

South West London and St George's Mental Health NHS Trust

Long stay or rehabilitation mental health wards for working age adults

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Requires Improvement 

Are services well-led?

Requires Improvement 

Our findings

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement ● ↓

Background to the inspection

Burntwood Villas is a locked step-down mental health rehabilitation unit within a specialist forensic pathway for up to 15 patients. The service is comprised of three units. Burntwood Villa accommodates up to eight male and female patients. Staff are present at this service at all times. Fairways and Redwood are semi-independent properties that are checked by staff once per shift. Fairways is a three-bedroom house and Redwood, has four bedrooms. One house is for females and the other males only.

This was an unannounced focused inspection, which we undertook following receipt of the investigation report into the death of a patient in August 2020. The trust had commissioned an independently chaired investigation into the death. The report of the investigation identified several failings in patient care, including care planning, physical health care, communication with primary care, lack of a rehabilitation focus and medicine management.

We re-rated the core service following this inspection as we identified breaches of regulations that limited the ratings for three key questions, Safe, Effective and Well-led, to Requires improvement. The previous rating of Good overall went down to Requires Improvement.

How we carried out this inspection

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

During the inspection visit, the inspection team:

- observed how staff were caring for patients
- observed staff use of PPE
- spoke with two patients who were using the service
- spoke with the GP for the service
- spoke with the ward manager
- spoke with 12 other staff members across the multidisciplinary team including consultant psychiatrist, occupational therapist, clinical psychologist, registered nurses and recovery workers
- reviewed six care and treatment records of patients
- looked at some documents relating to the running of the service

Overall Summary

- The service did not consistently admit patients in accordance with its inclusion and exclusion criteria, as stated in the operational policy, and some patients whose presentation had changed had not transferred to more appropriate

Our findings

settings in a timely manner. The trust was aware of the need to transfer some patients, and it was in the process of finding placements for them.”. Some patients had higher care needs on admission, this placed an additional burden on staff because the service had not been adequately resourced to meet the physical and mental health needs/ requirements of patients who fell outside of its scope.

- Patient acuity was high, as a result staff were not able to provide a rehabilitation model in line with the operational policy. Activities and therapeutic interventions were minimal and additional staff were needed to care for patients safely. We shared our concerns with the trust who responded promptly by increasing staffing and pausing admissions. The trust also assured us they would thoroughly review the care pathway for patients as well as staff skill mix going forwards.
- Although there was a new multidisciplinary team in place, who were committed to delivering a high-quality rehabilitation service the governance arrangements were not effective in ensuring that this was delivered. Staff did not feel their concerns were acted on and significant risks faced by the service were not consistently documented or addressed.
- Fire risks were identified through an annual risk assessment and fire drills carried out, but risks were not consistently documented or acted on promptly, placing patients and staff at risk. The nurse call alarm was not well maintained and did not work adequately on the day of our inspection.
- Staff did not always follow infection prevention and control policies. Two of four staff were not wearing face masks appropriately when the inspection team arrived at the service.

However;

- The ward environments were clean and well furnished, staff received appropriate mandatory training and followed good practice with respect to safeguarding, reported incidents and shared learning when things went wrong. Staff managed challenging behaviour well and did not use restraint or seclusion on the unit.
- Staff assessed and monitored patients’ physical health consistently and regularly. Patients receiving medicine requiring blood monitoring (including clozapine) were able to access regular blood tests and staff regularly asked patients about issues that can affect clozapine blood levels, such as constipation.
- The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward. The leadership team were mostly new in post but had a good understanding of what a high-quality rehabilitation service should look like.
- There were processes in place to ensure learning from incidents, and a recovery plan was in progress addressing gaps in care identified in a serious incident investigation report.

Is the service safe?

Requires Improvement ● ↓

Although we did not inspect all of the safe key question, we identified breaches of regulation, which limited the rating. Our rating of this service went down. We rated it as requires improvement because:

Safe and clean environment

Our findings

The unit was clean, well-furnished and largely well maintained. However, a fire risk assessment and fire drill had identified areas for improvement but this had not resulted in the necessary actions taking place. The staff and patient alarm call system did not always work. Staff did not always follow required infection prevention and control procedures. Emergency equipment was not always checked regularly and not all staff were aware of emergency procedures. The high acuity of patients meant there was a risk that the lack of internal emergency response procedures may have put patients at risk.

Safety of the ward layout

The unit had an alarm call system in place that staff and patients could access but it did not always work. Call alarms were fixed on the wall throughout the unit including patient bedrooms. On the day of our on-site inspection the system was not working properly. It took 20 minutes from the time of pressing an alarm button for it to sound and it did not consistently inform staff where the alarm was sounding from. Staff told us this was an ongoing problem. We shared our concerns with local and senior management, the engineers were called, and action taken promptly to ensure the alarms sounded immediately and indicated the location of the button pressed.

Although staff had carried out an assessment of fire risk, an identified risk had not been addressed promptly. A fire risk assessment was carried out in October 2020. The risk assessment identified a small number of high risks, action had not been taken for one of the risks identified. A key to the gate to exit the garden, where staff and patients would gather in the event of a fire, was kept in the nursing office. There was no spare key, which may have posed a delay in escaping the garden in an emergency. Following our inspection, we requested information on action taken to address the concerns highlighted in the fire risk assessment. The ward manager provided information to show that they had ordered a replacement key with additional keys so that a second key could be carried by the nurse in charge of the shift on 29 April 2021, six months after the original risk assessment and after we had requested the information. Until the key arrived, there remained a risk that patients and staff would not be able to exit the garden promptly in the event of a fire.

The service undertook weekly fire alarm tests, and fire drills took place annually. The record of the most recent fire drill in July 2020 noted that not all staff present were clear about where they should exit the building, and one staff member returned to collect paperwork. It took eight minutes to evacuate all staff and patients, and one patient returned to use the toilet before permission had been granted to confirm the building was safe. An action plan had not been developed in response to the drill to make improvements to the evacuation process. It was not clear whether gaps in staff knowledge had been addressed.

In addition, one patient did not have a personal emergency evacuation plan in place and that staff did not know what to do should a patient refuse to leave the building in the event of a fire. A risk assessment had not been completed for a patient who posed a fire risk due to having been found smoking in the building on occasions.

Maintenance, cleanliness and infection control

The unit was clean, and well furnished. The service was visibly clean and clutter free, staff and patients had access to hand gel and personal protective equipment. The most recent infection control audit in March demonstrated 100% compliance.

Our findings

However, staff did not always follow trust infection control and prevention policies. On arrival at the service on the day of the inspection we were met by a health care worker with a mask around their chin, not covering their nose and mouth. Another staff member was also not wearing a mask, although both staff later wore masks appropriately. A senior manager entered the service without a mask later during the day and had to find one to wear. Masks had not been kept near the front door for visiting trust staff and others to use.

Emergency equipment and procedures

The unit was situated outside the boundary of the main Springfield Hospital site and as a result could not access the emergency response team serving the hospital and was not part of the out of hours medical cover rota. This would have been appropriate for Burntwood Villas if the service had admitted patients in line with its operational policy. However, the acuity of patients at the time of the inspection was much higher than expected, three patients were on close observations. In addition, many patients had complex physical health needs. The operational policy did not consider or include the physical health needs of patients and whether this would make them suitable or not for the service. At the time of the inspection there was a risk that the lack of emergency support from the trust put patients with high levels of physical and mental health needs at risk of harm. When we raised our concerns, the trust took immediate action to increase staffing levels and stop admitting patients with acute care needs to the unit.

During the inspection we found the automated external defibrillator (AED) was working and fit for purpose. However, staff had not carried out regular daily checks on the AED on 16 occasions during February, March and the first week in April 2021. We informed senior staff who told us this would be addressed immediately.

Some staff did not know how to access all medicines for use in an emergency and three were not clear on what actions to take in the event of an emergency. Staff at the service on the day of the on-site inspection were not aware that there was a supply of adrenaline in the clinic room, which could be used if a patient suffered anaphylactic shock. In addition, three staff were unclear what procedure they should follow in the event of a medical emergency. Some staff reported they would dial 999 only, others stated they would dial 999 and then perform basic emergency procedures in accordance with the type of emergency. We shared our concerns with the service who responded positively and promptly to address the issues raised. When we spoke with staff subsequently, they were all clear on what action they should take in the event of an emergency.

Safe staffing

The service did not have enough staff deployed on the day of the inspection to meet the overall purpose of the ward and needs of patients. According to its operational policy, Burntwood Villas is a locked, inpatient community rehabilitation unit for up to 15 patients providing a step-down facility for patients from forensic, complex rehabilitation, out of area services and acute pathway and serves to enable recovery, supporting people to return to the community. The unit was staffed with a team consisting of one registered nurse and two non-registered nurses per shift. In response to the pandemic the trust had provided all units with an extra registered nurse to help them cope with the additional workloads; this was a temporary measure.

However, the service had admitted patients with particularly complex mental and physical healthcare needs, which was not in accordance with its operational policy. This meant that the needs of patients were greater than the ward and staffing levels had been designed to meet at the time of the inspection. For example, on the day of the inspection visit

Our findings

two patients required significant support with their personal care, three others required one to one observation. Activities and therapeutic interventions were minimal and additional staff were needed to care for patients safety. We shared our concerns with the trust who responded promptly by increasing staffing and pausing admissions. The trust also assured us they would thoroughly review the care pathway for patients as well as staffing skill mix going forwards.

Mandatory training

The service employed staff who knew the patients and received appropriate mandatory training to keep patients safe from avoidable harm. Overall compliance with mandatory training was 90%.

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. All staff we spoke with talked confidently about how to recognise abuse and what action they would take should they identify any concerns. They provided examples where a safeguarding concern had been raised. Staff managed challenging behaviour well and did not use restraint or seclusion on the unit.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. The service had systems and processes in place to safely administer and record medicines use. Staff made records on the electronic prescribing and medicines administration (EPMA) system when medicines doses were administered or refused. Patients receiving medicine requiring blood monitoring (including clozapine) were able to access regular blood tests. A patient receiving Clozapine told us that staff regularly asked them about issues that can affect Clozapine blood levels, such as constipation.

However, during our inspection one patient tested positive for opiates and there was no risk assessment in place as to how this would be reviewed and managed. The service did not stock naloxone, which can be used to manage opiate overdose.

Track record on safety, reporting incidents and learning from when things went wrong

The service learned from patient safety incidents. A patient had died on the unit in August 2020. The trust had carried out a serious incident investigation with an independent panel chair. The investigation report identified learning for staff and improvements that needed to be made. An action plan was in progress. Lessons learned had been shared with the team. The trust had provided additional training to staff in respect of the assessment and management of patients' physical health in response to findings.

Is the service effective?

Requires Improvement ● ↓

Although we did not inspect all of the effective key questions, we identified breaches of regulation, which limited the rating. Our rating of this service went down. We rated it as requires improvement because:

Our findings

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission, this was a basic physical health check with a more detailed assessment undertaken by the GP. Staff developed individual care plans, which were reviewed regularly and updated as needed. Records showed that staff assessed patients' physical health on an ongoing basis

A member of staff accompanied patients to GP appointments. In response to concerns identified as part of the serious incident, which occurred in 2020, the service had requested the GP provide an email summary following each patient appointment. However, the GP informed us it was not always practical or possible to do so. There was a risk that patient records may not be accurately updated, and this had not been audited by the team. The GP suggested using patient access, where staff could view patient records if consented to by the patient.

Care plans reflected the assessed needs, were personalised, holistic and recovery oriented. However, it proved difficult for staff to deliver rehabilitation related interventions given the acuity of some patients and an increased focus on keeping patients safe. Care plans included specific safety and security arrangements, although we noted one patient did not have a positive behavioural support plan who would have benefited from having one in place.

However, the service was not functioning effectively as a step-down rehabilitation service in line with the operational policy for the unit. The service had admitted some patients with complex mental and physical healthcare needs, who were not suitable for rehabilitation at the time of admission. Burntwood Villas' operational policy clearly defined its admission and exclusion criteria, and this was not being adhered to. For example, patients were expected to have settled behaviour and mental state to enable them to engage in recovery. The aim of the service was to discharge patients to more independent living within six to 18 months. Patients should also have been abstinent from substance abuse for three months. The service should also exclude those at high risk of absconding, those who require intensive observation, monitoring and care and those at risk of self-harm. At the time of inspection Burntwood Villas had at least five patients who did not fit these criteria, out of eight patient beds. There were three patients who required enhanced observation, one patient at risk of absconding, one at risk of self-harm and two patients who required a significant amount of support with their personal care. We also noted that five patients had been at Burntwood Villas for over three years, one patient had been at the service for almost seven years.

We shared our concerns with senior management who informed us that going forwards they would introduce a new approach, whereby assessing clinicians could negotiate a trial leave from a referring facility to Burntwood Villas, before formally transferring the care over to ensure patients were suitable for the unit and met the criteria set out in the operational policy. Senior management confirmed that the operational policy would be adhered to going forwards and the Burntwood Villas team would be encouraged to take active part in decision making regarding admissions, which had not previously been the case.

Best practice in treatment and care

Staff provided some treatment and care for patients based on national guidance and best practice, although the focus on rehabilitation was minimal.

Staff provided some care and treatment interventions suitable for the patient group. However, this was limited because the service had admitted patients who were not suitable for rehabilitation. Psychological interventions took place but

Our findings

were focussed on dealing with patients' immediate needs, rather than the longer term goal setting that would be expected for this type of service. Patients received some support for self-care and the development of everyday living skills such as cleaning and cooking. Patients who lived in Redwood or Fairways were able to demonstrate independence in all areas of daily living without being prompted by staff.

There were minimal activities available to patients on the unit. This was due in part to the pandemic, but predominantly impacted by patients being admitted who were not suitable for rehabilitation as well as an appropriate staffing mix. Each morning staff and patients gathered to set out the plan for the day. The activities timetable included smoothie making, bingo and a virtual choir and virtual exercise class each week and a weekly walking group. It was not clear how many of these activities actually took place. One patient told us about joint staff and patient cleaning activities but said they rarely went out. None of the patients were taking part in voluntary or paid work, online courses or working towards doing so. The occupational therapist put together plans for those patients who were able to take part in rehabilitation activities, but these were not always followed because there were not enough staff available to engage with patients in accordance with their plans. Recovery workers had limited availability to support patients with activities because of the complexity of the current patient group. We were informed that the trust had recently created a new post for an activities coordinator to provide additional support, this was being recruited to.

Staff participated in audits of patient records; audits were largely positive. All completed audits were discussed at team meetings, although we found common themes were identified in National Early Warning Scores (NEWS) audits (The NEWS tool designed by the Royal College of Physicians, aims to improve the detection and response to clinical deterioration patients and is a key element of patient safety and improving patient outcomes) where elements of the document had not been completed, similar errors were identified each week/month.

Skilled staff to deliver care

Staff from different disciplines worked together as a team. They supported each other. However, the team was not fully resourced with support from an activity co-ordinator or physical health nurse, which meant there were some gaps in patient care.

The team included or had access to a range of specialists required to meet the needs of patients on the unit. The team included registered nurses on every shift, a part time consultant psychiatrist, a clinical psychologist, and an occupational therapist. The service did not have an activity co-ordinator, although a business case had recently been approved to create a new position for one within the team. The trust had also recently appointed a physical health nurse, once they commenced their post, this resource would be shared with Burntwood Villas.

Managers made sure they had staff with a range of skills needed to provide care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. At 16 April 2021, 86% of registered nurses, recovery workers and allied health professionals had received an appraisal. Managers ensured that staff had access to regular team meetings, which were held every other week. The service ensured staff were competent to carry out their specialist role supporting patients with their physical health needs. For example, seven of nine recovery workers had completed additional training in physical health care.

Is the service well-led?

Requires Improvement  

Our findings

Although we did not inspect all of the well-led key question we identified breaches of regulation, which limited the rating. Our rating of this service went down. We rated it as requires improvement because:

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The multidisciplinary leadership team were mostly new in post, although they brought skills and experience from previous positions held. The service had recently established a leadership development meeting for the multidisciplinary team, the first meeting had taken place just prior to our inspection. During this meeting pathway challenges including inappropriate placements and the development of a more supportive infrastructure were discussed. It was planned for these meetings to continue going forward, every six weeks. Those who attended, reported this was helpful.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively. The service was not working in accordance with its own operational policy. We identified other areas of weakness around emergency procedures, fire safety improvements and learning, and functionality of the nurse call alarm system. We also found that whilst managers and staff were aware of some of the key risks faced by the service, this was not reflected on their risk register. The register included five risks, three were identified from patient safety incidents, one from the recent CQC inspection, the fifth risk identified in 2018, identified a risk of not filling empty beds. Managers had not recorded risks around the failure to follow operational policy and the consequent impact on staffing and safety risks linked to this. Risks in relation to Covid-19 as well as those identified from the fire risk assessment were not included in the register.

Patient admissions to the unit were not always in accordance with the admission/exclusion criteria of the operational policy. Senior managers with oversight of the service had not fully appreciated or understood the impact this was having on the service in terms of safety and the effectiveness of care.

Staff undertook or participated in local audits although continued to make similar errors going forward. The audits were discussed at team meetings, although action plans were not completed.

However, there was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Improvements had been made since the serious incident in 2020. The service had developed a recovery plan, which incorporated actions identified following an investigation report into a death on the unit in 2020. The action plan also included other areas identified for improvement and was monitored and discussed by the manager, head of service and interim head of nursing. Progress was discussed with staff at team meetings. Improvements had been made in most areas, with some still in progress and deadline dates not yet reached.

Culture

Some staff did not feel listened to. Staff reported that whilst management heard their concerns, these were not acted on. We were told that staff raised concerns about the suitability of patients and lack of staffing but that whilst management were understanding of these concerns, they had failed to take action in the past.

Engagement

Our findings

Patients had opportunities to give feedback. Patients attended community meetings each week. Meetings were chaired and recorded by staff. Patients had the opportunity to raise issues at meetings and minutes showed that discussion focused on ordering of furniture, cutlery, arranging for the gardeners to come to the unit as well as arranging an outing to a café as lockdown restrictions eased.

Our findings

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure there is a robust model of care, that patients are admitted in accordance with the defined admission and exclusion criteria and that where a patient no longer meets the criteria, they are transferred promptly to a more suitable service. **Regulation 17(2)(a)**
- The trust must ensure that the service is suitably staffed, with the right skill mix, to provide the level of care required to meet patients' needs and that this is aligned to the model of care on offer. **Regulation 18(1)**
- The trust must ensure that operational risks relating to the service are documented, monitored and managed. **Regulation 17(2)(a)(b)**
- The trust must ensure fire safety arrangements are adequate so that risks are mitigated to safeguard patients and staff and that issues identified through risk assessments and fire drills are acted on promptly. **Regulation 17(2)(b)**
- The trust must ensure that staff at Burntwood villas have access to adrenaline and know where it is stored and that risk assessments are undertaken where needed for patients with specific medication requirements. **Regulation 12 (2)(f)**
- The trust must ensure that staff always follow infection prevention and control policies. **Regulation 12 (1)(2)(h)**

Action the provider **SHOULD** take to improve

- The trust should ensure that nurse call alarms are working at all times.
- The trust should ensure necessary checks are undertaken on medical equipment and documented daily to confirm it is in working in good working order.
- The trust should ensure that audits are used to drive improvement and if necessary, an action plan developed.
- The trust should ensure that staff voice is heard and acted on where appropriate.

Our inspection team

As this inspection took place during the COVID-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the unit to prevent cross infection. An inspector, an inspection manager, CQC pharmacist and a CQC specialist advisor visited the unit on 8 April 2021 to complete essential checks. The remainder of our inspection activity was conducted off-site. This included staff interviews over the telephone and analysis of evidence and documents. Our final telephone staff interview was completed on the 23 April 2021.

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 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing