

Hertfordshire Partnership University NHS Foundation Trust

Wards for older people with mental health problems

Inspection report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Our findings

Wards for older people with mental health problems

We inspected Victoria Court, a 27 bedded organic mental illness unit for older people located in Stevenage. The unit consists of two wards, Tiger ward for male patients and Flower ward for female patients.

We carried out this unannounced focused inspection because we received information in October 2022, relating to concerns in February 2022 regarding patients of the opposite gender mixing in their bedrooms, locked out of communal areas, and tables being used to prevent patients from mobilising. We were also informed that staff were not completing safe and supportive observations in line with Trust policy, and that agency nurses did not receive adequate induction, to enable them to administer medications safely.

We alerted the trust to the concerns on 10 October 2022 who informed us they had taken immediate action. The senior leadership team, responsible for the service area, implemented three staggered supportive visits, undertaken by two Clinical Matrons and the Head of Nursing. The Trust stated that there were no issues of concern observed regarding the care and treatment provided during these three visits.

The Trust submitted a final report of their actions to the CQC on 27 October 2022.

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection. We found:

- Ward areas were clean, well maintained, well-furnished and fit for purpose. Both wards had recently purchased new furniture which was appropriate to the patient group. We looked at cleaning records which were up to date.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- The service had enough nursing and support staff to keep patients safe. We saw the trust had increased staffing levels when they were alerted to concerns raised. The ward manager joined a service wide safety call every morning to review staffing levels and ensure staff were deployed appropriately.
- The wards had low vacancy rates, there were no qualified staff vacancies, we were told the ward manager had authority to increase qualified staff to two above the agreed establishment. There were five healthcare support staff vacancies and an active recruitment process in place.
- Capacity and best interest meetings had taken place when considering the use of bed rails and covert administration of medicines. The outcomes were recorded in the patient record and reviewed on a regular basis.
- Staff said they were proud to work at Victoria Court. There was a staff appreciation board in the reception area which displayed comments made by staff, visiting colleagues and student nurses. Comments included; “fantastic staff, a great experience” – PLACE (patient- led assessment of care environments) and “thank you to all staff for your hard work”.
- We were told about how the ward manager had arranged a monthly lunch for staff paid for out trust funds as a thank you to the team. They were also awaiting receipt of a massage chair and coffee machine for staff use.

However:

Our findings

- Staff could not observe patients in all parts of both wards. Whilst some mirrors were in place on both wards, there were multiple blind spots and no clear lines of sight. Patients at high risk of falls or of violence and aggression were prescribed enhanced safe and supportive observations to mitigate these risks. Victoria Court also had a ligature risk assessment in place. The two mirrors identified as missing, had not been ordered at the time of the inspection.
- Managers did not ensure all observation records were validated at the end of each shift.
- We saw two staff feeding a seated patient from a standing position, which could have been seen as overbearing.
- Signage on Tiger ward was confusing; there was a sign pointing right indicating the location of the dining room, when patients were having their lunch in the lounge, which was to the left. We were told patients would use both the dining room and the lounge area for lunch, as this provided more space for assisted feeding.
- There was no dedicated activity area on Flower ward, however we were told activities took place in the female lounge.

How we carried out the inspection

Our inspection team was led by a CQC inspector. The team included one specialist advisor and one expert by experience.

During the inspection visit, the inspection team:

- inspected the environment at Victoria Court;
- reviewed 6 care and treatment records and 10 medication charts;
- reviewed 20 observation records;
- spoke with the ward manager, nurses, admin and therapy staff;
- spoke with 2 patients, 3 carers face to face and 1 carer over the phone;
- reviewed the minutes of 3 clinical governance meetings and 3 business meetings;
- reviewed mandatory training compliance rates.

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

We spoke with 2 patients, they told us they were nice and warm, and the food was good. They also said they were happy that they could see their family and the staff were always busy.

We spoke with 4 carers, they told us staff were caring, work very hard and kept them informed of any changes. They said they were always made welcome when visiting the ward and were invited to ward round meetings. One carer said there were lots of agency staff, but this had reduced over recent weeks.

Is the service safe?

Our findings

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection.

Safe and clean care environments

Safety of the ward layout

Victoria Court comprised of 2 wards, Tiger ward and Flower ward. Tiger ward was a dedicated male ward and Flower was a dedicated female ward. Both wards had an individual entrance which meant male and female patients were not able to mix.

We saw patients had free movement around their respective ward and could access their bedroom independently, where appropriate, following a risk assessment.

Staff could not observe patients in all parts of both wards. Whilst some mirrors were in place on both wards, there were multiple blind spots and no clear lines of sight. Patients at high risk of falls or of violence and aggression were prescribed enhanced safe and supportive observations to mitigate these risks. Victoria Court also had a ligature risk assessment in place. The two mirrors identified as missing, had not been ordered at the time of the inspection.

Staff could not observe patients in all parts of both wards. There were multiple blind spots that were not mitigated by the use of mirrors, this meant there was no clear lines of sight.

The ward complied with guidance and there was no mixed sex accommodation.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Both wards had recently purchased new furniture which was appropriate to the patient group. We looked at cleaning records which were up to date.

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

The service had enough nursing and support staff to keep patients safe. We saw the trust had increased staffing levels when they were alerted to concerns raised. The ward manager joined a service wide safety call every morning to review staffing levels and ensure staff were deployed appropriately.

The wards had low vacancy rates, there were no qualified staff vacancies, we were told the ward manager had authority to increase qualified staff to two above the agreed establishment. There was 5 healthcare support staff vacancies and an active recruitment process in place.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We saw a comprehensive agency staff induction folder which included a medicines administration competency checklist.

The ward manager could adjust staffing levels according to the needs of the patients.

Our findings

Staff shared key information to keep patients safe when handing over their care to others. Staff used the SBARD (situation, background, assessment, recommendations and decision) tool during handover to ensure continuity of clinical information sharing.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall training compliance rates were 93%, with no individual module falling below 75%. The mandatory training programme was comprehensive and met the needs of patients and staff and included ReSPECT training which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices, moving and handling and intermediate life support training. The trust provided specific dementia training online however the ward team had requested face to face advanced training which had recently been approved.

Managers monitored mandatory training compliance rates on a weekly basis and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff completed risk assessments for each patient on admission. These included risk of falls, nutrition and hydration, self-neglect and tissue viability. Staff used recognised risk assessment tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow Scale for patients at risk of pressure sores.

Management of patient risk

Staff discussed risks to each patient during the handover and identified actions to prevent or reduce risks. We reviewed 20 observation records and found staff had completed them in accordance to trust policy, however; three charts did not include the signature of the nurse in charge at the end of the shift as per the trust's policy.

There were multiple blind spots on both wards, we were told some mirrors had been installed but these had become detached and not replaced. Staff therefore did not have clear lines of sight. Managers had started to record the number and location of falls on both wards following an audit of daily mobility & falls checklist in bedrooms, this was in the early stages and had not identified themes or trends thus far.

Use of restrictive interventions

Staff told us about work they were doing to reduce the number of restrictive interventions, this included mapping out falls to identify themes and trends. We saw active participation and commitment by the ward staff.

We saw capacity and best interest meetings had taken place when considering the use of bed rails and covert administration of medicines. The outcomes were recorded in the patient record and reviewed on a regular basis.

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 and kept up to date on how to recognise and report abuse. The training compliance of staff for mandatory level 2 for safeguarding adults was 95%. We saw safeguarding referrals were discussed in reflective practice sessions.

Our findings

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They gave clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Medicines management

The service used systems and processes to administer, record and store medicines.

We reviewed 10 medication charts, staff followed systems and processes to administer medicines safely. Agency staff completed a comprehensive competency checklist before administering medication.

Track record on safety

The service had a good track record on safety

Reporting incidents and learning from when things go wrong

Staff we spoke with described how they identified and reported incidents via the electronic reporting system. We reviewed 4 incidents which had been reported and recorded appropriately and in line with trust policy.

Managers shared learning from incidents with their staff, this was a standing agenda item at the monthly governance meeting.

Is the service effective?

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each patient either on admission or soon after. We reviewed 6 care records, all of which reflected patients' assessed needs and were holistic, recovery oriented and included the views of carers where appropriate. We saw staff assessed the physical and mental health of patients and developed care plans appropriate to the identified health need. Care plans were reviewed regularly through multidisciplinary discussion and updated as needed.

Is the service caring?

Our findings

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity.

Staff were discreet, respectful, and responsive when caring for patients. We saw staff knocking on patients' doors before entering their bedroom.

Staff gave patients help, emotional support and advice when they needed it. We saw staff supporting a very distressed patient in a calm, compassionate manner.

Staff understood and respected the individual needs of each patient. However, we saw two staff feeding a seated patient from a standing position, which could have been seen as overbearing.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

We spoke with 2 patients, they told us they were nice and warm, and the food was good. They also said they were happy they could see their family and the staff were always busy.

Carers we spoke with told us staff introduced patients to the ward and the services as part of their admission.

Staff involved patients, where appropriate and carers in decisions about care and treatment.

Patients and carers could give feedback on the service and their treatment and staff supported them to do this. There was a feedback box in the reception area as well as a poster with QR (quick response) codes for patients and carers to give timely feedback to the trust.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with 4 carers, they all said staff kept them fully informed and invited them to relevant meetings. One said that staff went the extra mile to make sure their loved one was safe and happy. We were told the ward was very welcoming, and they were encouraged to bring items to the hospital to make the patients bedrooms more homely.

Is the service responsive?

Our findings

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection.

Facilities that promote comfort, dignity and privacy

Changes were made to various rooms at Victoria Court, to accommodate Infection Prevention and Control (IPC) requirements during the COVID-19 pandemic.

The ward did not have enough rooms for visits and activities to take place. We saw that the sensory room had been converted into a visitor's room due to COVID-19 restrictions. The activities room on Flower ward was being used as an office for therapy staff. This meant there was no dedicated activity area on Flower ward, however we were told activities took place in the female lounge.

Signage on some of the doors had not been updated, as the changes were not intended to be permanent and were to accommodate IPC measures. The team continues to review usage of the rooms, whilst ensuring IPC measures are maintained.

Signage on Tiger ward was confusing; there was a sign pointing right indicating the location of the dining room, when patients were having their lunch in the lounge, which was to the left. We were told patients would use both the dining room and the lounge area for lunch, as this provided more space for assisted feeding.

Is the service well-led?

Due to the focussed nature of this inspection and that we did not inspect all key lines of enquiry across every key question, we did not rate this service at this inspection.

Leadership

Leaders had the skills, knowledge and experience to perform their roles.

Staff told us they were very well supported by managers, who were approachable and visible within the service.

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 they were very proud to work at Victoria Court. We were told that when they had requested specific equipment this was rarely refused. They told us of additional training opportunities such as venepuncture and health and safety that they had been actively encouraged to apply for.

We were told three overseas nurses were currently undertaking conversion training to enable them to practice as qualified general nurses, all three wanted to continue working at Victoria Court on completion of their course.

There was a staff appreciation board in the reception area which displayed comments made by staff, visiting colleagues and student nurses. Comments included; "fantastic staff, a great experience" – PLACE (patient- led assessment of care environments) and "thank you to all staff for your hard work".

Our findings

We were told about how the ward manager had arranged a monthly lunch for staff paid for out trust funds as a thank you to the team. They were also awaiting receipt of a massage chair and coffee machine for staff use.

Governance

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

Victoria Court had effective governance structures in place to monitor the safety of the ward environments, performance and risk. They held monthly governance meetings which had a comprehensive agenda including, safeguarding, key performance indicators, lessons learned and feedback from patients and carers.

Managers had good oversight of clinical practice and performance. There were monthly checks in place which focussed on key areas such as infection prevention and control, physical health, staffing and incident management. The ward manager told us she completed deep dives into risk management on a monthly basis.

Our findings

Areas for improvement

Action the trust Must take to improve:

- The trust must ensure that blind spots are mitigated on both Tiger and Flower wards.

Action the trust Should take to improve:

- The trust should ensure all observation records are validated at the end of each shift.
- The trust should ensure that staff are mindful of the impact of body position when assisting patients to eat.
- The trust should ensure that all signage is clear as possible for patients on Tiger ward.
- The trust should consider a dedicated activity area on Flower ward.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one specialist advisor and one expert by experience.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment