

Sussex Partnership NHS Foundation Trust

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

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

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

Inspected but not rated



We undertook an unannounced, focused inspection of Langley Green Hospital to see if the provider was now meeting the requirements of the warning notice that we served (under section 29a of the Health and Social Care Act 2008). Following our previous inspection in February 2021. The warning notice required the provider to make urgent improvements to ensure that patients who had physical healthcare needs were monitored appropriately and had their needs met to keep them safe.

We also looked at whether the provider had ensured that there was always enough nursing and support staff on all wards, at all times to provide safe, good quality care to patients.

Langley Green is a hospital for people with acute mental health problems. The teams provide assessment and treatment for people across four wards;

- Amber ward, 12 bed psychiatric Intensive Care Unit (PICU),
- Coral ward, 19 bed acute wards for working age adults
- Jade ward, 19 bed acute wards for working age adults and
- Opal ward, 19 bed mixed sex, integrated care for working age adults and older people

We visited all four wards to check whether the provider had made the required improvements to the safety of the service. This inspection was a focussed inspection so therefore did not provide a change to the existing rating.

We did not rate this service at this inspection. The previous rating of requires improvement remains.

We found:

- The service now had enough nursing and support staff to keep patients safe. Since our last inspection, the provider had address staffing levels on all wards and employed agency nurses on a longer-term basis. The trust had also changed the working hours of senior staff to cover 24 hours a day.
- Staff had received training in how to meet the physical health needs of patients and each ward had two physical health champions identified. The physical health team visited the hospital twice a week. Staff reviewed the physical health needs of patients at every handover and at the daily safety huddle.
- Since the last inspection, the provider had reviewed all patients' physical health needs, to ensure that were met and monitored. Staff had developed care plans for each identified physical health need and included them in the patient's risk assessment.
- Staff knew how to escalate concerns about physical health. Staff had correctly completed food and fluid charts on Opal ward. Staff on Amber and Opal ward had completed physical health monitoring following rapid tranquilisation correctly.

Our findings

- Managers had introduced a physical health audit, to ensure that they had oversight of the needs of patients and ensure the needs were being met.

However:

- Staff told us they had enough staff to manage on the wards but still felt that there was not always enough staff on wards if they had to support other wards during incidents.
- Food and fluid charts on Jade ward did not include a target amount and staff had not calculated the total amount of fluid consumed by patients. On Jade ward staff had not calculated the total National Early Warning Score on post rapid tranquilisation charts. We reported this to senior staff during the inspection and they agreed to take immediate action to address these issues.
- Doctors had not reviewed do not attempt cardiopulmonary resuscitation (DNACPR) decisions on admission to the hospital. Staff did not always discuss DNACPR decisions with patients. The provider took immediate action to address this.
- The physical health audit had not identified that staff were not routinely assessing patient's risk of venous thromboembolism on admission (in line with National Institute for Health and Care Excellence guidelines). The provider has now updated the audit to include to address this.

How we carried out the inspection

During this inspection, we interviewed 17 staff including managers, doctors, nurses and healthcare support workers. We spoke to seven relatives of patients, reviewed nine patient care records, looked at a variety of documentation relating to patient care and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

What people who use the service say

We spoke to seven carers and they told us that communication from the hospital could be improved. They told us that it was difficult to get through to the wards on the telephone and staff did not always call them back or call when they were supposed to. Carers told us that when they complained about staff not calling back, staff told them they were busy. Carers told us they were not involved in the care planning for their relative, even when staff had told them they would be, and therefore did not know what care and treatment they were receiving. Most carers told us they did not know what physical health support their loved one was receiving or how staff were supporting their relative with hospital appointments. However, carers felt most staff were friendly and polite and that their relative was safe at the hospital.

Is the service safe?

Inspected but not rated



The service had enough nursing and medical staff, who knew the patients. Since our last inspection, the provider had employed agency staff on longer contracts and ensured they had thorough inductions before starting on the wards.

Our findings

They had increased the staff on Amber ward to cover the Health Based Place of Safety (Section 136) suite. Staffing issues are reviewed and addressed during the weekday safety huddle and at handovers during the weekend. The trust had increased the presence of senior staff at the hospital to cover 24 hours a day seven days a week. The trust's physical health team were available at the hospital two times a week to offer additional support to the staff.

Staff had received basic training to keep patients safe from avoidable harm. The wards had identified two members of staff to be physical health champions on each ward. They were completing a physical health training course. Senior managers had included physical health in the monthly safety training days for staff at the hospital. Staff reviewed the physical health needs of patients and their care plans at shift handovers and during the weekday safety huddle.

Is the service effective?

Inspected but not rated



Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs and were personalised, holistic and recovery oriented. Senior staff had reviewed all patients' physical health needs since our last inspection. Staff had developed an individual care plan for each patient's identified physical health needs. Doctors had developed the initial physical health care plans and then nursing staff had used these plans to complete nursing care plans. There was a risk management plan for each identified physical health need. We saw in patients' records that staff had escalated physical health concerns correctly and had ensured that patients received the correct support to meet their needs.

There were food and fluid charts in use on Opal and Jade ward. We saw that the quality of the completion of the charts varied depending on the ward. On Opal ward staff had completed a target amount for consumption and we saw that staff escalated their concerns appropriately if the patient had not reached this target. On Jade ward we saw that staff had only recorded a target amount on two out of 12 charts, and staff had only recorded the reason for being on a food and fluid chart on one chart. Staff could tell us what they would do if they needed to escalate an issue relating to food and fluid consumption. We raised our concerns about the completion of forms on Jade ward with senior staff. They told us that staff were sometimes only using the charts to record consumption at mealtimes, and they would now be reviewed to ensure this was clearly documented on the forms. This was because the patients had access to food and drink without the assistance of staff, preventing a truly accurate record.

We saw that staff had monitored patients' physical health post rapid tranquilisation in line with trust policy and national good practice guidance. We reviewed 10 records from three patients across three wards and saw that staff had completed National Early Warning Score forms (NEWS). NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. We saw that on Amber and Opal wards staff had completed all forms correctly. However, on Jade ward staff had not always calculated the score which would alert staff to a potential deterioration of the patient's physical health. We told managers about this and they agreed to take immediate action to prevent it happening in the future.

We reviewed two do not attempt cardiopulmonary resuscitation (DNACPR) forms. Both forms had been completed in the community and doctors had not reviewed them when they admitted the patients. The doctors had not discussed a DNACPR decision with a patient despite them having capacity. We discussed this with senior staff who agreed they would review patients DNACPR and taken any action needed.

Our findings

Is the service well-led?

Inspected but not rated



The provider had reviewed the physical health needs of all patients since our last visit. Senior staff had developed a physical health audit which is completed weekly, any identified actions are logged, and an action plan is identified to address them. Ward managers review patients' records monthly to ensure patients with physical health needs have a care plan and risk assessment to manage these needs. However, we found that staff did not always on admission assess the patient's risk of having venous thromboembolism. The physical health care audit did not show this. We spoke to the provider and they immediately updated the audit to address this.

Managers had increased the number of staff and were using agency staff on longer term contracts, to address staff shortages. Senior managers had changed their working hours so that there was a senior staff presence through out the week, including weekends.

Our findings

Areas for improvement

Core service

- The trust must ensure that staff on all wards complete physical health documentation, including NEWS and food and fluid charts, correctly and that it is identified why patients need this information recorded. (Regulation 12(1)).
- The trust must ensure that staff review do not attempt cardiopulmonary resuscitation (DNACPR) decisions on admission and involve patients in the decision. (Regulation 9 (1 (a)(b)(c)))
- The trust must ensure that the physical health audit reviews all checks that should be carried out on admission, including venous thromboembolism in line with NICE guidelines. (Regulation 12(1)).

SHOULD

Core service

- The trust should ensure that carers are contacted at agreed times.
- The trust should ensure that they involve carers, when appropriate, in drawing up any care or treatment plans so they understand how the patient's physical health needs are being met.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care