

# Cheshire and Wirral Partnership NHS Foundation Trust

## Long stay or rehabilitation mental health wards for working age adults

### Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated 

Are services safe?

**Requires Improvement** 

Are services well-led?

**Inspected but not rated** 

# Our findings

## Long stay or rehabilitation mental health wards for working age adults

### Inspected but not rated



We carried out this unannounced focused inspection because we had concerns about the safety and quality of the service. These were specifically about Rosewood ward at Bowmere Hospital, and this was the only ward we visited as part of this inspection.

Rosewood ward is an 18-bed high dependency rehabilitation service for men and women of working age. The ward is divided into male and female areas with 10 beds for women and 6 beds for men. There are two self-contained flats, which patients from the ward may move to before they are discharged into the community.

The long stay or rehabilitation mental health wards for working age adults core service was last inspected in June 2015 and was rated as good. This inspection included Rosewood ward.

Our rating of the service stayed the same. We rated it as good because:

- This was a focussed inspection which looked at parts of the 'safe' and 'well led' key questions. The rating of 'safe' has changed from good to requires improvement. This has not changed the overall rating of this core service which remains as good.
- The ward was clean and maintained. In most instances the ward was designed to reduce the risks to patients, but the environmental risk assessments were not comprehensive. The service effectively operated the trust's governance processes, but risk was not always managed well.
- The service did not always have enough staff, who knew the patients and received basic training and supervision to provide safe and consistent care.
- Staff assessed and managed risks to patients, however not all patients had an up to date risk assessment. Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Incidents were recognised, reported and investigated.
- Leaders had the skills, knowledge and experience to perform their roles. However, there had not been stable leadership over the last year.

This was a focused inspection. Because of its limited scope, we did not set out to rate at this inspection. However, where we have identified a breach of a regulation and we issued a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best. You can view previous ratings and reports on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### How we carried out the inspection

Before the inspection visit we reviewed information that we held about the service. This included information from a Mental Health Act reviewer visit in June 2021.

# Our findings

During the inspection visit the inspection team:

- visited the ward, looked at the ward environment and observed how staff were caring for patients
- spoke with four patients
- spoke with managers of the service
- spoke with five other staff
- reviewed ten care records of patients and other care related documents
- 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: <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 there were not enough staff. They were generally positive about the actual staff on the ward, and felt able to talk with them. However, there were a lot of temporary staff who didn't know them or their needs.

The occupational therapist led on activities, and patients had mixed views about the value of these. Patients told us activities were not always available, and it was sometimes difficult to have escorted leave, which they attributed to there not being staff available.

Patients had mixed views about the level of involvement they had in their care plans, and how much recovery, rehabilitation, physical wellbeing and discharge were monitored and planned for. Some patients were involved in and aware of aspects of this, but others were not. All the patients we spoke with had different views of what improvements could be made to the ward.

Patients felt that decisions were made about them without their involvement. They provided information to a weekly multidisciplinary 'board round' but were not allowed to attend. They did attend the monthly 'ward round'. Patients had had their medicines explained to them, and were able to ask questions about this.

Patients told us they felt safe most of the time, but they sometimes felt intimidated by other patients.

Patients gave similar feedback to a CQC Mental Health Act reviewer who visited the service in June 2021 and spoke with 13 patients.

## Is the service safe?

**Requires Improvement**  

Our rating of safe **went down**. We rated it as **requires improvement**.

Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.

# Our findings

## Safe and clean care environments

**The ward was clean and maintained. In most instances the ward was designed to reduce the risks to patients, but the environmental risk assessments were not comprehensive.**

### Safety of the ward layout

Staff could observe patients in all parts of the wards. A map of the ward identified patient bedrooms and ensuite bathrooms as high risk areas, corridors as medium risk, and other communal rooms as low risk or staff only areas. Patient bedrooms and ensuite bathrooms had some anti-ligature fittings, but they were not completely risk free. Managers had completed a ligature risk audit and a ligature management plan. These were extensive, but did not identify each specific risk in each area. Some potentially 'high risks' were identified during the inspection, but it was not possible to confirm if these were in each area from the ligature audit. The trust told us they had removed some of the risks identified following the inspection. Managers told us the ward was for patients in recovery and for rehabilitation, and that the risk presented by patients may be lower than on other wards. However, there had been an increase in incidences of self-harm, and whilst this was partly mitigated by individual risk assessment, it was not clear that the environmental risk assessments had taken account of this change.

The ward complied with guidance on eliminating mixed sex accommodation. The ward was divided into two separate male and female areas, with each having its own facilities. The two independent flats were separate from one another and not gender specific. They adjoined the male part of the ward, but had separate access to the male and female areas of the ward.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff carried alarms on their person, and there were nurse call alarms in patient bedrooms.

### Maintenance, cleanliness and infection control

Ward areas were clean and maintained, but the décor was tired and worn in some areas.

Staff followed the infection control measures that had been implemented to protect against the coronavirus pandemic. Personal protective equipment was available and used, and social distancing measures had been implemented. Staff and patients were regularly tested for COVID-19, and had been given or offered vaccination against the virus.

## Safe staffing

**The service did not always have enough staff, who knew the patients and received basic training to provide safe and consistent care to patients.**

### Nursing staff

Managers told us that the trust had gone into 'critical incident mode' with regards to staffing levels and bed occupancy in the two weeks prior to the inspection. Managers had declared Bowmere hospital in business continuity mode for staffing levels in the week before the trust-wide declaration. Managers acknowledged that August had been a difficult month for maintaining staffing levels. This was attributed to a slight increase in mandated social isolation following COVID contact tracing, some incidences of COVID (although most staff were double vaccinated, and all were taking regular COVID tests), and staff leave. Managers told us that predictions for leave were not significantly higher than in previous years. Critical incident/business continuity meant that some restrictions had been implemented, such as cancelling of non-essential meetings and training. Short term measures to improve staffing levels included the use of agency staff to cover registered nurses, and flexible shifts. Managers were also taking action to address recruitment and retention of staff in the medium and longer term. There were several daily calls across the trust regarding the management of staffing and beds. Staff and patients told us there were consistently low staffing levels on the ward.

# Our findings

Rosewood ward follows the trust's processes for national reporting on staffing levels to NHS England and Improvement. This information is reviewed daily and feeds up to the trust board. An operations committee report in July 2021 highlighted that registered nurse levels had been particularly challenging on Rosewood ward in May and June 2021 across both day and night shifts. This was attributed to vacancies and sickness absence. In response, registered nursing levels were reduced to one a night – with the shortfall covered by an increase in support workers, and other staff in Bowmere. At the time of inspection Rosewood ward had four qualified nurse vacancies.

Staffing information for December 2020 to May 2021, and for July 2021 showed that Rosewood ward had consistently low fill rates for qualified nurses. The average fill rate from December 2020 to May 2021 was 80% for nurses in the day and 74% for nurses at night, but the care worker fill rate was 111% during the day, and 125% at night. In June 2021 the fill rate was 84% for nurses in the day and 55% at night, and for care workers 98% during the day and 113% at night. Managers said that safe staffing levels were maintained, with shortfalls being covered by ward managers and staff from other wards. These additional staff were not included in the fill rate information, and it was not clear how this was consistently achieved when there were also staffing difficulties across Bowmere hospital, and across the wider trust.

## 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. Medical staff worked across both Rosewood ward and Maple ward, which was another rehabilitation ward at Bowmere hospital. There were no medical staff vacancies.

## Allied health professionals

Rosewood ward now had a full psychology team that it shared with the other rehabilitation ward. The psychology team provided direct care and treatment to patients, and support and training to staff. The occupational therapy team also covered both wards and had one vacancy.

## Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff had completed 74% of mandatory training up to 31 July 2021. Training with lower completion rates than this included: safeguarding level three training 47%, fire ward evacuation 50%, basic life support 54%, Mental Health Act awareness 60%, infection prevention and control 61%, information governance 61%, fire safety 63%, Mental Capacity Act and Deprivation of Liberty Safeguards 69%, and positive approaches training (formerly management of violence and aggression) 69%. These figures do not include staff on long term sick, maternity leave, or within three months of starting.

Most staff had completed training in working effectively with patients with a diagnosis of emotionally unstable personality disorder and who self harm. The psychology team provided support and supervision to staff.

In the 12 month period up to the end of June 2021, the average clinical supervision rate on Rosewood was 59% (unchanged from the 12 month period up to March 2021) compared with the trust wide average of 70% (down from 75% for the previous 12 month period up to March 2021). The rate of management supervision in the 12 months up to June 2021 was 56% (slightly down from 59% in the 12 months up to March 2021) compared with the trust-wide average of 76% (slightly up from 74% in the 12 months up to March 2021). Up to the end of May 2021 56% of staff on Rosewood ward were up to date with their annual appraisal (down from 69% in the previous 12 months up to March 2021).

# Our findings

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients, but not all patients had an up to date risk assessment. Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff 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.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, but this was not reviewed regularly for all patients. The clinical assessment of risk to self or others (CARSO) risk assessment tool was incorporated into the trust's electronic care record system. On the 16 April 2021 79% of patients had had a risk assessment completed in the last year, and this had increased to 85% of patients (11 out of 13) on the 13 July 2021.

Patients had their physical health assessed and monitored, and they were referred for specialist treatment when required.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Care records included detailed risk assessments, and care plans were developed in response to these. Care plans were detailed, and although some used standard wording, these were personalised to individual patients. The care plans and daily records of care showed that staff responded to changes in risk, and this included reviewing each patient's level of observation. However, this was not always documented in the overall risk assessment. For example, care plans documented if patients had certain items restricted because of the risk of self-harm and the patient could ask for them if they needed them; but it was not always documented what these items were or when it was safe to return them to the patient.

Staff completed a daily manager's report/handover sheet that included a summary of risk for each patient. This included the presenting risks and level of observation.

Staff could observe patients in all areas of the ward. Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The use of blanket restrictions was reviewed by the multidisciplinary team each week, and most were in relation to individual risks. Some communal rooms were locked on the female side of the ward but not on the male side, in response to the risks presented by each patient group. Care records showed that individual restrictions were implemented and reviewed regularly – this included free-access to certain rooms and items that may present a risk to patients.

### Use of restrictive interventions

Levels of restrictive interventions were low. 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. In the six months up to June 2021 there had been 13 incidents involving the use of restraint on Rosewood ward. This varied from none to five each month. In the six months up to June 2021 there had been one episode of rapid tranquilisation. At the time of this inspection there was one patient on one-to-one observation. Most patients were on level one observations (hourly checks), but this was reviewed when necessary.

Rosewood ward did not have a seclusion room. Staff on Rosewood ward did not use seclusion or long term segregation.

# Our findings

## 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 knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff received training on how to recognise and report abuse, appropriate for their role. Up to the end of July 2021, most staff were up to date with safeguarding level two training. Half of the staff were required to complete further level three safeguarding training, and 47% of these had completed it.

## 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 records were comprehensive and all staff could access them easily. Electronic care records were stored securely. Staff had access to information about patients when they transferred from other teams, such as community mental health teams or home treatment/crisis services.

## Track record on safety

### 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 knew what incidents to report and how to report them. The trust had an electronic system for reporting incidents which was accessible to all staff. Staff reported serious incidents clearly and in line with trust policy. There had been no never events on Rosewood ward.

Staff understood the duty of candour. They were open and transparent, and gave patients a full explanation when things went wrong. Staff and patients gave mixed feedback about whether they had a debrief after incidents.

Changes had been made following incidents. In the 12 months up to the end of June 2021 there had been 8 serious incidents, 26 moderate incidents, 231 minor incidents and 420 no harm incidents on Rosewood ward. Managers had identified themes and taken action to address them. The highest reported category of incidents was self harm. Partly in response to this the service had increased the psychology provision in the service, and provided training to staff on working with patients who have an emotionally unstable personality disorder and self harm. Managers had also identified a rise in medicines errors, and had taken action to address this.

## Is the service well-led?

Inspected but not rated



We did not rate well-led at this inspection.

# Our findings

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles, though there had not been stable leadership over the last year. They had a good understanding of the services they managed and were approachable for patients and staff.**

There had been several changes in leadership of the ward over the last year. The ward manager had changed in October 2020 and again in August 2021. At the time of inspection, the temporary manager was an experienced ward manager and former modern matron. The acute care lead and senior manager covering Bowmere hospital had both been in post for about two months.

## Vision and strategy

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

All staff were aware of the trust's values - the "6 Cs" (care, compassion, commitment, courage, communication and competence).

Managers had a vision for the service, and were in the early stages of developing a strategy for how to achieve this. Managers had held a leadership awayday, and developed an improvement plan for the ward which was managed by the ward leadership team. Staff knew there had been a leadership awayday, but they did not know what the plans for the service were from this. Managers acknowledged that information had not yet been shared extensively with staff.

The strategy included the development of the ward and linked this in with the wider service. The development of the service included Rosewood ward as a pilot site for the trust-wide self-injury pathway. This included a set of psychologically based interventions with patients, and with staff to enable them to support patients. The service was already working with the new mental health intensive support team, which provided support to patients and social care providers in the community. This supported the discharge of patients with complex needs.

## Culture

**Staff felt respected and valued, and could raise any concerns.** Staff told us that there was no bullying or harassment on the ward, and that they felt valued and respected, though sometimes taken for granted. Staff felt able to speak out about their concerns. However, the Care Quality Commission had been contacted by several staff and patients in the months leading up to the inspection, with concerns about the service.

Staff told us that with staff shortages, new managers and a new multidisciplinary team there had been a lot of new staff working on the ward. Managers and staff acknowledged that although it was positive to build up the team, they were still learning how to work together effectively. Staff thought it was important to develop a consistent approach within the service.

The service was currently experiencing high levels of sickness/absence. The sickness rate in May 2021 was approximately 17% and in June 2021 approximately 19%; this compared with 13% and 15% across the other services in the trust's rehab pathway. A significant minority of the sickness was related to COVID-19 (either the virus itself or mandatory social isolation). The remainder was split between mental ill health and other sickness.

## Governance

**Our findings from the other key questions demonstrated that the service effectively operated the trust's governance processes, but risk was not always managed well.**



# Our findings

The trust had a clear governance process for monitoring and responding to information. Managers believed that the governance pathway was well established and that staff were aware of it.

Rosewood ward was currently facing staffing difficulties, and this had been escalated at service level and was now part of the trust-wide escalation process. Managers were engaged in the process of addressing this. Information about Rosewood ward was collated into a monthly locality data pack, and compared with other services within the rehab pathway. This contained predominantly rolling twelve month data up to the end of June 2021. It included information about staffing, supervision, absence, the use of bank staff, and over or underspend against budget.

There were some areas where risk had not been managed effectively. It was not possible to identify from the ligature assessment tools whether a specific risk was present in a particular area, and what action should be taken to mitigate this risk.

Managers had identified a need to review the service, and held a leadership awayday in May 2021. An improvement plan was developed from this. The improvement plan was reviewed weekly at ward level, and progress was reported through the trust's quality and operational management processes. Any improvement measures were incorporated into the plan.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care.**

There was a risk register for specialist mental health services that included Rosewood ward. The risk register was reviewed at the specialist mental health Cheshire West business and governance meeting, and then presented at the care group business and governance meeting for further discussion. The risk register broadly reflected the concerns raised by staff and patients.

Manager told us there were no specific high risk issues affecting Rosewood ward aside from trust-wide staffing concerns and the COVID pandemic. The trust had implemented escalation measures to address the staffing difficulties, and to deal with the national COVID pandemic.

Moderate risk issues identified on the risk register and particularly relevant to Rosewood ward included the increase in self-harm, medicines issues, risk of non-compliance with mandatory training and difficulties in boosting training levels, shortage of managers to investigate complaints, and gaps in senior clinical leadership (across the pathway) and staffing skill mix. The risk register included the actions that had been taken to address or mitigate these risks and their progress.

# 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 there are enough skilled and experienced nursing and support staff on each shift. Staff must have received the necessary mandatory training, supervision and appraisal (Regulation 18(1)(2)).
- The trust must ensure that an environmental and ligature risk assessment is carried out which clearly identifies potential risks to patients and takes action to remove them, or to mitigate against them; this information must be clearly communicated to staff (Regulation 12(1)(2)(a)(b)(c)(d)).

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

- The trust should ensure that all patients have a risk assessment completed and reviewed regularly (Regulation 12).

# Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector.