John Munroe Hospital – Rudyard

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services responsive?	

Overall summary

We found:

- There was no reliable system or policy for regularly checking emergency equipment. This was a requirement following the last inspection.
- Supervision levels for the majority of staff were below the local standard. Annual appraisal of staff performance and development needs levels were inconsistent, being lowest for the basic grade support workers. This left staff unsupported and management without a reliable way of assessing how well staff did their job.
- Clinical staff did not all know about the results of a check on ligature risks, in the clinical and public areas of the hospital. Ligatures are places to which patients intent on self-harm might tie something to strangle themselves. This made it more difficult for staff to manage risks created by the building when planning care for patients.

Summary of findings

However:

- The hospital had increased the amount of emergency equipment. Each of the three wards and two cottages had immediate access to resuscitation equipment.
- The service had an up-to-date, full and detailed ligature risk assessment. Following this, managers had developed and carried out an action plan to reduce ligature points across the hospital.
- Permanent staff vacancies had gone down significantly since our last inspection and a full-time rota co-ordinator had reduced the use of agency staff. A robust system was in place to block book familiar bank staff to cover staff holidays, and long-term sick and study leave.
- Information on safeguarding people from abuse was on display throughout the hospital. Staff were aware of the forms of abuse they might come across working with vulnerable adults. They also knew how to report their concerns.
- There was evidence of a developing programme of activities for patients from Monday to Friday, and active monitoring of how many patients took part. Opportunities for weekend activities were limited and dependent on clinical staff rather than dedicated activity workers.

Summary of findings

Contents

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to John Munroe Hospital – Rudyard

John Munroe Hospital is an independent mental health hospital providing care for up to 57 people with long-term mental health needs. The hospital, in Rudyard, provides treatment, nursing and care to people over the age of 18 whose complex mental health and challenging behaviours prevent them from having effective treatment in less restrictive settings. Most people who use the service are detained for treatment under the Mental Health Act 1983.

The registered provider for John Munroe Hospital is John Munroe Group Limited.

There was a registered manager in post.

The regulated activities carried out at this hospital are the assessment or medical treatment for persons detained under the Mental Health Act 1983, the treatment of disease, disorder or injury and diagnostic and screening procedures.

The hospital has five clinical areas:

Rudyard Ward offers an admission and assessment service for men and women with challenging behaviour who may have a diagnosis of dementia and may have a forensic history. The ward has 14 beds. It cares for adults and older people, aged 45 plus, with organic brain damage either due to alcohol or other substance misuse, or with early or late onset dementia.

Horton Ward offers an admission and assessment service for people with extremes of challenging behaviour and a diagnosis of functional mental illness or personality disorders. The service has ten beds for male patients and six for female.

The Larches is a male-only, six-bedded intermediate rehabilitation bungalow in the hospital grounds, independent from the main hospital.

Kipling Ward offers an admission and assessment service for female patients with challenging behaviour who have a mental illness or disorder. The ward has 14 beds.

High Ash is a female-only, seven-bedded intermediate rehabilitation bungalow in the hospital grounds, independent from the main hospital.

The Care Quality Commission (CQC) last inspected the hospital on 23 and 24 February 2015 as part of its pilot comprehensive independent mental health inspection programme. We issued two requirement notices in relation to Regulation 12 of the Health and Social Care Act relating to safe care and treatment.

These were that:

- There was no ligature risk assessment of the hospital, and there were risks identified in communal bathrooms, en suite doors, taps, door handles and window handles. The hospital must carry out ligature assessments to identify the risks and remove them, and develop action plans to mitigate the risks.
- The provider must ensure staff carry out checks regularly to ensure that equipment for use in treatment or an emergency is in working order. The managers must provide sufficient equipment to be available immediately in all clinical areas.

The provider was instructed it should take a further three actions to improve the service:

- The hospital should provide information about safeguarding in patient and visitor areas and details of how to contact the safeguarding team.
- The hospital should ensure there is a range of activities for patients to participate in and to ensure more access to the community.
- Staff should receive regular supervision to support them in carrying out their work.

Our inspection team

Team leader: Michael Fenwick

The team that inspected the service comprised three CQC inspectors.

Summary of this inspection

Why we carried out this inspection

We inspected this service as a focused visit to follow up on the requirements and recommendations of the previous comprehensive inspection.

Focused inspections do not look across a whole service at all five key questions; they focus on the areas defined by the information that triggers the need for the focused inspection. On this visit, we examined the five areas highlighted by the previous inspection report and a more general concern over staffing levels. The six areas to be investigated were:

- **Management of ligature risks**

Ligature risk assessments in the hospital were not up-to-date, There were risks identified in communal bathrooms, en suite doors, taps, door handles and window handles. The hospital managers commissioned an external ligature audit report, which Pennine Care NHS Foundation Trust completed in September 2015. They developed an action plan to address identified concerns and informed the Care Quality Commission of progress. Some actions are ongoing into 2016 and dependent on capital funding.

- **The provision and maintenance of emergency equipment**

The hospital equipment for use in treatment or emergency was not subject to regular checks. Rudyard, Horton and Kipling wards shared one well-equipped physical examination room that had all emergency equipment such as automated external defibrillators and oxygen. However, there were no regular checks. Other medical devices such as blood pressure machine, scales and thermometers were not subject to any checks. The Larches and High Ash did not have physical examination rooms. They shared one defibrillator, which was subject to regular checks and did not have any other emergency resuscitation equipment such as oxygen and masks.

- **Safeguarding**

The hospital did not display any information about safeguarding adults from abuse. This meant visitors and patients would not know how to contact the safeguarding team.

- **Access to activities**

The last inspection found that the range of activities for patients to participate in and access to the community was limited. Staff had explained these shortfalls, as problems of staff recruitment and retention.

- **Clinical Supervision**

Staff were not receiving regular supervision to support them in carrying out their work. At the last inspection, most staff reported they did not receive supervision regularly, where they were able to review their practice and identify training and continuing development needs. Ward sisters had told us that there was inconsistency in staff supervision due to staffing. Some staff who had been at the hospital for more than six months had received only one supervision session.

- **Staffing Levels**

In the previous CQC report, our inspectors had linked staff shortages to the lack of activities and difficulties accessing supervision. At the time of that inspection, there were 20 full-time vacancies for clinical support staff. Staff had reported this was having a negative impact on delivery of the service. They had reported the cancellation of escorted leave and activities as an effect of poor staffing levels. Staff nurses were not able to engage in clinical activity and allow one-to-one time with patients because of the burden of paperwork and.

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:

- visited the three wards and two cottages that make up the hospital, looked at the quality of the ward environment and observed how staff cared for patients;

Summary of this inspection

- spoke with the registered manager, deputy manager, rota co-ordinator and three managers of the clinical areas;
- spoke with nine other staff members; including four qualified nurses, four clinical practitioners and the lead activity co-ordinator;
- carried out a specific check of the emergency clinical equipment on all five wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- No reliable system of equipment checks and replacement were in place to ensure that emergency resuscitation equipment was always fit for use in a cardiac arrest.
- Hospital managers had not widely shared the results of a ligature point audit with clinical staff. This potentially threatened patient safety as staff remained unaware of risks within their own clinical and public areas of the hospital.
- There was an increase in the provision of emergency equipment available in the hospital. All three wards and the two cottages had immediate access to resuscitation aids.
- The hospital managers had commissioned and acted on a ligature risk audit that was inclusive of the whole hospital. An action plan detailed a series of works to mitigate ligature risks that would include public and clinical areas of the hospital. A detailed plan of work and board approval was pending and the hospital manager had weekly meetings with the estates department to review progress.
- Safeguarding notices were on display around the hospital. These gave staff, patients and visitors information about how to report abuse.
- The hospital managers had reduced the number of vacancies for clinical staff and introduced systems to support day-to-day safe staffing levels.

Are services effective?

- Staff supervision levels were very low across all clinical staff grades. This fell short of local standards and although monitored by hospital managers, no plan was in place to improve these levels. Our previous inspection report had identified this as action the provider should take to improve the service.
- Annual appraisal completion levels were not consistent across the different clinical roles. The most junior posts were the least likely to have received an appraisal and identified training needs.

Summary of this inspection

Are services responsive?

- There was evidence of a developing programme of activities from Monday to Friday for patients and active monitoring of their uptake. Opportunities for weekend activities were limited and dependent on clinical staff rather than dedicated activity workers.
- Patients' past preferences and information from staff and family informed personalised activity plans. Information from family carers was particularly valued concerning those patients with dementia who were unable to communicate their past interests.

Detailed findings from this inspection

Long stay/rehabilitation mental health wards for working age adults

Safe	
Effective	
Responsive	

Are long stay/rehabilitation mental health wards for working-age adults safe?

Safe and clean environment

- On our last inspection, the hospital had not updated its ligature risk assessments. The inspection team identified potential ligature points in communal bathrooms, en-suite doors, taps, door handles and window handles. These presented an immediate risk to patients. The hospital commissioned a ligature audit from Pennine Care NHS Foundation Trust which was completed in September 2015.An action plan presented to the Care Quality Commission addressed the risks identified and recommendations made in that report.
- The hospital managers committed themselves to an annual (at minimum) internal ligature audit. This would include discussion with the clinical team, governance department, estates, Health & Safety lead and board of directors.
- Local staff induction training was to include raising staff awareness of potential ligature risks and patient observations in high risk identified areas of the hospital. The same was to be implemented at a local level for bank and agency staff from January 2016
- A procedure for the monitoring and control of patient-purchased items of furniture that was free of ligature risks was in place. This was a consideration for management as many patients stayed at the hospital for long term rehabilitation and were encouraged to personalise their rooms with their own furniture and decorations
- In addition, a series of environmental adaptations was ongoing. We observed work already completed to box in pipes within bathrooms and other actions taken to remove risks in patient areas.
- Larger scale works to change window frames, limiters and handles across the hospital were costed and due for discussion at board level. Management informed us that where there was a high-risk patient with a current or recent history of ligature use, they managed the risk through appropriate levels of observations and ongoing risk assessment and management plans.
- The hospital manager reviewed the ongoing progress with this plan monthly with her peers and the maintenance department.
- Staff on the ward, through interview, told us that they were not aware of the plan of work outlined above. Some staff had difficulty explaining the nature of a ligature risk. Further, they were unable to identify potential ligature points within their own clinical areas as highlighted in the external audit and the previous CQC inspection. This limited their ability to manage potential environmental ligature risks.
- We found the hospital emergency equipment, was not checked routinely on our previous inspection. Rudyard, Horton and Kipling wards shared one well-equipped physical examination room that had all emergency equipment such as automated external defibrillators and oxygen. However, there were no consistent maintenance routines in place. Nursing staff had also not been checking medical devices such as blood pressure machine, scales and thermometers. This meant patients could not be assured equipment would be either available or in good working order if required in an emergency.
- The Larches and High Ash did not have physical examination rooms. They shared one defibrillator; this was not subject to checks, and did not have any other emergency resuscitation equipment such as oxygen and masks. These deficiencies led to the CQC issuing a requirement notice to the provider that they must improve the situation.
- All five clinical areas had emergency equipment bags on this inspection. This was an improvement in provision,

allowing staff to manage clinical emergencies without the need to leave their clinical area to seek equipment. This brings the hospital into line with the requirement of the Resuscitation Council Standards for mental health in-patient units that staff have equipment available for use within the first minutes of cardiorespiratory arrest (i.e. at the start of the resuscitation).

- A local standard was in place requiring staff to check the content of these bags daily. We examined records of these checks and found a significant variance between clinical areas in January 2016 and the three previous months (October-December 2015)
- Rudyard ward had completed 46 checks in this period. This represented a compliance rate of 45% to the hospital's standard
- Horton ward had a100% record of a daily check in the period 1st of October 2015 to the 10th January 2016
- Kipling ward had completed 17 checks in the same period. This represented a compliance rate of 17% to the hospital's standard
- The Larches had completed a check on the day of inspection and could evidence only one previous check in October and no checks in November and December 2015. This represented a compliance rate of only 2% to the hospital's standard
- On High Ash, there were checks completed on 55 days out of the possible 102 days considered. This represented a compliance rate of 54% to the hospital's standard.
- We discussed this wide range of results with the hospital manager who explained that they had changed the required frequency for checks from monthly to daily following our last inspection. However, we found that the checklist in use indicated the need for weekly checks. There was no written policy or guidance available to ward based clinical staff to clarify this situation as to a fixed frequency of checks.
- The current Resuscitation Council quality standard for mental health in-patient units state that: 'A reliable system of equipment checks and replacement must be in place to ensure that equipment and drugs are always available for use in a cardiac arrest. The frequency of checks should be determined locally.' In the Royal college of Psychiatrists' Accreditation for Inpatient Mental Health Services (AIMS) standards for Rehabilitation wards the standard is set at weekly checks.
- We also examined records of checks on other emergency equipment including ligature cutters and the automatic external defibrillators. All were in place and available for use.
- The lack of a consistent approach to equipment checks across the hospital has jeopardised the potential effectiveness of any resuscitation attempt and put patients at risk.

Safe staffing

- At the previous inspection, the hospital had significant staffing shortages including 20 vacancies for clinical support staff. These shortages had a negative effect on patient care and staff wellbeing. For example, periods of close observation could last two hours, and staff rotated from one observation duty with a patient to another without opportunity for a break.
- Further negative impacts were difficulties in accessing supervision, reduced opportunities for activities and supported visits away from the hospital for patients. The hospital managers had developed an action plan to address staff vacancies.
- On this inspection, some positive improvements in this situation were evident. Clinical staff interviewed all reported positive improvements in annual leave entitlement and reduced working hours.
- The hospital managers appointed a full-time rota co-ordinator post in April 2015. They created this post due to recognition that ward staff and the deputy hospital manager did not have time to manage staffing requirements. This post has allowed for advance planning of bank staff shifts for expected absences to cover leave, long-term sickness and study leave. In addition, clinical staff no longer have the responsibility to cover shifts alongside their immediate clinical duties.
- The hospital manager had overall responsibility for setting staffing levels. No recognised tool was in use to inform this process although a methodology had been developed to meet local needs. Each clinical area had a ratio of patients to staff set in the context of the level of need and by shift (day/night). Additional staff, to meet

the requirements of enhanced observations required to manage risk, supplemented these base numbers. It was also possible to call in support from other clinical areas to meet immediate need while extra staff were organised

- Including enhanced clinical observations, John Munroe Hospital required 5,757.54 care staff hours per week, which equated to Whole Time Equivalents (WTE) of 150.7 staff at the time of our inspection. They employed 144.2 WTE making a shortfall of 6.5 WTE. This was a significant improvement on the 20 vacancies reported at the previous inspection.
- These staffing levels, reported above, are the minimum necessary to meet immediate clinical needs of patients. The hospital management do not to take into account the need to accommodate annual leave, any allowance for staff sickness and study leave within these numbers. This leaves the hospital dependent on the availability of bank or agency staff to provide all additional cover.

Assessing and managing risk to patients and staff

- In contrast to the previous inspection team, we saw posters in all clinical and public areas informing staff and patients on how to report abuse. We found that staff could identify types of abuse and explain how they would act on any suspicion of abuse through interview.
- All staff should receive training on safeguarding as part of the John Munroe Group Ltd Induction process and three yearly thereafter. However, it had been recognised that more frequent training was needed and a plan to deliver the training yearly was under way.
- Out of the 160 members of staff employed at John Munroe Hospital, Rudyard, 122 had completed the training through either induction or updates within the previous three years and 39 (24.5%) employees required updates. To address the employees who were out of date the managers had scheduled additional safeguarding training and staff advised that their attendance was mandatory.
- The deputy hospital manager reviewed daily incident logs and liaised with the local authority and police to raise and manage safeguarding concerns.
- The organisation had a clear process for sharing lessons learnt from safeguarding events. The senior management team meeting discussed any concerns upheld, logged on the local database and fed into discussion at clinical staff meetings and case reviews.

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Are long stay/rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Skilled staff to deliver care

- The Care Quality Commission (CQC) told hospital managers that increasing access to clinical supervision should be an area for improvement in our last inspection report. Staff did not receive regular supervision to support them in carrying out their work. Staff again reported that they did not receive supervision regularly on this inspection. This meant they were not able to review their practice and identify training and continuing development needs routinely.
- We discussed supervision and appraisal arrangement with the hospital deputy manager and reviewed the local policy. This last review of this policy was in February 2011 and it was next due for review in August 2013. There was no indication that this review had taken place.
- The policy stated that: 'At an absolute minimum staff will receive supervision every 2 months.' Staff did not understand this policy and its requirements. To our question as to how frequently you are required to have supervision we received a wide range of answers from staff. Their responses ranged between 'six to eight weekly', 'six monthly' and 'when I need it'.
- The percentage of staff receiving supervision in the three months prior to our inspection in January 2016 was as follows:
- qualified nurses 27.7%
- clinical practitioners 20%
- level 3 care support workers 36.8%
- level 2 care support workers 21.9%
- level 1 care support workers 23.2%

Long stay/rehabilitation mental health wards for working age adults

- These figures fall below the local standard. The hospital managers felt that delays in recruiting qualified nurses had been the main cause of this poor performance.
- One clinical practitioner interviewed reported having had their last supervision session in November 2015 and that it was the only episode in the last year. They further commented that supervision 'feels a bit forgotten' although they did get good feedback and praise from the nurses they worked with.
- Annual appraisals to gauge staff development, performance and determine training needs were also mandatory.
- Annual appraisal completion levels were not consistent across clinical staff grades. The most junior posts were the least likely to have received an appraisal and identified training needs.
- The completion rates for the differing clinical staff groups in 2015 were:
- qualified nurses 72.2%
- clinical practitioners 91.3%
- level 3 care support workers 37%
- level 2 care support workers 56%
- level 1 care support workers 32%
- In its guidance, the CQC highlights that registered providers must have suitable arrangements in place to support employees to enable them to deliver care and treatment to people who use services safely and to an appropriate standard. Clinical supervision and regular appraisals are two ways to achieve this, but the evidence was that these systems in place were inequitable and inadequate.
- Other forms of staff support were available inside the hospital. Staff said they felt able to ask their peers, supervisors and managers for support and there was evidence of regular staff meetings. Hospital managers informed us that they were a daily presence on the wards and organised quarterly staff meetings for night staff who had difficulty accessing the more regular daytime forums.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

The facilities promote recovery, comfort, dignity and confidentiality

- Two activity organisers worked at the hospital to provide a programme of activities for patients to participate in. They both worked on site for four days a week and supported activities at a sister hospital on the fifth. There was a mixture of both group and individual activities offered to patients within all five clinical areas. The organisers gave priority to those patients in the core ward environments who had limited access to Section 17 leave and community based activity. Patients in High Ash and the Larches had separate programmes supporting community engagement as part of their rehabilitation plans.
- Patient's past preferences and information from staff and family informed personalised activity plans. Information from family carers was particularly valued concerning those patients with dementia who were unable to communicate their past interests.
- The activity worker, ward manager and clinical practitioner all spoke very positively of the use of music, dance and singing on Rudyard Ward, which cared for people with dementia.
- Feedback forms from patients following sessions allowed staff to refine and improve activity plans.
- There is further active monitoring of the amount of activities offered and declined. In the 26 weeks prior to our inspection visit on the 11th January 2016 1220 hours of activity had been offered to patients and 327 declined. A patient's reasons for declining an activity ranged from of interest to a disturbed mental state.
- The activities team aimed to improve the refusal rate through seeking continued feedback from patients about their preferences.

Long stay/rehabilitation mental health wards for working age adults

- The weekly average number of hours of activity offered by this team in this period averaged 49 hours per week. These hours were concentrated in normal working hours, nine-to-five Monday to Friday with some events on weekday evenings.
- Activities at the weekend were dependent on ward based clinical staff being free to organise them. Clinical staff reported there was ready access to games and art materials on the wards. Outings were organised on some weekends, with a recent trip to Manchester Airport reported by three staff as well received. There was a plan for the activity organisers to support activities at weekends. A monthly religious service introduced on a Saturday morning in response to patients' requests was evidence of these developments.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that a reliable system of equipment checks and replacement must be in place across the hospital to ensure that equipment and drugs are always available for use in a cardiac arrest.
- The provider must ensure all staff receive regular supervision and an annual appraisal in line with their local policy requirements.

Action the provider SHOULD take to improve

- The provider should immediately communicate details of identified ligature risks with clinical staff to improve their knowledge of environmental risk.
- The provider should ensure that patient care plans address the potential risks to patients of potential ligature points within the hospital.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment A lack of consistent checks on emergency resuscitation equipment within some clinical areas put patients at risk. This was a breach of regulation 12 (2) (e)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The majority of staff were not receiving regular supervision or annual appraisals to ensure they are competent in their role. This was a breach of regulation 18 (2) (a)