Coventry and Warwickshire Partnership NHS Trust

Wards for people with a learning disability or autism

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 well-led?	**Inspected but not rated**

Our findings

Wards for people with a learning disability or autism

Inspected but not rated

Amber ward is a specialist assessment and treatment service located on the Brooklands site. It provides care and treatment for working age adults who have a learning disability, severe mental health or behavioural problems. The ward has 12 beds and admits both men and women.

Our last inspection was in November 2017 and the core service was rated as good overall.

We carried out this unannounced focused inspection of Amber ward because we received information giving us concerns about the safety and quality of the services.

Care Quality Commission received two whistleblowing concerns. The first one in 2020 included staff being derogatory against four patients, patient notes were not properly secured and left on the ward, and managers were bullying staff. The trust undertook an immediate investigation but found no evidence to support this. The local clinical commissioning group also conducted a review and were satisfied that the claims were unfounded.

CQC undertook a Mental Health Act review. The reviewer spoke with three of the four patients identified in the whistleblowing and the mother of one. Neither the patients nor the mother described derogatory behaviour by staff. All were complimentary on how caring staff were. We did not find any breach of confidential information and staff did not corroborate any bullying.

In July 2021, CQC received another whistleblowing concern with similar themes.

We did not rate this service because we did not inspect all five domains. We inspected the safe domain and aspects of the well led domain to ensure that patients were safe and to look at the concerns raised by the whistleblowers. The previous rating of good remains. We found:

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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.
- 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. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).

Our findings

- The ward had a good track record on safety. 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.

However:

- The ward was generally clean, however some areas such as the windows were smeared and dirty. The garden area was not well maintained, was overgrown and contained potential risks to patients.
- Due to the COVID-19 pandemic, staff had not been able to attend face to face mandatory training, therefore were not up to date with all their requirements.
- Patient identifiable information was left unattended and available for others to see.

How we carried out the inspection

This was an unannounced inspection.

We were on site for one day. A combination of one inspection manager, one inspector and one Mental Health Act reviewer inspected. An expert by experience carried out telephone interviews with family members.

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information. During this inspection, the inspection team:

- Interviewed fourteen staff members,
- spoke with three patients,
- interviewed one senior manager,
- looked at the quality of the hospital environment,
- looked at four patients' care and treatment records,
- looked at nine medicine prescription charts,
- spoke with seven family members,
- completed a series of short observational framework for inspection assessments,
- looked at other documentation and records related to patient care and overall governance of the service.

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

Patients told us that they felt safe. Staff treated them with dignity and respect. Staff were kind and they were approachable. Patients' said that sometimes there were not enough staff and sometimes they got bored. They said there was only one driver on the site, which meant they sometimes could not go out. Carers told us there were enough staff

Our findings

and that their loved ones were safe and well looked after. Staff kept relatives up to date and received regular feedback, and treated patients with kindness, dignity and respect. Carers said staff listened to them and two told us of when staff had adapted care plans following their feedback. Carers were aware of various activities happening and their loved ones had been involved.

Two relatives said there had been delays on occasion with information sharing.

Is the service safe?

Inspected but not rated

Safe and clean care environments

All wards were safe, well equipped, well furnished, and fit for purpose.

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.

Not all areas of the ward could be observed. Staff positioned themselves throughout the ward and blind spots were mitigated with the use of convex mirrors.

The ward had a large garden; however, it was unkempt and the grass overgrown. Thorny bushes were present which could cause harm to patients if they got too close. There was a lot of rubbish, including a used face mask, that had not been cleaned up. However, there was physical health equipment for patients to use, such as a basketball hoop, football nets and a table tennis table.

The ward was a mixed sex ward and they complied with guidance. Patient bedrooms were located on separate corridors including separate bathrooms. Bedrooms were ensuite. The corridors were dark, with little natural light. Female patients could use a separate female lounge if they wished. However, the separate lounge door also had a bedroom sign on it that may cause confusion.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were ligature points such as window handles and door latches across the ward, however they had been identified within the ligature risk assessment and appropriately mitigated.

Staff had easy access to alarms and patients had easy access to nurse call systems.

There was patient identifiable information either displayed on the ward or left unattended within a folder. A poster placed in the staff office window specifically named a patient and what snacks he could eat. This was visible to patients and visitors. Patient observation records were left unattended, and they also included patients individually named positive behavioural support plans.

Art materials such as felt tip pens and a pencil sharpener were left unattended in an activity room however similar items such as water bottle tops were included on the banned items on the ward, due to potential risks.

Our findings

Maintenance, cleanliness and infection control

Ward areas were generally clean, however, one of toilets in an unused locked bedroom had been used and was not clean. Some of the windows in the communal area were smeared with spit and saliva, so did not adhere to infection prevention control protocols. Ward areas were well furnished and fit for purpose. Four windows had been boarded up when we visited due to one patient breaking them. An area on a wall in the day area was damaged quite significantly. The bathroom in the female corridor had toilet rolls stored in a window and a bath seat propped up against a wall even though staff told us it wasn't in use.

Staff adhered to Covid-19 procedures.

Yellow plastic warning signs to notify patients and staff when cleaning was taking place were faded and as such did not show all the warning information required.

Seclusion room

The seclusion room was designed to allow clear observation and two-way communication. However, the room was poorly lit, and it was difficult to see a patient in one area of the room. The ceiling to the seclusion room was low. Screws were loose to a panel on the ceiling and could easily be removed. This was corrected on the day of our inspection. There was a window in the seclusion room to allow natural light, but there was no blind, it was possible for other patients using the garden to see into the seclusion room. Therefore this could have compromised the privacy of a patient in the seclusion room. There was a poor odour to the room and a patient told us that they had offered to clean it as the smell from the room carried to the shared lounge. It had a toilet and a clock.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

There were two qualified nurse vacancies and one deputy ward manager vacancy. Two qualified nurses and four health care assistants had been recruited to and were due to start.

Managers made sure all bank and agency staff had a full handover at the start of their shift.

Managers supported staff who needed time off for ill health.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients. On the day of inspection, the ward was short staffed. This had been escalated and staff from other wards across the site were able to support with staffing.

Our findings

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

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.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Most staff had completed and kept up to date with their mandatory training. Due to the COVID-19 pandemic, face to face courses such as moving and handling, holding and disengagement, and risk assessment training had not been able to take place, therefore staff were not up to date. However, staff were up to date with all their online training requirements.

Staff were required to read the fire emergency plan and sign it so managers could ensure that staff had read and understood the procedure. This was dated 24 June 2021. Only four out of 33 staff had signed to show they had read and understood it.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Overall, the service assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool and had received training in how to use it.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff followed procedures to minimise risks where they could not easily observe patients.

Four patients were on high level nursing observations on the day we inspected. However, on one occasion we observed a patient was left unattended in the garden area for a period of time until the staff member was alerted to this error.

Our findings

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff could adjust patient's observation levels when they did not have enough staff. This was done with members of the multidisciplinary team. Individual risk assessments were reviewed and updated, and an incident form was completed.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The ward had a contraband list that was written for secure services. This meant patients were restricted to items greater than the level of security they were in.

Use of restrictive interventions

Patients had to ask staff for hot and cold drinks as the kitchen was locked. Patients had accepted this practice.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff considered least restrictive practices when developing care plans and we saw this reflected in their incident report when describing incidents.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff were aware of patient's early warning signs and utilised redirection and calming techniques appropriately. We saw staff manage one patient's distress for over one hour in an appropriate way. They used a combination of de-escalation, calming words and allowing space to the patient when required.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff received Management of Actual and Potential Aggression (MAPA) training. However, MAPA training updates for all staff were at 63%. Staff had been unable to attend this face to face training due to the COVID-19 pandemic. Training had now recommenced although training places were limited. Agency staff who worked on the ward were MAPA trained.

Staff followed NICE guidance when using rapid tranquilisation. We looked at nine prescription charts. One patient had received rapid tranquilisation. Staff monitored patient's physical health post administration in line with appropriate guidance and policies.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. One patient was in long term segregation when we inspected. Records showed that staff had regularly reviewed the patient to determine whether they could safely be nursed within the general ward environment in line with least restrictive practices and guidance. However, the written plan we saw in the office for observations was different to the plan used by staff providing long term segregation. This plan had the number two crossed out and replaced with a three but not signed.

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. Clinical staff had attended level one and two safeguarding training and kept up to date.

Our findings

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We saw this reflected in patients care notes.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw examples of this within patients notes and following incidents, when appropriate.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. The trust used an electronic patient notes system which was secure and could only be accessed by staff.

Grab and go patient plans were person centred and accessible to staff. There were developed with the patient and in the patient voice.

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 mental and physical health. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff monitored patient's physical health following administration of rapid tranquilisation and had easy access to documentation such as medicine *as required* protocols and hospital passports.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Our findings

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicines were prescribed under the correct legal authority for patients detained under the Mental Health Act and were reviewed within appropriate timeframes. However, one copy of the legal documentation was not located with the patient's prescription chart, however it had been completed. Staff rectified this when we informed them.

Best interest decisions were in place for patients who had refused their COVID-19 vaccination. A de-sensitisation plan was in place for one patient who was scared of needles.

The service worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Staff monitored patient's physical health according to their needs, but at least weekly. Fluid balance charts and NEWS charts were included with the medicine prescription chart.

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 and raised concerns and near misses in line with trust policy. We reviewed incident data for the eight weeks prior to our inspection and saw that a range of incidents were recorded, and managers were prompt with their response and appropriate interventions.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. When appropriate, patients also received a debrief following an incident.

Managers investigated incidents thoroughly. Staff produced a summary report for individual patient incidents which they reviewed and informed care planning and treatment reviews.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Our findings

Is the service well-led?

Inspected but not rated

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.

Leadership consisted of one clinical lead and an acting ward manager who had worked on the ward for a number of years. They were supported by an acting matron who had shared responsibility for the whole Brooklands site. They were experienced and knowledgeable and had a good understanding of the service.

Culture

Staff felt respected, supported and valued. They could raise any concerns without fear.

Managers and the multi-disciplinary team were assured that there was not a closed culture on the ward. Staff were open and transparent with each other. The service worked closely with external partners such as clinical commissioning groups, the local authority, advocacy, and external teams, both within and outside of the trust. They liaised regularly and worked closely with families and carers. When things went wrong, staff took time to reflect and make improvements where needed.

However, some practice showed signs that oversight was required to improve aspects of culture. This included leaving patient identifiable information for patients and visitors to view, and negative wording on a sign on the staff office that meant patients had to behave to take leave. There was also conflicting information about activity timetables. One patient couldn't tell us which was the correct one.

Staff knew about whistleblowing and how to raise concerns. The trust had acted on previous concerns and had provided an external review.

Staff said they felt supported, valued and respected and work well as a team They were able to participate in service development. Support workers worked with the multi-disciplinary team to plan risk assessments and positive behaviour plans. The multi-disciplinary team advocated that support workers, who spent the most time with patients, should be at the heart of planning care.

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:

- The trust must ensure that infection prevention control procedures are fully adhered to, ensuring that windows are free from bodily fluids and kept clean, and the garden area is appropriately maintained. (Regulation 12 (2) (h))
- The trust must ensure that staff are aware of emergency protocols and keep up to date with required information (Regulation 12 (2) (b)
- The trust must ensure that patient identifiable information is not unattended or available for other patients or visitors to see (Regulation 10 (2) (a)

Action the trust SHOULD take to improve:

- The trust should ensure that staff keep up to date with face to face mandatory training. Regulation 12
- The trust should ensure restricted items are regularly reviewed to keep patients safe. This would include a review of the contraband list and patient access to the kitchen. Regulation 12
- The trust should ensure they undertake regular checks of the seclusion room to ensure it is fit for purpose. Regulation 12

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect