Sturdee Community Hospital

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

Overall summary

We did not rate this service.

We carried out this inspection to monitor progress following the warning notice issued after the focused inspection in April 2018.

We found the provider had addressed most of the issues identified in that warning notice including:

- Safe and proper prescribing, administration and storage of medications. Managers had adequate oversight and governance structures to monitor the management of medicines within the service, including regular audits and action plans. Managers had increased their community pharmacist visits from quarterly to weekly, starting 09 August 2018. The pharmacist carried out external audits and scrutiny of the providers medication and prescribing practice, and provided advice, focussed staff training and consultation.
- Managers ensured staff recorded all incidents including medication errors, in line with their incident reporting policy.

However, we found the following areas the provider needs to improve:

- Whilst staff had improved the monitoring of controlled drugs we found occasional gaps in the controlled drugs record where staff had not recorded the previous or carried forward page numbers. The standard operating procedures for medicines management was not easily accessible, this was in electronic format only, and there was no computer access in the clinic. When we made the manager aware of this she told us she would arrange to have a paper copy made available in the clinic.
- Some emergency equipment was out of date and had not been removed or replaced. Staff had not identified that the fridge in the clinic room was too small for the stock stored in it, airflow was restricted. The providers instructions for recording the fridge temperature range were not clear. Staff were not recording the actions they had taken to rectify inaccuracies in the daily clinic checklists.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults		No rating given

Summary of findings

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Summary of this inspection

Background to Sturdee Community Hospital

Sturdee Community Hospital is part of the Inmind Healthcare Group. Located in Leicester, the hospital provides both locked and open rehabilitation for female patients with complex mental health needs, some of whom are detained under the Mental Health Act 1983.

At the time of the inspection, 19 patients were receiving care and treatment.

Alison Carr was the registered manager and nominated accountable officer for controlled drugs, she had taken up the post in May 2018, and was still awaiting CQC approval of her application.

Since September 2016, the hospital has been an all-female hospital. There are two wards:

Rutland Ward – 16 beds; and

Aylestone Unit – 9 supported self-contained flats.

The service has a third ward Foxton, currently used as meeting rooms and as a rehabilitation therapy unit.

Sturdee Community Hospital is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures, and
- treatment of disease, disorder or injury

Sturdee Community Hospital first registered with the CQC in April 2011. Since this date there have been five Mental Health Act reviews, five CQC comprehensive inspections and two unannounced focussed inspections. CQC carried out the last comprehensive inspection in December 2017. CQC carried out the last focussed inspection in April 2018, in response to concerns flagged up by intelligence monitoring of Sturdee Community Hospital. CQC issued a warning notice identifying the following actions the provider needed to take to improve the service:

Action the provider MUST take to improve

• The provider must ensure that the medicines management policy is adhered to and includes safe prescribing, administration and storage of medications.

• The provider must ensure they have adequate oversight and governance structures in place to monitor the management of medicines within the service. This should include regular audits, with actions plans and outcomes.

Action the provider SHOULD take to improve

• Managers should ensure that staff recorded all incidents in line with their incident reporting policy.

• Managers should consider having a timeframe in which staff completed patient's risk assessment and care plans after admission.

Our inspection team

Team leader: Debra Greaves

The team that inspected the service included one CQC inspector, one CQC assistant inspector and a pharmacist specialist advisor

Why we carried out this inspection

We undertook this focussed, follow up inspection to find out whether Sturdee Community Hospital had addressed, and were now compliant, following the issue of a section 29 Warning Notice after the focused inspection in April 2018.

We found the provider had either already addressed, or had identified plans in place to address the issues identified. We also report on some further issues we found, that managers rectified at the time

Summary of this inspection

How we carried out this inspection

We have reported in two of the five key questions; safe and well-led. As this was a focussed follow up inspection we looked at specific key lines of enquiry in line with actions required from the warning notice.

Before the inspection visit, we reviewed information we held about the location.

During, the inspection visit, the inspection team:

- visited the clinic at the hospital, looked at the quality of the clinic environment and carried out a specific check of the medication management;
- visited Aylestone unit to look at their medicines management;
- spoke with two patients who were using the service;
- spoke with the registered manager;
- spoke with six other staff members; including doctors, nurses, healthcare assistants, pharmacist, and occupational therapists;
- looked at two care and treatment records:
- looked at six prescription charts;
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with two patients during our visit.

- Both patients spoken with told us staff were nice, treated them with respect and seemed to know what they were doing. They told us they had no issues with their medications and knew what medications they were taking and why they were taking them. Both patients said there were usually enough staff around to meet their needs, and always a member of staff in the communal areas.

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?

We did not rate this service.

We found the following areas of good practice:

- Staff had made significant improvements and followed best practice when storing, administering, and recording medications. Staff carried out controlled drug stock checks and reconciliation in line with the providers policy. In addition to this two staff always witnessed and signed the administration of controlled drugs. Staff recorded and administered medication as prescribed by the doctor. Staff stored and disposed of take out medications in line with policy. Staff kept the Medicines and Healthcare Regulatory Agency alerts in a file in the clinic room. Staff completed stock checks of drugs liable to misuse.
- Managers ensured that when agency staff were employed they received a full handover of controlled drugs prior to starting their shift.
- The service managed patient safety incidents well. Managers had reviewed their incident reporting practice and were now completing the one electronic record fully.

However, we found the following areas the provider needs to improve:

- Staff had not identified that some emergency medical equipment was out of date, and therefore staff had taken no action to address this.
- Staff had not always recorded, in the controlled drug record, the previous or carried forward page numbers.
- The fridge in the clinic room was too small for the stock it contained, air flow was restricted, this meant that some of the medications in the fridge might not have always been stored at the correct temperature. The providers instructions for recording the fridge temperature range were not clear, some staff had mis-interpreted what should be recorded in this section. When staff found something wrong they were not recording on the daily clinic checklists the actions they had taken to rectify the situation.

Are services effective?

We did not inspect this key question.

Are services caring?

We did not inspect this key question.

Summary of this inspection

Are services responsive?

We did not inspect this key question.

Are services well-led?

We did not rate this service.

We found the following areas of good practice:

- Managers had reviewed and revised their medicines management audits, checks and procedures. Managers had enhanced the audit systems to ensure prompt feedback and closure of any actions taken. Managers had implemented a monthly medicines management meeting with nurses, to ensure that they discussed, reviewed, and recorded the actions from the audits.
- Managers had reviewed their contract with the community pharmacists and increased visits from quarterly to weekly, to start from 9 August 2018. The pharmacist provided external scrutiny for the providers audits, prescribing, medication management practices and procedures and offer advice, training and consultation as required.

However, we found the following area the provider needs to improve:

- The standard operating procedures for medicines management was not easily accessible, this was in electronic format only, and there was no computer access in the clinic.

Long stay/rehabilitation mental health wards for working age adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Safe clean environment

- The clinic was clean and tidy, staff had stored all medications in cupboards or the fridge. However, we found the fridge was too small to accommodate the amount of stock in there. Medication boxes were touching the sides of the fridge thereby restricting the cold air flow around the medications. When we raised this with the manager she immediately sourced a second fridge from an unused part of the building to be used in the clinic.
- Whilst staff were completing the daily clinic room checklists, the instructions for recording the fridge temperature range were not clear, some staff had mis-interpreted what should be recorded in this section. When staff found something wrong they were not recording on the daily clinic checklists the actions they had taken to rectify the situation. Despite this we did see incident reports, feedback at meetings and notes in the doctor's diary showing how staff had rectified the situations. When we made the manager aware of the above issues she put plans in place to rectify them.
- Some of the emergency medical equipment was out of date. Plastic airways and masks had passed their expiry dates, we could not be sure when staff had last inspected or tested the oxygen cylinders. When we raised these issues with the manager she immediately put in place steps to rectify them.

Medicines management

- With exception of the fridge, staff followed best practice when storing, giving, and recording medicines. Staff stored and disposed of take out medications in line with policy. Staff were using the correct pots and labels for takeout medications.
- Two staff always witnessed and signed for controlled drugs. Staff recorded and administered medication as prescribed by the doctor promptly. Staff carried out controlled drug stock checks and reconciliation in line with policy. However, there were occasional gaps in the controlled drugs record, where staff had not recorded the previous or carried forward page numbers. When we raised this with the manager she arranged to have the omissions corrected.
- Staff kept the Medicines and Healthcare Regulatory Agency alerts in a file in the clinic room. A named nurse shared all alerts with other colleagues usually through the nurse meetings or morning handovers.
- Staff were completing stock checks of drugs liable to misuse, we did not find any errors. Managers were ensuring that agency staff received a full handover of controlled drugs prior to starting their shift.
- The service managed patient safety incidents well. Managers had reviewed their incident reporting practice and were completing the electronic record in full.

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

(for example, treatment is effective)

We did not inspect this key question.

Long stay/rehabilitation mental health wards for working age adults

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

We did not inspect this key question.

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

We did not inspect this key question.

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

Governance

- Managers had reviewed and revised their medicines management audits, checks and procedures. Managers had enhanced the audit system to ensure prompt feedback and closure of actions. Managers had implemented a monthly medicines management meeting with nurses, to ensure discussion, review and recording of all actions from the audits.
- Managers had reviewed their contract with the community pharmacists and increased visits from quarterly to weekly, to start from 9 August 2018. The pharmacist provided external scrutiny for the providers audits, prescribing, medication management practices and procedures and offer advice, training and consultation as needed.
- The standard operating procedures for medicines management was not easily accessible, this was in electronic format only, and there was no computer access in the clinic. When we made the manager aware of this she told us she would arrange to have a paper copy made available in the clinic.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all actions identified in their medication management action plan dated May 2018 are embedded in practice.
- The provider should ensure that all equipment in the emergency bags is in date and checked regularly.
- The provider should ensure that staff complete the controlled drugs records with page numbers.
- The provider should ensure that the clinic room fridge is of a suitable size to maintain the required temperature and air flow so the efficacy of the medication is not compromised.
- The provider should ensure that staff complete the daily clinic room checklists accurately and include all actions staff have taken to rectify problems.
- The provider should ensure that the standard operating procedures for medication management are easily accessible in the clinic.