Berkshire Healthcare NHS Foundation Trust

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

Quality Report

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Date of inspection visit: 17 October 2017
Date of publication: 11/12/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWX51	Prospect Park Hospital	Bluebell ward	RG30 4EJ

This report describes our judgement of the quality of care provided within this core service by Berkshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Berkshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Berkshire Healthcare NHS Foundation Trust.

Summary of findings

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We inspected the safe, effective and well led key questions and found the following areas of good practice:

- Senior staff had reviewed and amended governance systems, such as environmental audits and care record audits to make them more effective and enable them to successfully mitigate risks.
- Staff had completed detailed risk assessments and risk management plans. Staff were committed to embedding improvements in practice.
- Staff told us that despite the challenges they had faced on the ward, in terms of the two serious untoward incidents, they felt part of a strong, supportive team.
- Patients and staff had positive comments about other staff members including senior managers. During our visit, staff were kind and caring when interacting with patients.

However, we also found the following issues that the trust needs to improve:

- Keys for the controlled drugs cabinet were kept on the same bunch of keys for medicines cupboards. Adrenaline vials were kept unsecured in the emergency grab bags.
- Staff did not always record patient's refusal of physical health interventions and the recording of food and fluid intake in paper records was inconsistent. There was a potential for information to be overlooked due to paper records being kept in several different places in addition to the electronic records.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We found the following areas of good practice:

- Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible.
- Staff had completed detailed risk assessments and risk management plans.
- We saw good evidence of patients' perspective on their risks in the risk assessments.
- The ward had introduced daily environmental risk assessments with a checklist to review all areas included checking for broken furniture or other items on the wards, which could be used by patients to self-harm. These also included checks of cleanliness.

However, we also found the following issues that the service provider needs to improve:

- Keys for the controlled drugs cabinet were kept on the same bunch of keys for medicines cupboards.
- Adrenaline vials were kept unsecured in the emergency grab bags.

Are services effective?

We found the following areas of good practice:

- The trust had an electronic system for recording and storing information about the care of patients. This meant that this information was available to doctors and nurses as patients moved between services.
- The ward was being supported by senior managers, clinical nurse specialists and consultant nurses.
- There was a falls prevention group running on the ward. All patients had a falls risk assessment.

However, we also found the following issues that the service provider needs to improve:

- The recording of food and fluid intake in paper records was inconsistent.
- Staff did not always record patient's refusal of physical health interventions.
- There was a potential for information to be overlooked due to paper records being kept in several different places in addition to the electronic records.

Summary of findings

Are services caring?

At the last comprehensive inspection in December 2016 we were satisfied that the acute wards at this location were caring. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive to people's needs?

At the last comprehensive inspection in December 2016 we were satisfied that the acute wards at this location were responsive. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services well-led?

We found the following areas of good practice:

- Governance systems, such as environmental audits and care record audits had been reviewed and amended to make them more effective and enable them to successfully mitigate risks.
- The trust had developed an action plan and staff were aware of this and what their responsibilities were.

Summary of findings

Information about the service

The acute wards for adults of working age and the psychiatric intensive care unit for Berkshire Healthcare NHS Foundation Trust are provided on a single site at Prospect Park Hospital. Bluebell ward is a 22 bedded acute ward which covers admissions from the areas of Wokingham and West Berkshire. This ward admits adults of working age who require hospital admission due to their mental health needs, either for assessment or treatment. Bluebell ward is a mixed gender ward.

We carried out a comprehensive inspection of the acute wards for adults of working age and the psychiatric intensive care unit on 13 December 2016. We rated acute wards for adults of working age and psychiatric intensive care units as good overall. We rated the core service as requires improvement for safe, good for effective, good for caring, good for responsive and good for well-led.

We carried out an unannounced focused inspection on Bluebell ward in May 2017. This inspection was in response to concerns received about the service. When the CQC inspected the trust in May 2017, we found that the trust had breached regulations. We issued the trust with three requirement notices for acute wards for adults of working age and the psychiatric intensive care unit. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Regulation 11 Need for consent

The deadline for completing the actions has not yet elapsed and the requirement notices are still in place.

Our inspection team

Team leader: Serena Allen, Inspection Manager.

The team that inspected the service was comprised of one inspection manager, one inspector and a nurse specialist advisor with experience of mental health services and physical health care.

Why we carried out this inspection

We undertook an unannounced, focused inspection in response to concerns raised about the safe care and treatment of patients on Bluebell ward. The inspection was prompted in part by notification of an incident following which a person using the service died following a choking incident. This was the third death relating to choking in the six months prior to the inspection.

This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk and management of physical health.

This inspection examined those risks. Our concerns fell under the safe, effective and well led key questions. As this was not a comprehensive inspection, we did not pursue all of our key lines of enquiry.

Bluebell ward is part of the services at the Prospect Park Hospital site for adults of working age for Berkshire Healthcare NHS Foundation Trust. We visited one ward within the core service at this location. Therefore, this report does not indicate an overall judgement or rating of the service. Our resources were focused on inspecting the areas of concern and this should be considered when reading this report.

Summary of findings

Following the May 2017 inspection we told the trust that it must take the following actions to improve acute wards for adults of working age and psychiatric intensive care units:

• The provider must ensure incidents are always reported, reviewed, investigated and monitored and make sure that action is taken to remedy any situation, prevent recurrences and make sure that improvements are made as a result.

• The provider must check that all areas of the ward are clean and free from malodour.

• The provider must make certain that all patients' risk assessments, including physical health assessments are completed thoroughly and to the required quality standard. This must include updating patients' risk assessments after key events or incidents.

• The provider must make sure that all patients have the service user safety plan section of their care records completed.

• The provider must ensure the ward ligature risk assessment has detailed action plans identified, in order to adequately manage or reduce the risks.

• The provider must ensure there are sufficient and detailed entries in the patients' care records about decisions taken under the Mental Capacity Act and the Mental Health Act.

• The provider must review governance systems, such as environmental audits and audits of care plans in order to establish that they are effective in highlighting risk and that they are consistently applied.

The trust is currently working towards these actions, and we saw some of the changes had been implemented. The deadline for completing the actions has not yet elapsed and the requirement notices are still in place. The trust will complete their action plan by the end of January 2018. We also made some recommendations at the inspection in May 2017 where we think the trust should take actions to improve services, which will be followed up at the next comprehensive inspection.

How we carried out this inspection

We asked the following question(s) of the service:

- Is it safe?
- Is it effective?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about this service, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Bluebell ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with patients who were using the service
- spoke with the manager for the ward
- spoke with seven other staff members; including doctors, nurses and occupational therapy assistant

We also:

- Looked at treatment records of 14 patients.
- carried out a specific check of the physical health management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients told us they felt safe on the ward and that staff were caring and approachable.

Patients liked the activities on offer during the week, but said that activities were very limited at the weekends.

Patients felt that the quality of food had noticeably improved, but were disappointed with the same option of sandwiches or jacket potato for lunch each day.

Summary of findings

Good practice

The ward had a hypoglycaemia box in the clinic room which contained glucagon and suitable snacks to assist in treating low blood sugars.

The new anti-climb fencing installed in the ward garden was printed with attractive woodland scenes chosen by patients.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

The provider should review the management of the controlled drugs keys, which, at the time of inspection were included on a bunch of keys issued to all qualified staff.

The provider should review the safe storage of adrenaline vials, which were loose in the grab bag.

The provider should review the need for a repeated full physical health assessment for patients who have been inpatient for six months.

Berkshire Healthcare NHS Foundation Trust

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

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bluebell ward	Prospect Park Hospital

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Bluebell ward had 27 beds; the trust took the decision to reduce to 22 beds in June 2017 following a serious untoward incident. The design and layout of Bluebell ward did not allow staff to observe all parts of the ward easily. This could result in unwitnessed incidents occurring. There were blind spots where staff could not always view patients. Staff described how they put in place measures to mitigate risk, for example some rooms on the ward were locked such as the laundry room and cinema room and were only available with staff supervision.

On the day of inspection, work was being carried out to replace flooring in the main part of the ward. This was planned work, and ward staff ensured that patients and maintenance staff were kept safe.

The ward had introduced daily environmental risk assessments with a checklist to review all areas included checking for broken furniture or other items on the wards which patients could use to self-harm, and included checks of cleanliness.

Staff checked the emergency resuscitation equipment on a weekly basis to ensure it was fit for purpose in an emergency and it was kept in a place where it was readily accessible.

Controlled drugs (medicines that are more liable to misuse and therefore need close monitoring) were stored securely and registers to record their handling were accurately completed by staff. Waste medicines were disposed of correctly. The service reviewed and acted upon medicines safety alerts appropriately. There were processes in place for staff to order medicines for people to take away when on leave from the ward. However, the keys for the controlled drugs cabinet were included on the standard bunch of medicines cupboard keys carried by qualified nursing staff. This did not meet with best practice. We raised this with the trust on the day of inspection and they agreed to review this practice.

Safe staffing

The trust was recruiting to the post of a trust wide Physical Healthcare Lead and was also recruiting a 0.5 full time equivalent band 7 specialist speech and language therapist for the acute wards.

There were sufficient staff to provide care, the vacancy level for Bluebell ward had reduced and progress had been made in staff recruitment since our last inspection in May 2017. Three staff had begun preceptorship in September.

Assessing and managing risk to patients and staff

When we inspected Bluebell ward in May 2017 we found that risk assessments varied in detail and quality and we saw four examples of risk assessments not being updated following incidents. Following the inspection the trust provided us with an action plan detailing how they would achieve the required standards.

During our inspection in October 2017, we found the service had begun implementing those actions and improvements had been made. We reviewed 14 care records and found risk assessments and risk management plans were completed and detailed. Risk management plans were developed with input from the multidisciplinary team. We saw some evidence of patients' perspective on their risks in their safety plans, where patients were not well enough or did not wish to contribute to safety plans this was clearly documented by staff. The trust had taken action to review all patients' risk assessments, care plans and physical health assessments following the inspection in May 2017. A monthly review of patient notes by ward managers had been introduced, and clinical nurse specialists were working with staff members to raise the quality of the content in risk assessments. The risk assessment template had been amended to include physical health assessments.

Track record on safety

We had concerns in our previous inspection in May 2017 that lessons learned from serious incidents were not fully embedded or consistently applied. Further concerns on Bluebell ward were brought to our attention following our inspection in May 2017. There were 85 incidents reported in the three months prior to our inspection. There were two

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

unexpected patient deaths. This inspection was prompted by the notification of the most recent death, where a patient died following a choking incident. This was under investigation by the trust.

Reporting incidents and learning from when things go wrong

This inspection was prompted by the notification of an incident in which a patient died following a choking incident. The patient had been referred for a speech and language therapist assessment (SALT) after an earlier incident of choking. The SALT recommended the patient for a soft diet, however staff did not understand what foods were suitable for a patient on a soft diet. The information shared with CQC about the incident indicated potential concerns about the management of physical health care on the ward and the updating of risk assessments and care plans following incidents.

We saw initial action plans created in response to the two serious untoward incidents on the ward. Several issues were included along with actions, dates and staff members identified to ensure the actions took place. Two of the issues identified were around inconsistencies with key information not being appropriately communicated or not being reflected in patient care plans and risk assessments. Actions for these were on-going at the time of our inspection and are expected to be completed by January 2018. This will be followed up at the next comprehensive inspection.

Staff received a full debrief following incidents and they told us there was a good level of support and feedback on both a group and individual basis. Following the most recent death the chaplain and staff held a group on the ward to allow patients to reflect on their emotions and responses to the incident. Several staff reflected that there had been substantial support from senior management.

In response to serious untoward incidents, senior management had begun to implement other changes. Senior staff had identified additional training needs for staff, including specialist training from speech and language therapists regarding choking and special diets.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

The trust had taken steps to improve the assessment and monitoring of physical health. We saw that all patients had a falls risk assessment on their care records, and where risks were identified appropriate referrals were made for example to physiotherapy and occupational therapy. Doctors and nurses were able to describe and show us their respective admission protocols, which directed staff to carry out a physical health assessment and complete relevant care plans.

The ward doctors had introduced liaison with GPs for a summary of newly admitted patients' health, ensuring staff had a holistic picture of patients' needs. Ongoing routine monitoring of physical health, for conditions such as diabetes, was generally good. We saw that the ward made referrals to diabetic specialist nurses and dieticians for patients where this would help patients manage their health conditions. If a patient refused physical health monitoring or physical health intervention such as having their blood glucose checked or medication administered for a physical condition this was recorded in their progress notes on their electronic care record. However it was not consistently recorded on their meds chart, this could lead to confusion.

Nursing staff made referrals to the Speech and Language Therapists (SALT) when there were concerns regarding a patient's ability to communicate or to manage solid foods. The trust was recruiting a Band 7 SALT to work across the Acute and psychiatric intensive care wards.

When staff monitored food and fluid intake this was recorded on paper records kept in the clinic room. We found that monitoring was inconsistent and lacked useful detail, for example on one record several entries stated that a patient assessed as being at high risk of malnutrition and dehydration drank a 'small amount' of fluids, but this was subjective and open to interpretation. There were no measurements given which would have been useful to doctors when reviewing the patients food and fluid intake.

On admission patients had a physical health assessment and their NEWS was calculated and recorded. National Early Warning Score (NEWS; Royal College of Physicians, 2015). This is a validated and evidence-based approach to scoring and acting on triggers to identify and treat patients whose physical health is deteriorating. When there is a concern about a patient's physical health, or when an acute physical illness is suspected, NEWS should be used to assess and trigger the appropriate action. We saw that NEWS were discussed and reviewed in multidisciplinary team meetings (MDTs).

Best practice in treatment and care

Patients were involved and engaged in weekly ward community meetings. We saw that actions raised via the 'You said/We did' initiative were discussed and recorded in the minutes of these meetings. In each of the meeting minutes we saw patients were reminded that they could request copies of their care plans.

There was support available from smoking cessation so patients could access nicotine replacement therapy. The pharmacy team met with patients to discuss medicine and side effects on request.

There was a falls prevention group running on the ward. All patients had a falls risk assessment carried out and where there was an increased risk the patient was referred to the falls prevention group.

Annual POMH audits were carried out (the national Prescribing Observatory for Mental Health (POMH-UK) that aims to help specialist mental health trusts/healthcare organisations improve their prescribing practice) There were monthly audits of risk assessments, safety plans and patient notes. Audits of mental health act documentation, mental capacity assessments and consent to treatment took place twice a month and were the responsibility of the clinical development lead. There was a monthly audit of environmental issues including cleanliness, which was carried out by the Private Finance Initiative manager and a senior member of ward staff.

We found one patient who had been admitted nine months previously but had not had a physical health review after six months as recommended in Royal College of Psychiatrists (2009) OP67 Physical Health in Mental Health.

Skilled staff to deliver care

A hospital wide regular training programme on Datix (incident reporting system) and learning from events led by the Deputy Director of Nursing (DDON) is planned for 14 December 2017. This is part of the Ward Manager development programme and will be opened up to include Band 6 staff who are handlers. This is aimed at assisting

Are services effective?

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senior ward staff to understand importance of Datix and their role in handling incident reports. The DDoN will deliver incident training to the new staff development for band 2 and 3 staff.

The clinical director held a learning event once a month. Ward staff have received training in wound care and diabetes and further specialist training from the speech and language therapist and dietetics teams to help staff understand how to prevent choking and special diets suitable for patients at increased risk of choking.

NEWS training was renewed annually. Medicines training was on line and two days face to face training every three years. All qualified nurses underwent a yearly competency based assessment to administer medications safely.

Staff received regular supervision and attended regular team meetings. There was a weekly SPACE group for staff which offered additional support and a staff development group. Doctors had their own supervision group and had weekly teaching sessions for junior doctors.

Poor staff performance was addressed promptly. At the time of our inspection, senior staff were working closely with individuals to manage performance issues.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

At the last inspection in December 2016 we were satisfied that acute wards for adults of working age at this location were caring. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

At the last inspection in December 2016 we were satisfied that acute wards for adults of working age at this location were responsive. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Good governance

When we inspected this ward in May 2017 we had concerns that systems in place on Bluebell ward were not always effective or consistently applied. These systems should minimise risks to patients and staff. We were not confident that the existing systems offered sufficient challenge for staff to improve their practice.

The trust had taken steps to address the gaps in governance and we were able to see evidence of the progress made during our inspection.

Environmental audits were conducted in collaboration with infection, prevention and control team as well as the ward manager/ senior nurse from the ward on a monthly basis. In addition to this, a daily ward walk had been introduced as well as a checklist. The service manager reviewed the outcomes of environmental audits and there were fortnightly meetings with service manager, locality director and private finance initiative manager to review all estates issues.

Ligature risk assessments were now recorded on a standardised form for all wards with monthly review. A new quarterly meeting was being developed to review all risks with the senior leadership team by the clinical governance nurse.

Omissions and inaccurate entries into care records. A random sample of 10 of patient case records were peer reviewed by a ward manager and then further reviewed by the clinical nurse specialist. Information and any corrections needed were immediately fed back to the specific staff member to correct.

All broken fridges found at the previous inspection had been replaced and a clear label had been printed on the fridge for patients informing them that out of date food will be disposed of. This was checked as part of the ward manager's daily ward walk as part of the checklist.