Bradley Complex Care

Quality Report

Bradley Complex Care
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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	Requires improvement
Are services safe?	**Inadequate**
Are services well-led?	**Requires improvement**

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.

Summary of findings

Overall summary

We rated Bradley Complex Care as requires improvement because:

- Poor management of agency staff increased risks to patients. The hospital used a high percentage of agency staff. They did not have effective protocols and systems in place to ensure the suitability of these staff in relation to convictions and training. There was a high number of patient restraints and some agency staff were not trained appropriately to restrain patients when required.
- Staff imposed blanket restrictions which restricted the freedom of patients. All apartment doors were locked without being individually assessed. There was an action plan to phase in the removal of locked doors around the hospital but there was no target date for completion of this.
- Not all permanent staff had undertaken the basic training that the provider deemed to be mandatory. This included training around safe administration of medicines, food hygiene, infection control and the Mental Capacity Act.
- The information needed to plan and deliver effective care, treatment and support was not consistently or appropriately shared. Staff had varying methods to access the information. however, this was done with an inconsistent approach and the potential for paper copies to be out of date.

However:

- Staff assessed and managed risks to patients and themselves well. Risks were shared amongst staff in handover meetings and through patient records. They responded well to changes in risks and used the organisational observation policy to minimise incidents.
- Staff understood how to protect patients from abuse. They had training in how to recognise and report abuse, and they knew how to apply it. The service alerted the local safeguarding authority appropriately and informed the Care Quality Commission as required.
- Staff knew what constituted an incident and how to record it. Details of incidents were automatically exported from the incident reporting system directly onto the individual patients care records.
- Managers had the skills, knowledge and experience to perform their roles. They had a good understanding of the service and how they were working to provide and improve on the quality of care.

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at

Long stay or rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Bradley Complex Care

Bradley Woodlands is a high dependency long stay rehabilitation unit located on the outskirts of Bradley near Grimsby. The hospital was taken over by Elysium Healthcare in October 2017. In April 2018 they became a locked rehabilitation hospital having previously been a low secure provision. The hospital provides care and treatment for up to 20 patients both male and female that have learning disabilities and complex conditions such as a personality disorder, mental health problems and autistic spectrum disorders.

At the time of our inspection, the hospital had 15 patients; of these, 13 were detained under the Mental Health Act 1983, one patient was on Deprivation of Liberty Safeguards and one patient was informal. One patient was on Section 17 leave and therefore not present during the days of inspection. There were seven males present and seven females. Patients were admitted to the hospital from throughout the country; there were no patients from the local area.

The inpatient accommodation consisted of 20 beds in eight separate apartments surrounding a central courtyard, with a gymnasium, physical health room, clinic room, activity room, advocacy office and computer room. Each apartment had between one and four ensuite bedrooms including single occupancy services providing individual bespoke packages of care. One apartment had been adapted for wheelchair or bariatric patients. Apartments could be used for either gender, depending on the patient's presentation, but an apartment was never used by patients of different genders at the same time.

Bradley Complex Care has been registered with the Care Quality Commission (CQC) since 2011 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The hospital has a registered manager in place.

There have been ten previous inspections carried out at Bradley Complex Care. The Care Quality Commission's last comprehensive inspection of the hospital took place in February 2018 where it was rated good in all domains.

Our inspection team

The team that inspected the service comprised of four CQC inspectors.

Due to the short notice of this inspection it was not possible for us to use a specialist advisor or expert by experience.

Why we carried out this inspection

We inspected this service following concerns received about safety within the provider's services. We received information from a member of staff stating they had not been trained in restraint techniques. We also received an allegation from a patient stating they had been physically assaulted.

How we carried out this inspection

This was a focussed inspection following concerns received.

We asked the following two questions:

- Is it safe?

Summary of this inspection

- Is it well-led?

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

During the inspection visit, the inspection team:

- visited all apartments and communal areas at the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with 10 patients who were using the service;
- spoke with the registered manager and service manager;
- spoke with 15 other staff members; including the psychiatrist, nurses, recovery workers and agency staff;
- attended and observed one hand-over meetings and one patient meeting;
- looked at eight care and treatment records of patients;
- looked at 24 staff files including 20 agency records;
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 10 patients and two carers.

Patients mostly felt safe; one informed us they didn't feel so safe around the other patients. Carers felt their loved ones were safe at the hospital. They knew how to complain if required.

Patients informed us that the food was generally good, and they had a choice in their meal plans. They were able to go outside the hospital for activities such as bowling and could join in hospital-based activities such as art, sport and computers. They told us that the staff were mostly friendly and polite. One patient said that they saw a support worker asleep at night.

A carer thought that communication between them and the hospital could be improved. They had not been sent meeting notes or received responses from emails.

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?

Inadequate

We rated safe as inadequate because:

- There was a high number of incidents where staff restrained patients. Despite this, some agency staff were not trained appropriately to restrain patients when required.
- Staff were not up to date with the organisation's mandatory training requirements.
- Staff applied blanket restrictions which limited a patient's freedom.
- There was an inconsistent approach to ensure agency staff were able to access up to date patient records.
- The hospital's smoking policy did not apply equally to patients and staff.

However:

- The hospital environment was safe, clean and well-equipped.
- Staff did a risk assessment of every patient and updated them regularly.
- Staff knew what constituted a safeguarding concern and how to report it.
- Staff knew what constituted an incident and how to record it.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The hospital did not have effective systems in place to ensure the suitability of agency staff.
- The risk register did not clearly identify control measures to minimise or mitigate risks.

However:

- Both staff and patients found managers approachable. They were visible around the hospital.

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.

Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement

Safe	Inadequate
Well-led	Requires improvement

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

Inadequate

Safe and clean environment

Elysium's health and safety lead carried out regular assessments of the environment at Bradley Complex Care. This included an annual ligature audit. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. Staff assessed patients prior to their admission to identify those who might be at risk. These risks were mitigated by accommodating the patients in appropriate ligature free apartments, adapting the environment where needed and ensuring care plans, risk assessments and observation levels reflected any concerns.

All areas of the hospital were clean and mostly well maintained. There had been some recent damage to an apartment window following a patient incident; this was due for repair by the hospital's maintenance team. There was also one patient who regularly damaged his apartment as they enjoyed observing and helping the maintenance team with repairs. We could see that these repairs were being actioned. Each apartment was gender specific, most patients had their own ensuite.

All staff had alarms and there were nurse call buttons for patients in all apartments. Staff informed us that response to alarms for assistance was very good.

The clinic room was fully equipped with emergency drugs that staff checked regularly. All equipment was well maintained and checked. The room was clean and tidy except for a damp patch on the wall which had been there for some time, this was brought to the attention of the provider. Staff were able to access the British National Formulary online using a permanently stationed laptop in the clinic room. The contracted pharmacy conducted routine audits of the provider's medicines management.

The resuscitation equipment was kept in the nurse's office for access to all staff. This was regularly checked.

Safe staffing

The service calculated the number and grades of nurses and support workers based on patients' care packages agreed with clinical commissioning groups. At the time of our inspection the required staffing levels were 33 staff for the day and 27 staff for a night shift. This included three qualified nurses. There were vacancies for 1.7 whole time equivalent nursing staff and 38 support workers. The requirement for support workers had increased significantly due to two recent admissions requiring high levels of staffing. There was an ongoing recruitment campaign with the aim of overfilling vacancies to cover for annual leave and sickness. Staff sickness was at 8%.

During the three-month period prior to our inspection, 105 out of 2503 day shifts were unfilled and 55 out of 2484 night shifts were unfilled. Agency staff filled 30% of the daytime shifts and 55% of the night shifts.

The service used agency staff from 12 different agencies. They received an induction which included a tour around the hospital, fire procedures and expectations. Agency staff told us, and records confirmed, that they always worked alongside a permanent member of staff. There was a qualified member of staff in the hospital area where the apartments were located. On the days of our inspection, we spoke with agency workers who were working their first day at the hospital. They told us they did not live locally and that the agencies transported them into the town and provided them with accommodation while they worked their allocated shifts. Patients and carers told us that the high use of agency staff and the number of agencies used meant patients received poor continuity of care.

Hospital activities and patients' leave was rarely cancelled due to staffing levels.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement

The hospital had adequate medical cover day and night. The consultant psychiatrist worked full time at the hospital during the day. At night-time, weekends and bank holidays, consultants provided medical cover across the Elysium group on an on-call rota. For physical healthcare emergencies, staff contacted the patient's GP or called the emergency services.

Mandatory training

Staff had not received or were not up to date with appropriate mandatory training. The service required permanent staff to complete mandatory training units to ensure they had the necessary skills to deliver safe care and treatment. Training was delivered either by e-learning or face to face.

Their organisational compliance target was 95%. There were 23 units in total; intermediate life support level 3 was the only unit achieving this target with 100% staff completion. There were nine training units with a compliance below 75%. These were Food hygiene at 34%, annual infection control at 70%, Mental Capacity Act and deprivation of liberty safeguards (levels one and two) at 68% and 66%, Prevent at 42%, safe administrations of medicines (levels one and two) at 64% and 38%, security at 2% and suggestions, ideas and complaints at 72%. The training lead encouraged staff to complete e-learning training through emails, liaison with staffs' line managers to discuss in supervision and by scheduling in time in the staff rotas. New staff received the training as part of their induction programme. The service had introduced a programme to deliver blocks of face to face training over a five-day period. These classroom sessions were due to commence until July 2019 with a schedule covering the next 12 months.

Assessing and managing risk to patients and staff

Staff did a risk assessment of patients and updated them regularly. We looked at eight patient records. Seven of these had up to date risk assessments from the service. One record had the risk assessment from the patient's previous hospital which was up to date and part of the transfer documentation. This patient had been with the service for three weeks. Staff used the Historical, Clinical, Risk Management-20 assessment tool to help estimate a patient's probability of violence; they were considering alternative tools more appropriate for their patient group. They identified and responded to changing risks and discussed in handover meetings and care reviews.

Staff applied blanket restrictions which limited a patient's freedom. Observations on inspection and staff interviews evidenced that all apartment doors were locked. A member of staff was always present with patients in the apartments. These restrictions were not individually care planned. The hospital manager and staff informed us that it was the next stage in their change from a low secure hospital to a rehabilitation unit. However, the service became a rehabilitation unit in April 2018. Since this date, the hospital has phased in the reduction in locked doors since the transition. The first two phases to remove the air lock and to unlock general hospital doors (e.g. gym, activities room) had been complete.

There was a working group to consider ways to remove the locked apartment door restriction. They invited patients to attend a meeting for discussion. Unfortunately, only one patient attended. Their action plan was for the multi-disciplinary team to consider each apartment individually taking into account the patients' care plans, care packages, observation requirements and risks. The target was for this to be complete and in place for apartment one by the end of June 2019. There were no target dates for the other apartments on their plan.

The hospital had implemented a no smoking policy for patients. However, there was a designated smoking area used by staff. We observed patients walking past this area on several occasions while staff were smoking.

There were 248 incidents of restraint in the six-month period prior to our inspection. Of these, 25 incidents resulted in the use of rapid tranquillisation; and one restraint was in the prone position. We were told this was where the patient had put themselves face down.

All staff were expected to assist the restraint if required. Permanent staff had all completed restraint training through the organisation. The service required agency staff to be restraint trained prior to their commencement of employment. However, some agency staff were unsure of the restraint training they had received, and some informed us they had not been trained.

We looked at 24 staff records, of these, 20 were agency staff. We also spoke with eight agency workers. This showed us

that one agency staff had not been trained, three agency workers' training was out of date and two did not have a date of training stated. The agency staff profiles provided to Bradley Complex Care from the agency did not include copies of certificates. A further two records showed us that the training used was on breakaway techniques and unclear whether the staff had been adequately trained other than theory-based learning. The hospital manager told us that they used Therapeutic Management of Violence & Aggression (TMVA) training and that they would only employ staff who had received this training. None of the agency staff had received specific TMVA training but were mostly trained in other models of restraint training. His was dependent on the agency they worked for.

Staff followed the organisation's policies relating to observations and searching patients or their bedrooms. Staff rarely searched patients or their rooms and only did so if there was a concern.

Safeguarding

Staff were trained in safeguarding and knew how to make a safeguarding alert. They were 82.5% compliant in level two safeguarding training and were able to describe what constituted a safeguarding concern. The service reported low level safeguarding concerns on a monthly log to the local safeguarding authority. Following agreed criteria, more serious concerns, including any physical harm were notified to the authority in a timely manner. In the six-month period prior to our inspection, the service had made 14 direct safeguarding referrals and 33 lower level concerns were submitted via the monthly log. Staff could discuss any concerns with the service's safeguarding lead.

Staff access to essential information

Information needed to deliver patient care was available to all relevant staff when required. The service used an electronic system to record information. Care plans and risk assessments were printed from the system to provide paper copies for staff to access. These were kept in the nurse's office within the apartment area, Staff we spoke with told us that they knew where to access records and could describe how this was done and the details around the care needed and the risks of the patient. However, staff described an inconsistent approach to they gained knowledge around the patient they were supporting. Some staff told us that they did this informally with the permanent staff present, some used the records stored in the nurse's station and others told us they used 'grab sheets' from the apartments which gave a patient overview. There were laptops in each apartment for staff to enter electronic information. However, most agency staff said they did not use this as the permanent staff carried out the recordings. On one apartment we asked to see the care plans but was provided with an out of date support plan for a patient no longer in the apartment. This meant that there was a potential for staff to read out of date or incorrect information.

Medicines management

Staff followed good practices in medicines management. This included the storage, dispensing, administration, reconciliation, recording and disposal of medicines. Controlled drugs were securely stored and accurately recorded. The pharmacy attended the service to ensure timely audits. All patients' medication charts were clearly recorded with codes where medications had not been given and the reasons why.

The service had a physical health practitioner to review and monitor the physical health of each patient. They used recognised tools for monitoring and used external providers to ensure all health concerns were addressed appropriately.

Track record on safety

Providers are required to report all serious incidents to the Strategic Executive Information System within two working days of an incident being identified. Bradley Complex Care had no serious incidents which required reporting.

Reporting incidents and learning from when things go wrong

Staff knew what constituted an incident and how to report it. They used an electronic reporting system which also exported the incident information directly into the individual patient's electronic record.

In the six-month period prior to our inspection there had been 734 incidents reported. These were mostly incidents reported due to patient on patient altercations at 416. Other incidents reported were relating to environmental and property issues, verbal aggression, physical health and failures to return from leave.

Staff were vague around how lessons learnt were shared from both internal and external investigations. However,

Long stay or rehabilitation mental health wards for working age adults

Requires improvement

some staff told us they had been involved in critical incident reviews and could use positive behavioural support workshops to discuss incidents and what they could have done differently.

The service was working on improving staff debriefs following incidents. They had introduced two levels of debriefing staff. The first level immediately after the incident was to ensure staff welfare. The second level within 24 hours was to discuss the incident in further detail. Staff also told us that they had received individual debriefs from nurses or the psychologist if needed. There was a working group to monitor and improve the new system.

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

Requires improvement

Leadership

Managers were visible around the hospital and known by the staff and patients. Both staff and patients felt that managers were approachable. They had a good understanding of the service they managed and could explain clearly how they were working to improve and provide high quality care. Elysium supported the development of their managers. For example, the service manager was studying for a degree in behaviour, assessment and intervention which was funded by the organisation with time allowed for the course.

Senior managers and the organisation's Chief Executive Officer visited the hospital.

Vision and strategy

The organisation's values were innovation, empowerment, collaboration, compassion and integrity. Elysium were communicating their values through newsletters and we observed posters around the hospital.

At the time of our inspection, the hospital was trialling value based recruitment.

Staff were involved in consultations around the organisation's strategy during the transition of the hospital from low secure to a rehabilitation unit.

Culture

Permanent staff felt supported by managers in the organisation and generally felt there was an honest and open culture. Managers appropriately addressed staffing levels, sickness, and bullying and harassment allegations. This gave staff the confidence to raise concerns without fear of victimisation. Agency staff also told us they would feel safe raising concerns if needed.

Staff morale aligned with the hospital's agency usage with lower morale the more agency staff being used. This was due to higher work levels and a less familiar staff team.

The multi-disciplinary teams worked well together with joint clinical meetings and shared office space. The hospital manager was clear about their role and accountability and had sufficient authority and administrative support to undertake their duties.

Elysium had a diversity policy and a staff health and wellbeing policy. Staff were able to use a free and confidential advice service to support their physical and emotional health needs. The service planned wellbeing days were staff could access therapies and promoted activities for staff to participate in.

Governance

The hospital mostly had systems and procedures in place to monitor and ensure it was clean, safe and compliant with its requirements. Elysium had a ward to board governance structure incorporating clinical governance and corporate management. The manager of Bradley Complex Care attended these monthly meetings. Agenda items included quality reporting from the hospital, safety, action plans, service risks, changes to policy, incidents, lessons learnt, performance and development.

Communication to and from the organisation's board, was facilitated through hospital management meetings, staff team meetings and patient community groups. The organisation provided detailed minutes of all levels of meeting which they shared with staff teams. They also produced regular newsletters for staff called 'Golden Threads' so staff understood what was being actioned at a corporate level.

The organisation produced dashboards for managers to monitor patient information such as care plans, incidents,

physical health, and discharges. This information was extracted directly from the patients' electronic records. Dashboards were also used to monitor staff information including sickness levels, agency usage and training.

However, the provider did not have effective systems in place to ensure the suitability of agency staff. They used 12 different agencies. They held an agency file containing agency staff profiles which they requested from each agency. We were told all the profiles in the file were for active staff. On the days of our inspection, there were 18 agency workers on the shift. The profiles of 4 of these workers were not in the file. This meant their profiles had not been checked and agreed as suitable prior to their employment at Bradley Complex Care. In total we looked at 20 profiles. We found there was inconsistent or missing information. Five of the profiles included criminal convictions without a risk assessment if agreed as suitable. One disclosure and barring service check was out of date. The service had not assured themselves that the agency staff had completed the required training, accepting profiles from agencies without certificates and vague details. The hospital informed us that they had recognised concerns relating to the agency profiles following a recent incident and were due to review the profiles and their requirements.

The service had an annual audit schedule which included audits on medications, complaints and observation. The results were shared across the organisation for all services to act upon as appropriate.

The hospital recognised the need for working with other teams especially those external teams for transfers between providers. One example of this was a recent admission. Staff from the patient's previous hospital's core team worked alongside Bradley Complex Cares' staff to support the patient and provide reassurance in the transition.

Management of risk, issues and performance

Staff maintained and had access to risk registers. Risks were escalated through the organisation's governance structures.

We saw the hospital's risk register dated March 2019. It included concerns relating to staffing numbers, NHS contractual risks and failures to meet forecasted occupancy levels. Some of the risks on the register did not include actions to minimise or mitigate them or target dates.

Information management

The service used electronic systems to collect data for both patient and staff monitoring. This included access to information on performance, staffing and patient care. Staff had access to laptops in each apartment and in communal staff areas such as the nurse's office. The information governance system included confidentiality of patient records.

Staff and managers did not report any concerns that data collection was overburdensome for frontline staff.

Managers made notifications to external bodies as required.

Engagement

Staff, patients and carers had access to up to date information about the work of the provider. Elysium had a website which gave details about each of their locations.

Patients were invited to community groups as an opportunity to give feedback. The service used advocates as a further means to ensure patient engagement. The last carer's survey was in January 2018; managers acknowledged the delay in repeating this for 2019 and had plans to do so. The hospital was in the process of carrying out an annual staff survey. They also used staff meetings, supervisions and reflective practice workshops to ensure staff were involved in decision making.

Learning, continuous improvement and innovation

Quality improvement was a standard agenda item in clinical governance meetings to give staff the opportunity to consider opportunities for improvements and innovation. We did not see evidence of these conversations leading to changes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff have received and are up to date with appropriate mandatory training.
- The provider must individually assess the requirement for apartment doors to be locked.
- The provider must ensure all staff are appropriately trained in the use of restraint.
- The provider must develop protocols and procedure to ensure the suitability of all agency staff employed to work at the hospital.

Action the provider SHOULD take to improve

- The provider should consider the hospital's smoking policy.
- The provider should ensure agency staff have a consistent approach to access patient records which are up to date from the electronic system.
- The provider should ensure lessons learnt from incidents both internally and externally are fedback to staff.
- The provider should ensure effective recruitment to minimise the use of agency staff.
- The provider should consider further details on the risk register detailing actions and dates required to minimise or mitigate the risks.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How this regulation was not being met: Staff were not up to date with mandatory training requirements. This was a breach of regulation 12 (2) (c)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How this regulation was not being met: Apartment doors were locked without being supported by an individual risk assessment or involvement of the patient in relation to the restriction. This was a breach of regulation 9 (3) (c)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How this regulation was not being met: Not all agency staff were appropriately trained in restraint techniques to enable them to carry out their duties.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 18 (2) (a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How this regulation was not being met: The hospital did not have effective protocols and systems in place to ensure the suitability of agency staff. This was a breach of regulation 19 (2)