

South West Yorkshire Partnership NHS Foundation Trust

Wards for older people with mental health problems

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Wards for older people with mental health problems

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. We visited 2 of the 6 wards for older people with mental health problems which are operated by this trust.

- The Poplars is a mixed sex assessment unit.
- Ward 19 is an inpatient ward on Priestley unit at Dewsbury and District Hospital for the assessment and treatment of any form of mental health condition for service users usually over the age of 65 years.

We did not rate the service at this inspection. The previous rating of good overall remains, with a rating of requires improvement in the safe key question. We found:

- The trust had not ensured that all staff had the correct level of training to safely care for patients. Training compliance rates for managing violence and aggression, basic life support and immediate life support were low.
- Not all clearly identified patient risks had a corresponding plan to help staff support them.
- Physical health observations were not always documented effectively, it was not always clear why they had not been carried out.
- Not all staff had been offered an appraisal of their work.
- The delivery and quality of care offered to patients was inconsistent across the sites we visited.

However:

- The trust responded positively to the points we raised and already had plans in place to make changes and improvements in the areas that we highlighted.
- The trust was taking steps to make improvements to the environment to ensure that it remained safe and fit for purpose.
- Staff cared for patients and showed that they had a good understanding of their needs.
- Patients and carers that we spoke to said they were happy with the level of care that they received and observed.

How we carried out the inspection

The inspection team was made up of 1 inspector and 2 inspection managers. Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited the wards and looked at the quality of the environment
- observed how staff were caring for clients
- observed a handover meeting
- spoke with 3 patients who were admitted to the wards

Our findings

- spoke with members of the senior management team including the consultant psychiatrist
- spoke with 6 other staff members including nurses and health care assistants
- looked at 4 care and treatment records, and
- 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 to a small number of patients on the wards and they gave positive feedback about the care they received. They said staff were caring and kind and worked hard to meet their needs. We observed a good rapport between patients and staff.

We spoke to a small number of carers and they said they were happy with the care that people they cared for were receiving, they said staff were friendly and communicated with them when they needed to.

Is the service safe?

Inspected but not rated



Our rating of safe stayed the same.

Safe and clean care environments

We visited 2 wards as part of this focused inspection. All wards were safe, clean well equipped, well furnished and well maintained.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards. There were mirrors positioned to give staff a view of patients that might be out of eyesight and those patients that required it were observed by a staff member at all times.

The ward complied with guidance on mixed sex accommodation. Although at The Poplars female patients had to walk across a communal area used by male patients to reach a communal bathroom, they were always accompanied by a staff member when doing so.

Staff did not always know about any potential ligature anchor points but it was clear that they mitigated the risks to keep patients safe. On one of the wards we visited the ligature risk assessment was not available for staff to view and on another ward the risk assessment appeared to be out of date. However, when we pointed this out to the trust, a newer version of the risk assessment was located and made available to staff working on the ward. Staff told us that environmental risks were mitigated by the use of observations levels dependent on the level of risk presented by the patient.

Our findings

Staff had easy access to alarms and patients had easy access to nurse call systems in each bedroom and throughout communal areas of the wards.

We were concerned that when we looked in patient bedrooms, patients had not always been given the opportunity to personalise their rooms. Some patients had been on the ward for a number of months. The trust told us that when someone was admitted to a ward that staff ordinarily make contact with family and carers to gather resources so they can support patients to keep in touch and help them remember things that are important to them. However, this work had not been completed for some patients but the trust told us that they were taking action to ensure that staff consistently carried out this piece of work.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, and well furnished. The Poplars had fixed handrails which were a potential ligature risk but the assessment that was carried out before admission of each patient would mean that those with potential self harm risks would not be admitted to this ward. Ward 19 did not have handrails fitted but the trust was in the process of carrying out some renovations which would include the fitting of anti ligature handrails.

We raised a concern about the material used to floor parts of the ward as we were not sure they were suitable for a patient group with potential falls risks. The trust assured us that they had assessed the floor as suitable and this was continuously monitored to ensure it remained as safe as possible and up to date with current good practice.

Staff made sure cleaning records were up-to-date and the premises were clean. Both wards that we visited were cleaned to a visibly high standard.

Staff followed infection control policy, including handwashing. Areas had been designated for staff to make best use of personal protective equipment, the trust applied a flexible approach to the use of PPE which could be changed easily depending on current levels of risk in relation to the spread of infection in the community.

The location of The Poplars away from any other of the trust's location meant that the staff team were isolated in terms of access to urgent support or cover for unplanned staffing issues.

During our inspection at The Poplars we found a packet of antibacterial wipes and foam spray soap in an open communal lounge. We were concerned that patients who were confused at times had access to these. They were removed immediately by staff when we shared our concern with them.

Seclusion room

Neither ward that we visited had a seclusion room. Staff from ward 19 told us that they sometimes used the seclusion room on the ward across the corridor, they had done so once over the last 12 months. This involved the movement of a patient across a communal corridor which was accessible to the public. Staff told us that they would 'lock off' the corridor if this needed to happen so that the patient was not visible to the public. The trust were in the process of building an extra care area during our inspection which would reduce the risk of this occurring again.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. On one of the wards the clinic room was relatively small and therefore quite cluttered. However, the trust was aware and were taking steps to ensure that the room remained fit for purpose.

Staff checked, maintained, and cleaned equipment on a regular basis.

Our findings

Safe staffing

The service had enough nursing and medical staff, who knew the patients but they did not always receive basic training to keep people safe from avoidable harm. The overall shift fill rate across this core service for the last 6 months was 129%.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Both wards that we visited were well staffed at the time of the visits and there were enough people to carry out the required duties.

The service had low vacancy rates. Many of the staff that we spoke to had worked at the services for a long time, turnover of staff was low.

Managers limited their use of bank and agency staff and requested staff familiar with the service. During the inspection we encountered mainly permanent and experienced members of staff.

The service had enough staff on each shift to carry out any physical interventions safely but we were not assured that enough of the staff had the required level of training to manage violence and aggression.

Staff shared key information to keep patients safe when handing over their care to others. We observed one handover and this was well attended, detailed and well documented. We looked at a sample of previous handover documents which looked of a similar high quality. However at The Poplars we found that handover records were not dated which made them difficult to review over a period of time to assess the care needs or changes in risks for patients.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. All wards used an out of hours medical cover system for junior doctors, middle grade and consultant cover. We were concerned that the distance from The Poplars to other trust locations would impact on out of hours medical assess.

Mandatory training

Staff had not completed or kept up-to-date with all of their mandatory training.

The mandatory training programme was comprehensive and could meet the needs of patients and staff but compliance rates of completion for some elements of the programme were low. At the time of the inspection 59% of staff that required managing violence and aggression training had completed it; 79% of staff had completed an element of basic life support and 73% of staff that required it had completed immediate life support training. This meant that the trust could not be certain that there were enough staff to carry out these duties safely, when they were required.

We spoke to the trust about mandatory training and they were able to provide detailed evidence of plans that were in place to rectify these concerns.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. Not all ward staff participated in the provider's restrictive interventions reduction programme.

Our findings

Assessment of patient risk

We looked at risk assessments for 4 patients across 2 wards. Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were detailed and included elements such as risk of falls, choking and skin integrity

Staff used a number of recognised risk assessment tools depending on the nature of a patients illness. There was a dynamic approach to which type of assessments was needed depending on a patients assessed needs.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Patient records were accessible to all staff so that they could ensure they knew the most up to date risks for each patient. Handovers also covered each patients current risks in detail and these were well attended and documented for those that were not able to attend.

Staff followed procedures to minimise risks where they could not easily observe patients. The majority of the ward areas were open and that made observing patients more easy. Patients that required closer observation in areas that were closed could be accompanied by staff. The trust assessed patients before admission to each ward to ensure that they were suitable for the environment on each ward, if it was felt that a patient would be too high a risk for any particular ward then they would be referred elsewhere.

However, we found that the documentation of physical health observation was sometimes not completed and there was no rationale noted as to why these omissions had occurred. We raised this with the trust and they have put a plan in place to ensure that where omissions do occur that a rationale is provided, for example if a patient is too agitated to engage with the observations.

Use of restrictive interventions

Restrictive interventions were used on a regular basis across all of the wards in this core service. The total number of restraints across all of the wards over the last year was 594, the majority of which were low level restraints such as a standing guide where a patient would be guided away from potential risk. However, we were concerned that because of the low level of compliance in the trusts management of violence and aggression training that there was an increased risk that restrictive interventions would not always be carried out safely. For example, it was not always clear that there were enough suitably qualified staff working at any one time to carry out restraints safely. The trust has also implemented a system that allows them to identify on the rota system which staff are trained and therefore they can monitor the situation more easily.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. We spoke with staff and it was clear that they were confident about how to respond to safeguarding concerns. Staff kept up-to-date with their safeguarding training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Our findings

Patient notes were comprehensive and all staff could access them easily. The majority of the patients records were stored electronically on a system that appeared to be easy to navigate and use. This also meant that when patients transferred to a new team within the trust, there were no delays in staff accessing their records.

Records were stored securely.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. As part of the inspection we asked the trust for data in relation to incidents that involved falls and restraints. The trust was able to provide detailed data which included analysis of themes and trends and plans that they had to address areas that concerned them. It was clear that the quality of the incidents reported by staff allowed the trust to carry out this process.

Data from the previous 4 months shows that there were 66 falls across all of the wards. 31 of those occurred on 2 of the wards. The trust had identified 2 patients who fell on a regular basis and this had a big impact of the data. Analysis of the data for these 31 falls shows that 29 led to no harm and 2 led to minor harm.

Managers investigated individual incidents, gave feedback to staff and shared feedback from incidents outside the service. We saw evidence that managers were regularly meeting with staff and saw examples of discussions that took place as a result of incidents that happened on the wards. There were a range of meetings available to staff during which this function could be carried out.

There was evidence that changes had been made as a result of feedback. As a result of the data that the trust had gathered in relation to falls, they were implementing a range of actions that intended to decrease the amount and also to support patients and staff better when they occurred. For example, the trust have made changes to their post falls protocol as a result of analysis of its use and they have also employed a trust wide falls co-ordinator who is due to start soon.

Is the service effective?

Inspected but not rated



Our rating of effective stayed the same.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. All but one patients care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Our findings

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We looked at 4 care records and each patient had a detailed assessment documented which was easy to access and navigate.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the wards. A range of specialists were deployed to carry out more detailed assessments where it was necessary, for example speech and language therapist, physiotherapist and skin integrity specialists. However, we found that at The Poplars, this was not always well recorded.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs in most cases. However, we found that one patient had been highlighted as a risk of developing pressure damage to their skin and a risk of malnutrition due to a potential poor diet, in both cases no specific care plans had been developed to address these issues.

Care plans that had been developed were personalised, holistic and recovery-orientated.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. They supported staff with supervision but not all staff had received an annual appraisal.

The service had access to a full range of specialists to meet the needs of the patients on one of the wards we visited. We saw evidence that a range of people in specialist roles were involved in the delivery of each patients care and in the management of the wards where necessary. These included dieticians, physiotherapists, speech and language specialists, psychologists and specialist nurses. However, on the other ward that we visited there appeared to be less specialist staff on site on a routine basis.

Managers did not support all staff through regular, constructive appraisals of their work. Data showed that rates of appraisal varied across all of the wards but overall just over half of the staff had received an annual appraisal over the last year.

Managers supported staff through regular, constructive clinical supervision of their work. This was delivered individually to each staff member and staff could also access a range of group clinical supervision sessions to support their practice.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Meetings were generally well attended and detailed notes were made available to all staff.

Is the service well-led?

Inspected but not rated



Our rating of well-led stayed the same.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Our findings

During the inspection we spoke to a number of senior nurses and senior managers and they had a good understanding of the work that they were carrying out and were able to provide information that we requested in a timely manner. It was clear that senior staff worked alongside the multi disciplinary team to assess and improve the quality of the work they were carrying out.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff that we spoke to were very positive about the culture that they experienced working for the trust. They said that they were well supported by senior staff and that they felt that they would be listened to if they were to give them some feedback.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Although we found a number of issues that required the trust to take action, it was clear the systems the trust had put in place were able to identify these issues and that they were already taking steps to make improvements where they were necessary. For example, the trust were able to provide information which showed they were aware of the issues in relation to training compliance and they were able to show us detailed plans that they had in place to make improvements and manage the risks in the meantime.

The trust was able to provide documents which showed that they had a robust governance system in place. Meeting notes showed that senior staff met on a regular basis to discuss information that had been gathered from various sources which included complaints, audits, incidents, safeguarding referrals and other feedback from staff. Meeting notes contained actions where they were necessary.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

It was clear the senior leaders were using the information they gathered about the management of risks and that this was being acted on. For example, the numbers of falls on the wards had been highlighted as an area for improvement and the trust were able to provide detailed actions plans in relation to improving this area. They were analyzing data on a regular basis and taking action to improve the response from all staff in relation to the prevention and management of falls when they occurred.

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:**

Wards for older people with mental health problems

- The trust must ensure that staff remain up to date with mandatory training.
- The trust must ensure that they complete actions that they have identified to improve the quality, safety and consistency of care across all of the wards.
- The trust must ensure that the physical health of patients is monitored, managed and clearly documented.

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

Wards for older people with mental health problems

- The trust should ensure that care plans are developed in relation to all identified patient risks.
- The trust should ensure that all staff are offered an appraisal of their work on a regular basis.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and 2 other CQC inspection managers. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment