

Derbyshire Healthcare NHS Foundation Trust

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

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## Ratings

### Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

# Summary of findings

- We inspected Morton and Tansley Wards following information of concern received that staff were inexperienced, were not supported by the provider to manage patient risks and were not provided with appropriate training. Also, between March and August 2020 three patients who were detained under the Mental Health Act 1983 at the Hartington Unit had died. The trust is continuing to investigate these deaths.
- We inspected the Safe and parts of the Well led key questions at this inspection. We visited Morton and Tansley Wards at the Hartington Unit at this inspection as these were the wards which we received the information of concern about. We also spoke with staff, patients and their relatives by telephone from all three wards prior to the inspection visit. During the week of this inspection we spoke with 34 staff including doctors, nursing staff, social workers, occupational therapists and managers. We also spoke with an advocate from Mind and a social worker who worked for the local authority. We spoke with 12 patients and one of their relatives with their permission. At the inspection visit we looked at eight patient records, 12 patients medicine records and observed a staff handover between shifts.
- At our previous inspection of this core service (acute wards for adults of working age) in November 2019 we rated the Hartington Unit and the Radbourne Unit as requires improvement. We did not re-rate at this focused inspection. During this inspection we identified areas for improvement which were:
- Staff had not assessed all ligature risks on the wards. The provider had installed closed circuit television cameras on the ward to reduce the risks of blind spots but the ligature risks of these had not been assessed on the ward ligature assessments.
- Work to eradicate the dormitories had been halted in March 2020 due to COVID-19. Following this inspection, the trust told us they had submitted a funding bid in July 2020 for conversion of the inpatient service and extensive building programme. At the time of report publication, the trust awaits the decision.
- Staff did not always complete all patient assessments to ensure they could manage risk well.
- The provider had not trained sufficient numbers of staff in supporting patients safely, for example, moving and handling, positive and safe care, life support and safeguarding level 3.
- Our findings demonstrated that governance processes did not always operate effectively at ward level and that risks were not always managed well. Staff did not always record the temperatures in clinic rooms and medicines fridges to ensure medicines were stored safely.

## However:

- The ward environments were clean and generally well maintained.
- Staff recruitment was ongoing and new staff had been recruited which meant the wards had enough nurses and doctors.
- Staff minimised the use of restrictive practices and only used restraint as a last resort.
- Staff followed good practice with respect to safeguarding.
- Staff followed safe practice in prescribing, administering and recording of patients' medicines.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Most staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- Staff felt able to raise concerns without fear of retribution.

# Summary of findings

- Staff engaged actively in local and national quality improvement activities.

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

### Summary of this service

- The acute wards for adults of working age are based on two sites: the Hartington Unit is located on the Royal Chesterfield Hospital site and the Radbourne Unit is located on the Royal Derby Hospital site. We only inspected the Hartington Unit at this inspection. There are three wards there:
- Pleasley Ward- 20 beds mixed gender – there are 12 beds for older adults.
- Tansley Ward- 22 beds mixed gender (reduced to 19 during COVID-19 pandemic)
- Morton Ward – 22 beds mixed gender (reduced to 21 during COVID-19 pandemic)
- The provider is registered to provide at the Hartington Unit the Regulated Activities of:
  - Treatment of disease, disorder or injury;
  - Assessment or medical treatment for persons detained under the Mental Health Act 1983;
  - Diagnostic and screening procedures
- At our previous inspection in November 2019 we rated the core service of acute wards for adults of working age as requires improvement overall; requires improvement for Safe and Well led and Good for effective, caring and responsive.

### Is the service safe?

The Hartington Unit was rated requires improvement for safe at our previous inspection in November 2019. We did not re-rate at this inspection.

- Staff had not assessed all ligature risks on the wards. The provider had installed closed circuit television cameras on the ward to reduce the risks of blind spots but the ligature risks of these had not been assessed on the ward ligature assessments.
- Work to eradicate the dormitories had been halted in March 2020 due to COVID-19. There was no date to recommence this work. Following this inspection, the trust told us they had submitted a funding bid in July 2020 for conversion of the inpatient service and extensive building programme. At the time of report publication, the trust awaits the decision.
- Staff did not always complete all patient assessments to ensure they could manage risk well.
- The trust had stopped face to face training to staff in March 2020 due to COVID-19. This was due to infection control practice and that some accredited training needed adaptation to ensure staff could be trained safely. This had recently restarted but this meant several staff needed to attend mandatory training and updates to know how to keep patients safe.
- Staff did not always record the clinic room and medicine fridge temperatures to ensure medicines were stored safely.

However:

# Summary of findings

- The ward environments were clean and generally well maintained.
- Staff had followed infection control procedures and reduced the risks of transmission of COVID-19.
- Staff recruitment was ongoing and new staff had been recruited which meant the wards had enough nurses and doctors. Newly qualified nurses were supported in their development and not left to manage shifts without the support of senior nurses.
- Staff minimised the use of restrictive practices and only used restraint as a last resort.
- Staff followed medicine management policies to safely prescribe, administer and record patients' medicines.

## Is the service well-led?

- Our findings demonstrated that governance processes did not always operate effectively at ward level and that risks were not always managed well. Managers had completed care plan audits but in two of the eight records we looked at the patient did not have a care plan. One patient care plan had not been updated following administration of rapid tranquilisation. Staff had not fully completed an assessment for another patient. Staff did not always record the temperatures in clinic rooms and medicines fridges to ensure medicines were stored safely.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Most staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- Staff felt able to raise concerns without fear of retribution and knew how to contact the Freedom to Speak Up guardian.
- Staff engaged actively in local and national quality improvement activities.

# Detailed findings from this inspection

## Is the service safe?

### Safe and clean environment

#### Safety of the ward layout

- Staff had not updated the ligature risk assessment on the wards following the installation of closed-circuit television cameras. This meant that staff may not be aware of these risks and take action to reduce them. The trust had installed the cameras to reduce the risks of blind spots so that staff could see patients in these areas and ensure they were safe. However, the cameras could be used as an anchor to tie a ligature. On Morton Ward there were ligature points near the handwashing station, on the closed-circuit television cameras in the male bedroom corridor and television lounge, the air conditioning unit, ceiling tiles and suspended ceilings. All these risks except the closed-circuit television cameras were included in the ligature assessment dated October 2019 on Morton Ward and on Tansley Ward dated November 2019. The trust had reviewed the ligature risks of specific types of patients' beds. They planned to remove these and replace with fixed beds during the work to remove dormitories but due to COVID-19 this work had stopped. Staff told us they were aware of the ligature risks and increased patient observations where needed.
- There were blind spots on both wards which were reduced by mirrors and cameras.
- On both wards inspected work to remove the dormitories had stopped in March 2020 due to COVID -19. The trust had planned to create a bed space for each patient by installing partition walls. There was no date to restart this work. However, the trust told us following this inspection that they have submitted a large-scale funding bid to redesign the acute wards and provided evidence of this. The bed replacement programme is active, and the phasing of this work is continuing and awaits the next batch and delivery from the manufacturer.
- The assisted bathroom in Morton Ward was still not working as at our previous inspection In November 2019. The display board was broken in the patient corridor.
- The wards complied with guidance on mixed sex accommodation. Each ward had a separate lounge for female and male patients. There were separate male and female toilets and bathrooms and patients did not have to walk through an area occupied by patients of another sex to access these.
- Staff had easy access to alarms and the trust had recently provided new alarms for staff use. Patients had easy access to nurse call systems.

#### Maintenance, cleanliness and infection control.

- Both wards were clean, cleaning records were up to date and showed the wards were cleaned regularly.
- Staff adhered to infection control procedures, including hand washing, and these had been updated since the start of the COVID-19 pandemic. There were hand washing stations on the wards and adequate supplies of hand sanitiser. Staff told us there had been adequate stocks of personal protective equipment throughout the pandemic. We observed staff wearing personal protective equipment and this was also available for patients. Patients were initially admitted to Morton Ward in side rooms to isolate until the test results for COVID -19 were available. There had been separate rooms on each ward made available to accommodate patients who tested positive for COVID -19 so they could be nursed safely. There were no patients who tested positive at the time of our inspection.

#### Clinic room and equipment

- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean. Clinic rooms were clean and well organised.

#### Safe staffing

# Detailed findings from this inspection

## **Nursing staff**

- Managers had calculated the number and grade of nurses and healthcare assistants required. Recruitment of staff was ongoing in Hartington Unit and had improved since our previous inspection. Staff told us that staffing levels had been increased during COVID-19. On Tansley Ward at the time of our inspection all but one band 5 registered nurse post had been recruited to. We requested staffing rotas for four weeks for Morton and Tansley wards. These showed that staffing levels were met on day shifts. However, for four night shifts during the period there was not a registered nurse available for Morton Ward. The provider told us that due to short notice staff sickness there was not a bleep holder and a registered nurse on Morton Ward for these nights. However, the registered nurse who was the bleep holder for the unit was based on Morton Ward to ensure safe staffing levels were met. Ward managers could adjust staffing levels daily to meet patients' needs.
- When necessary managers deployed bank and agency nursing staff to maintain safe staffing levels, those staff had received an induction and were familiar with the ward. Staffing levels allowed patients to have regular one to one time with their allocated nurse. Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. There were enough staff to carry out observations and restraint when needed safely. Patients said that staff were always available which made them feel safe.

## **Medical staff**

- The service had enough medical staff, who knew the patients to keep them safe from avoidable harm. A doctor could attend the wards quickly in an emergency. There was also an additional doctor based at the Hartington Unit who focused on patient's physical health needs.

## **Mandatory training**

- The trust told us that compliance by staff overall in mandatory training in August 2020 at the Hartington Unit was 75%. This was under the trust target of 85%. For Morton Ward it was 73% and Tansley Ward was 70%. Face to face training had been suspended in March 2020 due to COVID-19. Staff said they had more opportunities to do e-learning during this period and that face to face training was restarting.
- The trust told us that only 65% of staff on Morton Ward and 53% of staff on Tansley Ward had completed updated training in basic life support. However, ward managers told us that staff had been booked to attend this now that face to face training had restarted. The trust told us that overall 34% of staff had received updated training in moving and handling. This was also under the trust target at our inspection in November 2019 when 58% of staff had received this training. The trust acknowledged this and told us the training had continued through COVID-19 with staff wearing personal protective equipment. They had also provided additional investment due to size restrictions of training due to COVID-19.

## **Assessing and managing risks to patients and staff**

### **Assessment of patient risk**

- We looked at eight patient records. Staff had not always fully assessed patient risk. For example, one patient had signed a disclaimer to say they would be responsible for looking after their own money (large amount of cash). Staff had not completed an assessment of the patient's mental capacity to make this decision. For another patient, staff had not fully completed their assessment of the risks of the patient's withdrawal from alcohol. Another two patient's records did not include a care plan for the patient, one patient had been admitted five days before and the other was admitted three days before. Another patient did not have a care plan as to how staff were to support them to manage their aggression.

# Detailed findings from this inspection

- We found that staff discussed discharge planning and the risks of this at each patient's ward round, at staff handover meetings and at daily 'rapid review' meetings. 'Rapid review' meetings had started since our previous inspection and were held daily so that all staff were aware of patients risks and the multidisciplinary team reviewed these. The community teams, social workers and representatives from housing teams also attended these.
- Records we looked at included safety assessments that had been reviewed and updated as needed. These were reviewed at least weekly and when needed, for example, following an incident. Staff discussed patient risks at daily 'rapid review' meetings.

## Management of patient risk.

- Staff managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing behaviour that could challenge the service. All staff told us that restraint was only used as a last resort and after all other ways to de-escalate the behaviours had failed. Patients were encouraged to talk with staff about what worked best for them as an individual to help them calm down when they felt agitated or distressed.
- Records included personal emergency evacuation plans for patients, so staff knew how to support each patient in an emergency.
- Records included assessments of patient's physical health needs. These included assessments of the patient's nutrition and assessment of their skin to identify if there were any risks of the patient developing a pressure ulcer. Staff had assessed and developed care plans where needed for care of patients with diabetes.
- Staff followed good policies and procedures for use of observation and for searching patients and their bedrooms.
- Staff applied blanket restrictions on patients' freedom only when justified. Patients and their visitors told us that during the COVID-19 pandemic the ward doors had been locked and this was restrictive. We saw that ward doors were locked so that staff were aware of who was going on and off the ward. This was needed to reduce the risk of transmission of COVID-19 and the trust had risk assessed this. We saw that staff responded quickly when the doorbell to the ward went and when patients asked to leave the ward. Visiting arrangements had been restricted but this was in line with the government guidance on COVID-19.
- Staff adhered to best practice in implementing a smoke free policy. Staff had offered smoking cessation support to patients who smoked cigarettes on admission. Care plans showed how staff were to support the patient.

## Use of restrictive interventions.

There are no seclusion facilities at the Hartington Unit.

The ward staff participated in the provider's restrictive interventions reduction programme. Staff used restraint only after attempts at de-escalation had failed. The provider trained staff in the positive and safe approach. However, the trust told us as at August 2020 that 17% of staff had completed their positive and safe breakaway annual update and 57% of staff had completed their positive and safe teamwork annual update. This training had recommenced five weeks before our inspection and staff who needed to attend this training had been booked on to this.

On Tansley Ward there was a room called 'The sanctuary.' This included soft seating, a wall with a photo of Chatsworth House and another wall with a write on/ wipe off board where patients could write on. There was also a view to outside of the courtyard. Patients and staff told us this was a helpful space for patients to relax and spend time if they wanted to if they were feeling agitated or over anxious.



# Detailed findings from this inspection

Staff followed National Institute for Health and Care Excellence on administering rapid tranquilisation. We observed staff deciding on using this for a patient during our inspection to keep the patient and other safe after other attempts to deescalate the patient had failed. However, staff did not record on the electronic record their monitoring of the patient's physical observations. This meant that staff may not have been able to support the patient to reduce risks to their physical health if needed.

At our previous inspection we found that staff did not keep seclusion records appropriately. However, we did not look at this during this inspection as there are no seclusion facilities at the Hartington Unit.

## 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. However, as with other training the figures of staff compliance were low as face to face training had been stopped due to COVID-19.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. There were six staff on Morton and Tansley wards who needed to complete training in safeguarding adults' level 3. Only two of six had completed this due to suspension of training because of COVID-19. To minimise the risks of this staff had access to social workers within the Hartington Unit and social workers attended the daily 'rapid review' meetings. This meant that if staff were unsure about whether a safeguarding concern should be raised, they could get advice and discuss their concerns with the social worker. Social workers told us that staff sought their advice as needed and appropriately reported safeguarding concerns and risks.

## Staff access to essential information.

- All staff had access to clinical information on the patient electronic record system. Staff said they knew how to use the system and staff from crisis and community teams could access the information about the patient and vice versa.
- We found that staff had not fully completed assessments and care plans in four of the patients records we looked at. For example, staff had not followed the trust policy and completed the withdrawal scale and dependency tool for one patient who was having treatment for alcohol detoxification. For another two patients staff had not completed a care plan as to how staff were to support the patient to meet their needs. Staff had not completed an assessment of another patient's mental capacity to make a decision about looking after their money (large amount of cash).

## Medicines management

- The service used systems and processes to safely prescribe, administer and record medicines. Staff regularly reviewed the effects of medications on each patient's physical health. Patients told us that doctors discussed their medicines with them.
- Pharmacy staff visited each ward twice daily to review medicine management processes, complete audits and advise staff and patients on prescribing of medicines and any side effects or treatment. However, on Tansley Ward staff did not always ensure that medicines were stored safely. We found 17 occasions where staff had not recorded the temperature of the clinic room and medicines fridge to ensure medicines were stored safely. Pharmacy staff had completed incident forms for seven of these.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance, especially when the patient was prescribed a high dose of antipsychotic medication. Records showed staff monitored the physical health of patients prescribed Clozapine (anti-psychotic medication).
- Nursing and medical staff reviewed 'as required' medicines with the patient, and these were not used regularly. Since our previous inspection, the trust had ensured staff had access to the British National Formulary through an app on their mobile phones, a paper copy of this was also kept in the clinic room for staff to refer to.



# Detailed findings from this inspection

- At our previous inspection we found that ward staff did not always store and dispose of illicit substances in line with the trusts policy. We observed improved practice with the storage and disposal of illicit substances at this inspection.

## **Track record on safety.**

- The provider had reported three deaths of patients detained under the Mental Health Act 1983 at the Hartington Unit from March to July 2020. These were in the process of being investigated at the time of this inspection.

## **Reporting incidents and learning from when things went wrong**

- Staff recognised incidents and reported them appropriately. All staff we spoke with told us that they knew what incidents to report and how to do this on the providers electronic incident reporting system. Staff told us that 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.

## Is the service well-led?

### **Leadership**

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Staff said managers had an open-door approach and they could seek their advice and support. Staff told us that senior managers had increased their visibility during the COVID-19 pandemic using video calls and adding podcasts and messages to the staff intranet.
- The trust had employed a Matron for the Hartington Unit who had been in post since November 2019. Staff told us they valued this role and it had increased the visibility of senior leaders within the Hartington Unit. The trust had also recruited a clinical lead for the Hartington Unit. They had started in post the week of our inspection and were focussed on the physical health needs of patients and on the needs of older adults.

### **Vision and strategy**

- Most staff knew and understood the provider's vision and values and how they were applied in the work of their team. However, some staff told us they did not know what these were.

### **Culture**

- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle blowing process. They knew why they would contact the Freedom to Speak Up Guardian and how to contact them.
- Staff told us how the trust managers had supported them during the COVID-19 pandemic and communicated well through the use of the staff intranet and social media. Staff who were shielding due to COVID-19 had regular supervision where they discussed coping strategies with their manager. They were also included in teams reflective practice sessions via telephone and video calls and paid their usual enhancements, so their health needs did not affect their financial situation. They were also involved in developing activities for patients, for example, quizzes for patients quiz nights. The trust offered all staff a health and wellbeing assessment.
- Ward managers had developed the staff managerial supervision template which was more detailed, reviewed the actions from the previous session and recorded all the discussion. Managers told us they were aware that supervision needed to be recorded and formalised and that this needed to improve.

# Detailed findings from this inspection

- Staff had access to resolve (employee assistance programme) where they could access counselling and support for work related and personal issues.
- Some staff told us before this inspection that issues were not always dealt with appropriately. We saw that managers dealt with poor staff performance where needed and made referrals when needed to regulators, for example, the Nursing and Midwifery Council. The outcomes of investigations into staff performance were not always shared with all staff to maintain confidentiality.

## Governance

- There was not a clear framework for both wards we inspected of what must be discussed at ward level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We looked at notes from team meetings for the last six months. These had changed during the COVID-19 pandemic as staff were not all able to meet due to social distancing. On Morton Ward we saw that staff had access to a comprehensive 'team brief' and included information needed in the absence of regular team meetings. However, on Tansley Ward the information provided for staff was brief and it was not clear how staff would access all the information provided to staff on Morton Ward.
- Our findings demonstrated that governance processes did not always operate effectively at ward level and that performance and risk were managed well. Care plan audits did not ensure that staff always completed assessments and care plans for patients. Medicine audits did not always help to improve staff recording of the clinic room and medicine fridge temperatures to ensure medicines were safely stored.
- Staff understood the arrangements for working with other teams, both within the trust and external, to meet the needs of patients. Staff had developed the daily 'rapid review' meetings for patients which included staff from within the Hartington Unit, crisis and community teams as well as social services, housing services and local voluntary services that supported the patients.

## Management of risk, issues and performance

- The service had plans for how to support patients and staff and had regularly reviewed and updated these during the COVID-19 pandemic. Staff were informed of changes via the staff intranet and social media.
- **Information management**
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Team managers had access to information to support them in their management role. This included information on the performance of the service, staffing and patient care.

## Learning, continuous improvement and innovation

- Staff engaged actively in local and national quality improvement activities. In response to a previous cohort of junior doctors feeling unsupported the matron had started a quality improvement project with the current cohort. They had surveyed the junior doctors at the start of their time at the Hartington Unit and in response to this had provided more alarms. They were working with nursing staff to identify why they need to call the doctor and what they can get prepared including the necessary information to help the doctor quickly identify and treat the patient when they arrive on the ward. This was more of a team approach to meet the patients' needs.
- The wards at the Hartington Unit were working towards Accreditation for Inpatient Mental Health Services (AIMS) for acute mental health wards.

# Detailed findings from this inspection

## Areas for improvement

- The trust must ensure that ward ligature risk assessments record all ligature risks and staff are aware of how to reduce these. (Regulation 12)
- The trust must ensure that sufficient staff are trained in moving and handling, positive and safe care, basic life support, intermediate life support and safeguarding level 3. (Regulation 12)
- The trust must ensure that staff complete and record assessments for all of patients needs and risks and record physical health monitoring following administration of rapid tranquilisation. (Regulation 17)
- The trust must ensure that staff record the temperature of the clinic room and medicines fridge daily to ensure medicines are stored safely. (Regulation 17)

### Should do

The trust should ensure that staff on all wards have access to the information they need about the COVID-19 pandemic and other information needed in absence of whole team meetings.

### Our inspection team

Two CQC inspectors and two specialist advisors who are registered nurses working in acute mental health services visited the Hartington Unit on 10th September 2020. Before the visit four CQC inspectors and one inspection manager spoke with staff by telephone and reviewed documents requested from the provider. An expert by experience spoke with patients and their relatives (where patients had agreed with this) by telephone.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Choose regulation from this dropdown