areas for regular cleaning by the housekeeping team.
- Furniture in the conservatory had been replaced since the last inspection, with all chair coverings now intact and the entrance hall floor had been repaired.
- The hospital site became smoke free at the start of the year. Inspectors found cigarette butts below bedroom windows, yet smoking was banned on the ward. Cigarettes and others substances were classified as restricted or contraband items. The ward manager reported room searches were completed at the discretion of qualified nurses, and the patients were not setting off the ward smoke detectors if smoking from the bedroom windows. This increased fire safety risks on the ward, and highlighted that management of restricted and contraband items transferring on and off the ward was not effective.
- Staff did not complete daily security checks of the courtyard and hospital grounds to prevent prohibited items entering the ward environment.
- Staff wore personal alarms as a means of sourcing support in an emergency. Inspectors were not offered personal alarms whilst on Wortham ward.

## Safe staffing

- Wortham ward (locked rehabilitation) had four staff on shift (two qualified nurses and two healthcare assistants). There were meant to be five staff on shift. To support the team, the ward manager assisted with tasks as needed. During the morning, an additional staff member moved from another ward to meet the needs of patients and staff on Wortham ward.
- The ward manager advised that staffing levels for day and night shifts were under review by the senior management team. It was identified, that as the ward was across two floors, an increased level of staffing was needed to monitor patients.
- The ward had low use of agency staff, and the ward manager tried to ensure the same agency staff were

used for consistency and familiarity with the environment. The ward was advertising for vacancies as two qualified nurses and one healthcare assistant had resigned. The ward manager acknowledged that an increased level of agency staff use was likely as an interim measure.

- We examined staffing rotas for May, June and July 2017. Wortham ward covered 19 day shifts with agency staff and four day shifts with bank/ bureau staff. Night shifts for the same period had 28 agency shifts and one bank/ bureau shift. From the information provided, one agency day shift and one bank/ bureau day shift were for providing one to one and enhanced observations to patients, and for night shifts it was one agency and one bank/ bureau shift.
- At the time of the inspection, there were no staff on long-term sick leave.
- Where staffing pressures occurred, the ward manager confirmed that activities and escorted leave were cancelled, but that where possible; staff would try to make alternative arrangements to reduce impact on the patients.
- Responsible clinicians were responsive to requests for medical reviews during the day and overnight. From the patient record reviewed, the patient's responsible clinician responded in a timely way to the serious incident that occurred on the ward.
- The provider had recently changed recording systems for mandatory training. At the time of the inspection, the management team were unable to confirm mandatory training compliance figures.
- Clinical governance meeting minutes reviewed indicated that compliance for the whole hospital site remained at 86% from May to July 2017. While we were unable to confirm course completion information for each ward, from reviewing staffing rotas, these contained details of shifts where staff completed training courses with a total of 15 day shifts used for training within the Wortham ward staff group between May and July 2017.

## Assessing and managing risk to patients and staff

- The ward manager advised that there had been no recent episodes of seclusion or use of long-term segregation. They reported one episode of restraint in the last two months prior to the inspection, and no episodes of prone restraint.

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

- From the patient record examined, there was evidence of historic risk information collected as part of the referral process. An initial care plan was completed within the first 72 hours of admission to the ward. Contemporaneous notes contained inconsistencies regarding the level of observation the patient was on, and the detail staff provided at shift handover. It was therefore unclear how staff knew to complete the correct level and frequency of observations, and who made the clinical decision for observation levels to change.
- The ward manager visited all patients to complete a pre-admission assessment to ensure their suitability for Wortham ward (locked rehabilitation).
- Staff reported to have reduced restrictive practices and stopped all use of blanket restrictions on the ward in line with the provider's restrictive interventions reduction plan. However, access to the courtyard for fresh air breaks remained available on an hourly basis and there was evidence that patients were managing to take restricted items such as cigarette lighters onto the ward. This increased fire safety risks for patients and staff.
- Staff were aware of the provider's observation policy and reported that two patients were on level two observation, with one allocated member of staff at the time of the inspection. However, we identified the impact staffing pressures could have on monitoring patients across the two floors of the ward and within the courtyard environment. The provider had implemented a new observation policy within the last month. Staff were expected to check patients at four intervals within the hour for patients on 15 minute observations, not necessarily every 15 minutes, this was in line with The National Institute for Health and Care Excellence good practice guidance.
- At the time of the serious incident on this ward, the provider was using their previous observation policy with staff expected to check on patients at agreed timescales for example every 15 minutes. The observation sheets staff completed contained codes to indicate where the patient was located on the ward when the observation check was completed. The codes used on the forms did not correlate with the key for staff to follow.
- Staff gave examples of patients they were working with, who previously had required regular use of seclusion

facilities. Through getting to know these patients, and developing strategies for effective use of de-escalation techniques staff used restraint and seclusion as a last resort.

- The management team were unable to provide completion figures for safeguarding training; however, completion of mandatory training across the hospital site was 86% at the time of the inspection. Staff were aware of how to report safeguarding concerns, and reported to seek guidance and advice from the social work team when required.
- Some staff did not know the provider's medication disposal procedures, but no concerns identified in relation to storage, dispensing and medication reconciliation practices on the ward.
- There were no patients with assessed physical healthcare needs such as falls or pressure care needs. Staff knew the reassessment process they would complete in the event of a change in patient need.
- There were designated child visiting rooms on site, located off the ward to facilitate family visits.

## Track record on safety

- There was one serious incident on Wortham ward and additional information of concern received by the Commission.
- We examined 24 hour and 72 hour investigation reports alongside patient records and provider policies and procedures.
- The provider had made initial improvements and changes had been implemented to policies and procedures. These included implementation of the new observation policy and changes to specialist care plans.

## Reporting incidents and learning from when things go wrong

- Staff were able to explain the provider's incident recording process, and were aware of the types of incident that needed reporting. The Wortham ward manager reported that staff were competent with incident reporting procedures, but there was a need to prevent complacency, and advised that any areas of concern were followed up during supervision.
- Staff accrued 15 minutes of additional paid time for each shift worked. This was combined into six hours,

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every six weeks when staff attended training and development sessions (TR6). This offered an opportunity for shared learning and lessons learnt from incidents.

- Ward managers met with members of the senior management team on a daily basis to review incidents from the past 24 hours. This offered cross-site learning and information sharing from incidents; support to the ward managers and information to feedback to ward staff during shift handovers and in supervision. However, we examined the minutes for the morning meetings following the serious incidents on Wortham and Wimpole wards. We noted that minutes contained limited or no details relating to the incidents, and would not offer a robust audit trail.
- Staff and patients reported to receive debriefing sessions following the serious incident. The Wortham ward manager told us they received support from the senior management team. The senior management team arranged on site counselling support services for staff when needed.

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

(for example, treatment is effective)

This was a focussed, unannounced inspection we did not inspect this domain.

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

This was a focussed, unannounced inspection we did not inspect this domain.

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

(for example, to feedback?)

This was a focussed, unannounced inspection we did not inspect this domain.

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

### Vision and values

- Staff implemented the provider's values into their care and treatment of patients.
- The Wortham ward manager (locked rehabilitation) reported that during and following the serious incident on the ward, there had been a consistent level of senior management presence and support.

### Good governance

- Supervision rates from data provided during the inspection ranged from 94% for May 2017, June 94% and July 78%. Senior management advised that all supervision and appraisal data was on a new recording system holding the data centrally. Supervision was provided on a monthly basis alongside the TR6 programme for training.
- Ward managers received bulletins to ensure they were able to address any compliance issues; however, inspectors were unable to examine data collected as it was unavailable. The provider's own compliance target was 85%.
- Current appraisal completion for Wortham ward staff was 50%.
- The ward manager reported that the senior management team were reviewing staffing levels and skill mix. Some patients lacked motivation to participate in activities and their rehabilitation programmes.
- Ward managers across the hospital site met with members of the senior management team on a daily basis to review incidents from the past 24 hours. We noted that minutes contained limited or no details relating to the incidents, and would not offer a robust audit trail. Where minutes contained action points, there were no timescales for completion included.
- Some policies were out of date, but were still in use by staff. This matter was escalated to the senior management team during the inspection.
- Staff received a governance bulletin with policies of the month to read, linked to recent serious incidents or areas for practice improvement.

### Leadership, morale and staff engagement

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

- The Wortham ward manager identified that staff morale was low at the time of the inspection, linked to the impact of the recent serious incident, and pressures of staffing levels and workloads. To support the team, the ward manager had an open door policy, and tried to ensure they worked alongside the staff to monitor wellbeing.
- The ward manager reported to be meeting regularly with staff and the patients to ensure any issues or concerns were addressed in a timely manner, demonstrating clear leadership.
- Staff were understandably apprehensive regarding the internal investigation findings of the serious incident, but when asked, did not report fear of reprisals or scapegoating.
- The ward manager reported there were no whistleblowing, bullying or harassment cases under investigation at the time of the inspection.
- Staff sickness and absence was reported by the ward manager to be low on the ward. Two qualified nurse and one healthcare assistant had submitted their resignations, therefore the ward manager was anticipating increased use of bank and agency staff while recruiting to the posts.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that all ward environments are kept clean and the overall cleanliness of the wards is regularly checked.
- The provider must implement environmental changes to mitigate blind spots and poor lines of sight on all wards and treatment areas including outdoor space.
- The provider must ensure staff monitor and prevent restricted items and contraband entering the ward environments, including completion of daily security checks of the courtyard and hospital grounds to prevent prohibited items entering the ward environment.
- The provider must ensure that environmental ligature risk audits reflect all ligature risks present within the ward/ treatment environment and are linked to individual patient care plans and risk assessments to mitigate and manage risks.
- The provider must ensure staff complete all patient observation paperwork accurately and in its entirety.
- The provider must ensure all staff receive detailed handovers, including patient and environmental information at the start of each shift, and that patient observation levels are included in contemporaneous patient records.
- The provider must provide guidance to staff on the maintenance of professional and clinical boundaries.

- The provider must ensure the senior management and ward managers have access to staff training, supervision and appraisal completion figures.
- The provider must ensure that the senior management team complete detailed minutes at the morning handover meeting to reflect all risks, serious incidents and areas of concern relating to patients and staff.
- The provider must review staffing levels and skill mix to meet the needs of patients on each shift.
- The provider must review the implementation of new blanket restrictions.

### Action the provider **SHOULD** take to improve

- The provider should ensure continual monitoring of medication management practices linked to the change in pharmacy provider.
- The provider should ensure physical health care checks for outlier conditions are completed regularly.
- The provider should ensure consistent availability of personal alarm access for visitors.
- The provider should ensure staff have access to the incident recording system to meet the demands of their job roles.
- Staff should check T2 and T3 consent to treatment forms when administering medication.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014.

##### Dignity and respect

- The provider had not provided guidance to staff on the maintenance of professional and clinical boundaries.

This is a breach of Regulation 10.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

##### Safe care and treatment

- The provider had not ensured that all ward environments were kept clean and the overall cleanliness of the wards being regularly checked.
- The provider had not implemented environmental changes to mitigate blind spots and poor lines of sight on all wards and treatment areas including outdoor space.
- The provider had not ensured staff monitored and prevented restricted items and contraband entering the ward environments, including completion of daily security checks of the courtyard and hospital grounds to prevent prohibited items entering the ward environment.

This section is primarily information for the provider

## Requirement notices

- The provider had not ensured that environmental ligature risk audits reflected all ligature risks present within the ward/ treatment environment and were linked to individual patient care plans and risk assessments to mitigate and manage risks.
- The provider had not ensured staff completed all patient observation paperwork accurately and in its entirety.
- The provider had not ensured all staff received detailed handovers, including patient and environmental information at the start of each shift, and that patient observation levels were included in contemporaneous patient records.

This is a breach of Regulation 12.

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

#### Good governance

- The provider had not ensured the senior management and ward managers had access to staff training, supervision and appraisal completion figures.
- The provider had not ensured that the senior management team completed detailed minutes at the morning handover meeting to reflect all risks, serious incidents and areas of concern relating to patients and staff.
- The provider had not reviewed the implementation of new blanket restrictions.

This is a breach of Regulation 17.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

### **Staffing**

- The provider had not reviewed staffing levels and skill mix to meet the needs of patients on each shift.

This is a breach of Regulation 18.