

Inadequate 

Lancashire and South Cumbria NHS Trust

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

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RW5AA	Royal Blackburn Hospital	Edisford ward	BB2 3HH
RW5AA	Royal Blackburn Hospital	Hyndburn ward	BB2 3HH
RW5AA	Royal Blackburn Hospital	Ribble A ward	BB2 3HH
RW5AA	Royal Blackburn Hospital	Darwen ward	BB2 3HH
RW5AA	Royal Blackburn Hospital	Calder ward	BB2 3HH
RW5KM	The Harbour	Shakespeare ward	FY4 4FE
RW5KM	The Harbour	Stevenson ward	FY4 4FE
RW5KM	The Harbour	Byron ward PICU	FY4 4XQ

Summary of findings

RW5KM	The Harbour	Churchill ward	FY4 4FE
RW5KM	The Harbour	Orwell ward	FY4 4XQ
RW5KM	The Harbour	Keats PICU	FY4 4FE
RW5FA	Ormskirk Hospital	Scarisbrick ward	L39 2JW
RW5FA	Ormskirk Hospital	Lathom Suite PICU	L39 2JW
RW5MQ	The Orchard	The Orchard	LA1 4JJ

This report describes our judgement of the quality of care provided within this core service by Lancashire and South Cumbria NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Lancashire and South Cumbria NHS Trust and these are brought together to inform our overall judgement of Lancashire and South Cumbria NHS Trust.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

This was a focused inspection which looked at the trust's response to the warning notice issued following our inspection in June 2019. We found that the service had improved and met the requirements of the warning notice. However, because this was a focused inspection we did not re-rate the individual key questions or the overall service. The existing ratings from our inspection in June 2019 remain in place. The service had met the requirements of the warning notice because:

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with supervision.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included patients with a learning disability. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. The trust was implementing a no smoking policy.
- The design, layout, and furnishings of the ward/ service supported patients' treatment, privacy and dignity.
- Managers at trust, service and ward level had worked to address the concerns identified in the warning notice. Staff we spoke with were aware of the findings of our last inspection and the actions the service was taking in response. Staff felt involved in the process.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We did not rate the service at this inspection. The ratings from our previous inspection remain in place. However, we found that the conditions of the warning notice had been met because:

- The service had enough nursing and medical staff to keep patients safe from avoidable harm. There were systems and processes in place to monitor staffing levels and respond to staffing concerns. The trust had an ongoing programme of staff recruitment.
- Staff had completed basic and immediate life support training. Enough staff had completed training to ensure there were trained staff on each shift. Systems were in place to support and monitor this.
- Staff were implementing the trusts no smoking policy. The service was following a phased implementation approach. Patients had access to smoking cessation advice, support and aids.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Are services effective?

We did not rate the service at this inspection. The ratings from our previous inspection remain in place. However, we found that the conditions of the warning notice had been met because:

- Staff assessed the physical health of all patients on admission. They developed individual physical health care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery orientated.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included patients with a learning disability.

Are services caring?

We did not inspect against the caring domain at this inspection. The ratings from our previous inspection remain in place.

Are services responsive to people's needs?

We did not rate the service at this inspection. The ratings from our previous inspection remain in place. However, we found that the conditions of the warning notice had been met because:

Summary of findings

- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Patients could close observation windows in bedroom doors. Privacy curtains had been installed around baths. Work to remove shared sleeping accommodation at the Scarisbrick Unit was ongoing.

Are services well-led?

We did not rate the service at this inspection. The ratings from our previous inspection remain in place. However, we found that the conditions of the warning notice had been met because:

- The service has responded to concerns identified in the warning notice issued following our last inspection. Action plans were in place. Systems and processes to ensure ongoing monitoring and management of concerns were in place.

Summary of findings

Information about the service

Lancashire and South Cumbria NHS Foundation Trust provides acute inpatient wards and psychiatric intensive care units to the population of Lancashire and south Cumbria. The service provides care and treatment to men and women aged 18 years and over with a mental health illness. Services are provided from 17 wards across five locations.

During this inspection we visited four locations and 14 of the 17 wards. We visited:

The Harbour:

- Shakespeare ward (18-bed female acute ward)
- Stevenson ward (18-bed female acute ward)
- Byron ward (8-bed female psychiatric intensive care unit)
- Churchill ward (18-bed male acute ward)
- Orwell ward (18-bed male acute ward)

- Keats ward (8-bed male psychiatric intensive care unit)

Royal Blackburn hospital:

- Edisford ward (14-bed female acute ward)
- Hyndburn ward (20-bed female acute ward)
- Ribble A (12-bed male assessment ward)
- Darwen ward (19-bed male acute ward)
- Calder ward (6-bed male psychiatric intensive care unit)

Scarisbrick Inpatient Unit

- Scarisbrick ward (20-bed mixed sex acute ward)
- Lathom Suite (4-bed male psychiatric intensive care unit)

The Orchard – a standalone 18-bed mixed sex acute ward

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one CQC inspection manager, one CQC medicines inspector and a specialist advisor who was a nurse.

Why we carried out this inspection

We carried out this inspection to follow up on concerns identified in a warning notice issued to the trust following our inspection of services in June 2019.

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:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with 24 patients who were using the service
- spoke with 53 staff members; including service managers, modern matrons, ward managers, nurses, support workers, medics and pharmacists
- looked at 41 care and treatment records of clients
- looked at 53 medication charts and carried out a specific check of medication management

Summary of findings

- observed two meetings including a staffing meeting and a ward community meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that works to remove dormitory accommodation on the Scarisbrick unit are completed.

Lancashire and South Cumbria NHS Trust

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

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Edisford ward	Royal Blackburn Hospital
Hyndburn ward	Royal Blackburn Hospital
Ribble A ward	Royal Blackburn Hospital
Darwen ward	Royal Blackburn Hospital
Calder ward	Royal Blackburn Hospital
Shakespeare ward	The Harbour
Stevenson ward	The Harbour
Byron ward	The Harbour
Churchill ward	The Harbour
Orwell ward	The Harbour
Keats ward	The Harbour
Scarisbrick ward	Ormskirk Hospital
Lathom suite	Ormskirk Hospital
The Orchard	The Orchard

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe staffing

The service had enough nursing and support staff to keep patients safe.

The service was proactively addressing and managing staffing levels. The trust had completed a Hurst review of staffing levels across wards and launched a range of staff recruitment and retention initiatives. These included nursing associate programmes, preceptorships and the introduction of nurse development pathways.

The service held daily conference calls and twice weekly staffing meetings across wards and localities. These allowed senior staff and ward managers to review the level of acuity and patient need on each ward and consider the best use of staffing resources. When required staff were moved between wards to ensure an appropriate skill mix on each ward, meet need and keep patients safe. Each location had a mental health nurse in charge role that managed staffing on a daily basis. Where required ward managers and senior managers completed clinical shifts to support safe staffing.

At our last inspection we identified concerns regarding the number of registered nurses on each shift, we found this had improved at this inspection.

The number of incidents where staff were unable to take breaks had reduced at this inspection from 91 to 35.

Staff we spoke with told that although staffing remained challenging it had improved since our last inspection. They told us that recruitment had taken place and that there was better management of staff resources.

Assessing and managing risk to patients and staff

Staff had completed and kept up-to-date with their basic life support and immediate life support training.

Compliance with training had improved. Average ward compliance with basic life support training was 81%. Average ward compliance with immediate life support training was 90%. Ward managers were able to explain how they monitored basic and immediate life support training

on each shift. The electronic staffing roster highlighted the training compliance of each staff member. Agency staff were not permitted to work by the trust unless they had up to date training. Paper rotas kept on each ward had a column to highlight basic and immediate life support training compliance for each staff member on shift. We reviewed shift rotas on each ward we visited. We found that relevant information had been completed and it was clear which staff members on the shift were trained.

Staff supported patients to live healthier lives.

The service was monitoring the implementation of the no smoking policy systematically. There was an implementation plan to phase in the no smoking policy by 1 April 2020. At the time of our inspection six wards had gone smoke free. In the remaining wards staff were working with patients to prepare them for this change. Patients had access to nicotine replacement therapies. One ward was conducting a self-administration pilot of nicotine replacement with the plan of rolling this out across all wards. Ward managers we spoke with discussed the challenges of implementing the policy but told us they felt supported by senior management to do so. This included senior managers attending wards to talk to patients about the changes and why they were being implemented. Wards had no smoking champions and best practice was being shared between the wards. There was a nicotine management action plan to support the process.

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff followed current national practice to check patients had the correct medicines.

The trust had taken action to address concerns in relation to prescribing of medications with legal authority, missed doses of medication and medication stock. Prescription cards we reviewed matched relevant legal authorisations such as T2 and T3 forms. Patients had been administered medication in line with prescriptions. Pharmacists we spoke with were able to describe the process for checking and auditing prescription cards to prevent errors.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Best practice in treatment and care

Staff developed comprehensive physical health care plans for each patient that met their physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed. Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare including physical health specialists where required. Care plans for patients with physical healthcare need were now in place and addressed individual needs.

Records we reviewed had separate physical health care plans in place. Physical health care plans provided staff with the information they needed to safely manage physical health conditions. We saw examples including asthma, epilepsy, diabetes and pregnancy. Physical health care plans were comprehensive and personalised. Where required, patients had falls assessments in place as well as moving and handling assessments. Where assessment identified a need relevant care plans had been put in place to support those patients.

Staff received training to help them support patients with a learning disability. The average ward compliance with learning disability training was 91%. Staff were also receiving training around autism. Average ward compliance with autism awareness training was 96%.

Staff assessed patients' communication needs. The patient records we reviewed included communication assessments and communication plans. These had either been developed on the ward, transferred with the patient from the community or been developed through a care and treatment review. Ward establishments included nurses with a learning disability background and staff had access to specialist learning disability staff within the trust and partner organisations. Patients had access to communication aids such as picture boards and easy read documentation.

Skilled staff to deliver care

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work. Compliance with supervision had improved. Average ward compliance with supervision was 85%. Ward managers we spoke with were able to show us supervision trees for their wards and locally held databases that recorded completed and planned supervision sessions. We reviewed 14 supervision files during our inspection and found that supervision had taken place on a regular basis in line with the trusts supervision policy. Staff that we spoke with told us that they received regular supervision and that they found it a meaningful exercise.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the ward generally supported patients' treatment, privacy and dignity. The trust had taken action to address concerns relating to privacy and dignity.

Observation windows in bedroom doors on wards at the Royal Blackburn and South Chorley and Ribble hospital had been repaired so that patients could open and close them from inside. Privacy curtains had been installed around baths on Avenham, Edisford and Worden wards.

Shared sleeping arrangements were being addressed by the trust. Three of these had been addressed. One dormitory was still in use on Scarisbrick unit. However, work had begun to convert the dormitory accommodation into single occupancy bedrooms. The trust had a risk assessment in place to manage the use of dormitory accommodation on the ward whilst this work was being completed. Work was due to be completed by May 2020.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Good governance

Our findings from the other key questions demonstrated that governance processes operated effectively.

The service had taken steps to address the concerns identified in our warning notice. Action plans had been

developed and completed. Action plans were comprehensive and addressed all of the concerns that we identified. Action plans were monitored at a local and trust level in governance forums. Staff we spoke with were aware of the inspection findings and the steps the service had taken in response. Staff reported improvements in each of the areas we reviewed.