

# Greater Manchester Mental Health NHS Foundation Trust

## Acute wards for adults of working age and psychiatric intensive care units

### Inspection report

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Date of inspection visit: 07 & 08 June 2023  
Date of publication: 07/02/2024

### Ratings

#### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

# Our findings

## Acute wards for adults of working age and psychiatric intensive care units

### Inspected but not rated ●

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the services. This inspection was focused on specific key lines of enquiry within the safe and well led key questions.

Our inspection was carried out to consider the safety of the wards, how safeguarding was being managed and the governance processes around this.

This inspection was not rated. The acute wards for adults of working age and psychiatric intensive care units core service was rated inadequate at our focused follow-up inspection in January and February 2023. The safe and well-led key questions were also rated as inadequate at that inspection. The effective, caring and responsive key questions were rated as requires improvement at our June and July 2022 inspection.

At this inspection we visited 2 acute wards for adults of working age and 1 psychiatric intensive care unit (PICU) across 3 of the 7 locations where the trust delivered this core service. We selected these wards due to specific concerns that we had received in relation to those wards.

The wards that we inspected were:

- Poplar ward, a 20 bed female acute ward for adults of working age at Park House, Manchester
- Bronte ward, a 25 bed mixed gender acute ward for adults of working age at Laureate House, Wythenshawe
- Priestner's Unit, an 8 bed mixed gender PICU at Atherleigh Park, Wigan.

The trust had reduced the bed number on Bronte ward from 31 to 25 since the last inspection in January & February 2023.

We did not visit any wards at the Moorside Unit in Trafford, the Rivington Unit in Bolton, the trust HQ in Prestwich or the Meadowbrook Unit in Salford where the trust also had acute wards for adults of working age and PICUs located.

We did not rate this service at this inspection. The previous overall rating of inadequate remains. We found:

- The wards had inconsistent practices and arrangements regarding safeguarding across the three wards visited.
- Staff training compliance rates in level 3 safeguarding for both adults and children were below the trust's mandatory training target of 85%. On Bronte ward it was 54% for safeguarding adults and 67% for safeguarding children; Poplar ward was 60% for both and Priestner's was 75% for safeguarding adults and 58% for safeguarding children.
- Staff on Bronte ward did not always have access to keys and alarms when on duty. The management of mixed sex accommodation on Bronte ward was not always well managed.
- There had been specific safeguarding incidents that had not been managed appropriately and actions not taken in a timely manner, although actions were now being taken to address these.

# Our findings

- Managers on the wards did not have access to appropriate data and reports in respect of safeguarding which would enable them to review and monitor themes and trends from recent safeguarding concerns. The wards were in the process of establishing local systems to support them in doing this, but this was not being implemented on a trustwide basis.

However:

- Staff spoken to generally understood safeguarding and how to identify any potential safeguarding issues. Staff we spoke to at the time of the inspection were confident that they could raise any safeguarding concerns if they identified them.
- Managers spoken to had a strong knowledge of safeguarding and the processes for their ward. They were aware of improvements that could be made to safeguarding processes and the governance around this. They were working towards addressing these issues.
- Patients spoken to generally felt safe on the wards and reported that the majority of permanent staff were nice and supportive.

## How we carried out the inspection

Before the inspection visit, we reviewed information that we held about the locations. During the inspection visit, the inspection team:

- Toured the ward environment; in particular on Bronte ward and Priestner's Unit to review the mixed sex arrangements
- Spoke with the clinical lead or matron for each ward as the ward managers were not available when we visited the wards
- Spoke with 10 other staff members including registered mental health nurses, safeguarding leads, a psychologist and healthcare assistants
- Spoke with 11 patients
- Reviewed 9 care and treatment records
- Observed a patient meeting
- Looked at a range of policies, procedures and other documents relating to the running of the wards.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## What people who use the service say

We spoke with 11 patients during our visits to the three wards and observed one patient morning meeting.

Patients gave mixed feedback about their experiences of care and treatment on the wards. Patients generally felt safe on the wards and those that did not reported this was often due to other patients' behaviour or the general acuity of

# Our findings

the ward. Patients described that permanent members of staff were nice and supportive. We did receive concerns from patients about the high levels of bank and agency staff used on the wards and that the quality of care these staff delivered could differ significantly. Patients felt that non-permanent staff were less caring and less interested in supporting patients on the ward.

Some patients raised individual concerns or issues during their interviews. These were raised with ward management during the inspection to ensure that action either was or would be taken by staff.

## Is the service safe?

### Inspected but not rated

We did not rate this key question at this inspection. The previous rating of inadequate remains.

### Safe and clean care environments

**The ward environment on Poplar ward was not fit for purpose, although a new unit was being built to replace Park House. Mixed sex accommodation on Bronte ward was not always managed well and staff did not always have access to alarms and keys whilst on duty. All three wards visited were generally safe, clean and well equipped.**

#### Safety of the ward layout

We undertook tours of the three wards visited. The wards were generally safe, clean and well equipped.

Poplar ward at Park House still had dormitory accommodation. This dormitory accommodation did not protect the dignity, privacy and safety of patients. The trust was building a new unit that would replace Park House and eliminate dormitory accommodation at this location which was due for completion in 2024. The environment of Poplar ward was not fit for purpose, but staff and management were managing this pending the new unit being completed.

There was mixed sex accommodation on two of the wards visited; these were Bronte ward and Priestner's Unit. We reviewed how the mixed sex arrangements were managed on these wards as we had been made aware of some sexual safety incidents on Bronte ward prior to the inspection. Staff could describe how they managed mixed sex accommodation on the wards and were aware of their responsibilities regarding this. Both wards had separate male and female bedroom corridors and patients were not required to pass rooms of people of the opposite sex to utilise bathroom facilities. Both wards had a separate female lounge.

Staff could not observe patients in all parts of the wards and wards used parabolic mirrors where there were blind spots or had close circuit television (CCTV) cameras in communal areas to mitigate these risks.

On Bronte ward, access to the individual male and female patient corridors was managed by informal staff observations. The trust did not have a specific process for how staff were required to manage this and therefore there was not an allocated member of staff that was responsible for monitoring access to the corridors and ensuring that patients were re-directed if they attempted to access the wrong corridor. The ward did also have CCTV which staff could use to monitor the shared ward areas and corridors from the nursing office informally. The trust had reduced the bedroom numbers on Bronte ward from 31 to 25 since our last inspection. Whilst this reduced the demand on staff, there was still a high level of observations required on the ward that increased pressures on staff.

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There had been recent incidents on Bronte ward in May 2023 of patients accessing the corridor of the opposite sex inappropriately that had not been prevented by staff. On the day of the inspection, we observed examples of staff re-directing patients that were trying to access the incorrect corridor. Staff that we spoke to were aware of their responsibilities regarding observations. It was not clear that staff would be able to manage this if the ward was at a higher level of acuity or if incidents were occurring, as there were no formal arrangements for how staff had to monitor and observe the corridor areas.

There were no issues identified with how Priestner's Unit was managing mixed sex accommodation. Access to the separate male and female corridors on Priestner's Unit was via locked doors which patients had individual wristbands to enter these areas, meaning that there was protected access to these separate areas which could be appropriately managed by staff. The trust confirmed that they were reconsidering the use of mixed sex wards across the trust's locations.

On Bronte ward, bank and agency staff did not always have access to an alarm and keys whilst undertaking duties on the ward, including one to one observations. This impacted on those staff members being able to raise an alarm or request assistance if it was needed. There had been a recent incident and an agency member of staff who was allocated to the patient's one to one observations did not have keys or an alarm. This impacted on the staff member's ability to request assistance from other staff on the ward. We were informed during the inspection that it was not uncommon for bank and agency staff to not be allocated keys and an alarm on the ward. This issue was escalated to the trust following the inspection and actions were taken by the trust to ensure that alarms and keys would be available to all staff who may require them. No issues were identified with access to alarms and keys on Poplar ward or Priestner's Unit.

## Safeguarding

**Staff had not all completed training on how to recognise and report abuse although staff generally understood how to protect patients from abuse. The trust's safeguarding processes and arrangements across the three wards were not consistent and were not always effective. There had been examples of incidents where actions in relation to safeguarding were not completed in a timely manner or were not robust enough to mitigate concerns pending a full investigation of the incident.**

We reviewed safeguarding training data for Poplar and Bronte wards whilst on site. We were not able to review the training data at Priestner's Unit as we were informed that the ward manager was not in work that day and they only had access to the data. The trust provided clarification following the inspection that the clinical lead would have had access to the data via the trust learning hub but did not at the time of the inspection due to them being new in post. The trust also confirmed that a weekly report on training data is produced and sent out by the GMMH learning hub. Whilst reviewing the data for Poplar ward, the clinical lead highlighted that the report we were reviewing included some staff members who either no longer worked on the ward or had never worked on the ward. The clinical lead said they had escalated this issue to HR previously.

Staff did not always keep up to date with safeguarding training. We requested the safeguarding training compliance data for all three wards following the on-site inspection. The training compliance rates for both safeguarding adults level 3 and safeguarding children level 3 were below the trust's 85% mandatory training target. On Bronte ward it was 54% for safeguarding adults and 67% for safeguarding children; Poplar ward was 60% for both and Priestner's was 75% for safeguarding adults and 58% for safeguarding children. We requested information on any staff members who may have been unable to complete the training due to specific reasons. The trust provided this information which accounted for some of the lower numbers of the level 3 safeguarding training rates.

# Our findings

The compliance rates for safeguarding level 2 training for both safeguarding adults and children had a higher compliance rate, although was still under the trust's 85% target compliance rate for three of the six courses. Bronte ward was 100% for both; Poplar ward was 76% and 82% and Priestner's Unit was 83% and 89%.

Staff generally knew how to recognise adults and children at risk of or suffering harm and knew how to make a safeguarding referral and who to inform if they had concerns on their ward. On Priestner's Unit, any member of staff could make a safeguarding referral as necessary, whilst on Poplar and Bronte these were only made by qualified members of staff.

Staff we spoke to during the inspection could not always tell us who the safeguarding lead was for their ward. We spoke to two safeguarding leads who identified that more work could be done to increase awareness of their role, although they were confident that they would be involved as necessary.

We observed limited or incorrect information on display in staff areas about safeguarding processes. On Poplar ward at Park House, North Manchester, a safeguarding poster was on display in the nursing office that was Salford safeguarding and included a number for the Salford safeguarding team. This was not the correct number for the team at Park House. The clinical lead stated that they did have the correct poster but that it was currently on another ward. There was no information on display regarding safeguarding or safeguarding leads in the nursing office on Bronte ward to assist staff in being aware of the key safeguarding contacts for the ward and remind them of their responsibilities regarding safeguarding.

The most recent staff meeting minutes for Poplar ward were on display in the nursing office which referenced the importance of staff being aware of safeguarding issues and escalating them appropriately. On reviewing the staff minutes, it did not specifically consider recent learning or safeguarding issues that staff needed to be aware of.

The systems and processes regarding safeguarding across the locations were not consistent and had not always operated effectively to ensure that patients were being safeguarded appropriately from harm or potential harm.

Prior to the inspection, CQC received intelligence in respect of Poplar ward of two separate incidents where safeguarding and actions by the ward had not been timely or appropriate. For the first incident where safeguarding concerns had been raised, staff and managers on the ward at that time had not taken timely actions to ensure the safeguarding processes were enacted. This incident was discussed with the clinical lead during the inspection who stated that they had been having to go back and review records and actions that managers should have taken at the time of being notified of the concerns to ensure that all necessary action had or were in process. There had been delays in appropriate safeguarding meetings taking place in a timely manner and in progression being made with the case. There had been a change of ward manager since the start of the year. The new ward manager had only just recently come into post and the clinical lead had been supporting in the interim. There was a further incident where a patient had made allegations of a further safeguarding concern and the ward had not taken timely actions to review or address this. These incidents indicated that the ward's processes for safeguarding were not robust enough at the time that the incidents occurred. The ward were undertaking actions to address the concerns and improve safeguarding processes, however, there were still areas of improvement that the trust needed to make in respect of safeguarding.

## Is the service well-led?

**Inspected but not rated**



# Our findings

We did not rate this key question at this inspection. The previous rating of inadequate remains.

## Governance

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

Across the three wards visited, the processes and arrangements regarding safeguarding were inconsistent and not always effective. Whilst safeguarding concerns were generally managed well, the processes were not always robust on each ward and did not support staff and managers in their review of themes and trends around safeguarding.

The senior staff spoken to on the inspection, including two safeguarding leads interviewed, confirmed that no report or data was routinely published or provided regarding closed safeguarding cases. The Matron for Bronte ward, who was also the safeguarding lead, was in the process of requesting a report from business intelligence regarding safeguarding data. The clinical lead on Priestner's Unit, who was the ward safeguarding lead, had plans to implement a safeguarding tracker spreadsheet although this was not in place at the time of the inspection. These were arrangements that were being implemented on a local level and there was no indication that this was being considered on a trustwide level.

Managers spoken to on the three wards could not give specific figures for recent safeguarding because this data was not available or reported on. This did not support managers and staff on the wards in being able to review and consider any themes or trends that they may need to be aware of or learn from.

The care record system used by the trust enabled staff to see how many safeguarding referrals had been raised in respect of individual patients and the individual records could be viewed from this. On Priestner's Unit, safeguarding referrals were being recorded in progress notes as they did not currently have a tab in the care record system which enabled them to record safeguarding referrals. Priestner's Unit and the Wigan services had previously worked on a different care record system prior to being acquired by Greater Manchester Mental Health NHS FT and systems and processes were still being established following the transfer to the new system. Managers had plans to develop a flow chart for safeguarding and a standard operating procedure to support staff when using the care record system. Whilst this data could be extracted on Priestner's Unit in its current format, it was not as easily accessible as the two Manchester wards visited. The trust confirmed following the inspection that the Wigan services and Priestner's Unit had the same reporting and recording requirements as the two Manchester wards.

The trust did have an established system for flagging and monitoring open or ongoing safeguarding enquiries with email prompts being sent to ward management and safeguarding leads. These were observed during the inspection and supported managers and safeguarding leads in being able to monitor and take action on any open safeguarding enquiries as required.

# Our findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve:**

#### **Acute wards for adults of working age and psychiatric intensive care units**

- The trust must ensure that staff complete and are up to date with all required safeguarding training. (Regulation 18 (2)).
- The trust must ensure that consistent safeguarding processes are utilised across all wards and that staff are clear about their duties and responsibilities in relation to safeguarding. (Regulations 17 (1) and 17 (2)).
- The trust must ensure that accurate information about safeguarding is available on the wards for staff. (Regulations 17 (1) and 17 (2)).
- The trust must consider how data in respect of safeguarding is utilised across all wards to assist staff in being able to review and explore any themes or trends in relation to safeguarding. The trust must consider how this is implemented across all locations / care groups to ensure a consistent approach across the trust. (Regulations 17 (1) and 17 (2)).
- The trust must ensure that all staff working on wards at the trust have access to keys and alarms as necessary for the duties they have been allocated to undertake. (Regulation 12 (2)).
- The trust must consider how corridor observations are managed on Bronte ward to ensure that the separate sex corridors are managed safely and appropriately. (Regulation 12 (2)).
- The trust must ensure that all safeguarding incidents are recorded, reported and managed appropriately and in a timely manner. (Regulations 13 (1), 13 (2) and 13 (3)).

### **Action the trust Should take to improve:**

#### **Acute wards for adults of working age and psychiatric intensive care units**

- The trust should consider engaging staff in reviewing how data and information in respect of safeguarding is utilised to ensure that they have access to the data they require to improve care and treatment at a local level.



# Our inspection team

The team that inspected the service comprised a CQC lead inspector, a specialist advisor, an expert by experience and one other CQC inspector.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

### 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

### 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

### 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 18 HSCA (RA) Regulations 2014 Staffing