

## Kent and Medway NHS and Social Care Partnership Trust

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

### 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

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

### Inspected but not rated ●

Littlebrook Hospital is part of Kent and Medway NHS and Social Care Partnership Trust (KMPT) and provides assessment and treatment for adults of working age across four wards, one of which is a psychiatric intensive care ward for men.

On this inspection, we found some areas that the service needed to improve:

- The trust did not always ensure that the premises were well-maintained. Whilst there had been an improvement from the last inspection, including the appointment of a new estates director, we still saw some outstanding issues, including patient showers which leaked and some door locks which did not work. Some patients told us that they could not access their rooms as they did not have working keys and felt the environment needed improving.
- We saw blanket restrictions on the wards, such as all internal doors being locked and access to the garden restricted. The hospital did not have a process in place for blanket restrictions, nor a way of recording and reviewing them. There was no senior oversight of the blanket restrictions across the wards.
- Staff told us that there was an induction process for all staff working on the wards for the first time but the trust was unable to show us that the agency staff working on the day of our inspection had completed these inductions and therefore ward staff had not checked to see if the staff on the ward had been inducted.

However:

- The ward environments were clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They managed medicines safely and followed good practice with respect to safeguarding.
- Leaders were visible on the wards and the trust's governance processes ensured that ward procedures ran smoothly.

### Background to inspection

Kent and Medway NHS and Social Care Partnership Trust (KMPT) provides assessment and treatment for adults of working age in 10 acute wards and one psychiatric intensive care ward based in three hospital sites across the trust.

We carried out this unannounced focused inspection of the acute wards at Littlebrook Hospital for adults of working age and the psychiatric intensive care unit provided by this trust because we received information giving us concerns about the safety and quality of the services.

Littlebrook Hospital based in Dartford which has four inpatient wards:

- Willow suite – 12-bedded male psychiatric intensive care ward
- Amberwood – 17-bedded mixed ward
- Cherrywood – 17-bedded mixed ward

# Our findings

- Pinewood – 16-bedded male ward.

We inspected the key lines of enquiry relating to safe and well-led. We did not change the rating following this inspection as the inspection focussed on the concerns raised only.

## What people who use the service say

During our inspection we spoke to 22 patients across the four wards.

Some patients told us that they thought the environment needed improving, including maintenance issues such as showers which turned off too quickly or which flooded their room.

Some patients told us they wanted more things to do on the wards, whereas other patients told us that there were enough activities.

Patients told us that they found Pinewood ward noisy and uncomfortable and reported that they did not have keys to their bedrooms, nor a working television in the lounge.

Patients on Amberwood ward reported that they felt safe and supported by staff and patients on Willow suite reported that staff were responsive and caring.

## How we carried out this inspection

The team that inspected the hospital comprised one head of inspection, one CQC inspection manager, one mental health act reviewer, two CQC inspectors, two specialist advisors and one expert by experience (remotely).

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

During the inspection visit, the inspection team:

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 16 members of staff including hospital's senior managers, ward managers, doctors, other staff members, including members of the multidisciplinary team, nurses and health care assistants
- spoke with 22 patients who were using the service
- looked at 15 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: [www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection](http://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection).

# Our findings

## Is the service safe?

Inspected but not rated ●

### Safe and clean care environments

All wards were clean, well equipped, and fit for purpose. However, they were not always 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 knew about any potential ligature anchor points and mitigated the risks to keep patients safe. We saw evidence of monthly and yearly ligature audits on each ward.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff told us that they tested the alarms weekly.

#### Maintenance, cleanliness and infection control

Ward areas were clean, well-furnished and fit for purpose. However, we saw some outstanding maintenance issues, such as showers in patients' rooms which flooded and didn't stay on long enough. The lock on the office door on Pinewood ward was incorrectly fitted meaning the door was left open. On Cherrywood ward, two patient bedroom locks were broken, meaning that the patients could not lock their doors and the lock on the patient lounge did not work. We found other maintenance issues at the previous inspection in February 2021 which had only been partly addressed. The trust told us that a new estates manager had been appointed since the last inspection and after the inspection the trust told us that there was a plan in place to improve the environment of all the acute wards.

Patients did not always have access to their bedrooms and staff told us that this was in part because the process to update key fobs was lengthy.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. We saw additional measures, such as the testing of new patients and isolating in bedrooms for new admissions in order to keep patients safe from Covid 19.

There was no patient information, such as information about advocacy and the Mental Health Act on Amberwood Ward and the patient information was outside the main ward door on Pinewood ward which was locked meaning that patients could not easily get the information that they might need.

#### Seclusion room

The service had a seclusion room contained in its extra care area but was unavailable for patient use as it was currently being renovated. However, one patient had used the suite during this period of renovation. The seclusion room did not have a clock, but the service told us that they were waiting to have it put up on the wall. The service also told us that they were waiting to have the intercom improved so that patients could see staff when they were speaking to them and hear them better.

# Our findings

## 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, other than one consultant vacancy. Staff knew the patients and received basic training to keep people safe from avoidable harm.

## Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers limited their use of bank and agency staff and requested staff familiar with the service. On the whole the wards had low levels of vacancies and many staff who had been employed by the service for a long time, however Cherrywood ward had a higher amount of vacancies at 43%, but had new staff recruited in the pipeline. The ward manager could adjust staffing levels according to the needs of the patients.

The service were unable to provide us with evidence that the agency staff on the wards had completed their induction, other than two staff members on Willow suite. The trust told us that this was something that they would immediately resolve.

## 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. However, Pinewood ward did not have a consultant and the hospital were recruiting for this position. Whilst this recruitment took place, the three consultants for the other wards were covering. The mental health documentation, including section 17 leave forms and treatment forms (T2s) had not yet been updated and still showed the old consultant's name, this meant that these documents were not lawful. The trust told us that these would be updated.

## Mandatory training

The trust set its training compliance target at 90%. The service had met this compliance figure for most, but not all, of its training. The training figures below 80% included physical interventions, personal safety breakaway, CPR and AED, and moving and handling. Additionally, on Cherrywood Ward, Mental Health Act training was below 70%. Trust targets were lower for STORM and accessibility information standard because they were new courses.

The mandatory training programme was comprehensive and met the needs of patients and staff and managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. However, the provider did not have a process in place to monitor and review blanket restrictions.

## Assessment of patient risk

# Our findings

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

## **Management of patient risk**

Staff knew about any risks to each patient and acted to prevent or reduce risks.

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

Staff followed procedures to minimise risks where they could not easily observe patients across the wards, such as intermittent observations and enhanced observations when required. On the day that we visited all observations had been carried out and staff spoke confidently about how to keep patients and themselves safe during observations, including ensuring that they sought cover from other staff if they needed a break. Staff also told us that they underwent a competency test in observations.

## **Use of restrictive interventions**

Staff told us the restrictive interventions were individually assessed for each patient, however we saw blanket restrictions which affected the whole ward, such as locked internal doors (for example to the kitchen and laundry) and access to the garden was only permitted with a staff escort. We found similar issues at our last inspection in February 2021. Changes had been made since this inspection to allow patients to have mobile phones on the wards and for patients to have visitors.

Staff were unable to identify the blanket restrictions and did not have a way of recording and reviewing them.

There were no patients in seclusion during our visit to the ward but most staff we spoke to had a good understanding of the procedure needed to seclude a patient and monitor them appropriately during seclusion.

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.

## **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. Staff kept up-to-date with their safeguarding training. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff were up to date with safeguarding training level one, two and three and specific training in preventing radicalisation.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. During our inspection, we observed staff dealing with a safeguarding matter in a discreet and appropriate manner to ensure patient safety.

## **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.

# Our findings

Although most clinical notes were stored electronically the hospital used a combination of electronic and paper records to record daily observations and physical healthcare monitoring, staff made sure they were up-to-date and complete.

Records were stored securely on the wards and remained in the office or the clinic room.

## 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.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Whiteboards in the clinic room contained up to date and useful information. We saw the good use of up to date whiteboards to store patient information on in the clinic rooms and found no problems with the prescription charts we reviewed.

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

## Reporting incidents and learning from when things go wrong

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 raised concerns and reported incidents and near misses in line with provider policy. Staff felt able to report incidents through the electronic system and these were reviewed by the ward managers with the guidance of the lead nurse. Staff we spoke to told us that they were confident and comfortable in raising any concerns with their manager or senior staff.

Managers investigated incidents and shared lessons learning at a monthly meeting. Lessons learnt were then taken back to the wards and shared with the teams.

## 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.

Leaders had the skills, knowledge and experience to perform their roles, and had a good understanding of the services they managed. Staff told us they were visible in the service and approachable for staff and staff spoke about how supportive they were.

Regular meetings were held, with a clear framework of what must be discussed. This included incidents, safeguarding and complaints.

# Our findings

## **Vision and Strategy**

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

## **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 told us that they felt supported by their colleagues, worked well as a team and most staff we spoke to reported that it was a happy place to work.

Staff told us that they felt confident and supported to raise any issues they had and that managers took them on board, listened and made changes where they could.

## **Governance**

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

However, the service did not have a way of recording and reviewing blanket restrictions in the service. Senior management had no oversight of restrictive interventions across the acute wards.

The service did not have an effective governance process in place to ensure that agency inductions were completed. Whilst the trust had made improvements since the last inspection, there were still some outstanding issues.

## **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.

The trust had ward specific risk registers, which covered high risk areas of the hospital and described mitigations to manage the risks.

## **Information management**

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

# 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:**

#### **Regulation 15e Premises and equipment**

The trust must ensure that all patients are able to lock their bedroom doors in order to keep their belongings safe and can access the patient lounges when they wish to. The trust must ensure that other maintenance issues are addressed in a timely manner. **Regulation 15 HSCA (RA) Regulations 2014 Safe care and treatment.**

#### **Regulation 17a Good governance**

The trust must ensure that staff are able to identify blanket restrictions and take action to ensure that the least restrictive practice is always used. The trust must have a system to record and review blanket restrictions affecting patients on the wards. **Regulation 17 HSCA (RA) Regulations 2014 Safe care and treatment.**

#### **Regulation 18 Staffing**

The service must ensure that all agency staff are inducted into the service and that the service documents this accurately. **Regulation 18 HSCA (RA) Regulations 2014 Safe care and treatment.**

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

The service should ensure that information for patients is accessible on the ward.

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

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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### Regulated activity

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

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### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment