

Sheffield Health and Social Care 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?

Summary of findings

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

Summary of this service

We did not re-rate this core service during this inspection. We found evidence that the service had improved.

Sheffield Health and Social Care Trust provides three acute mental health inpatient wards for adults of working age and one psychiatric intensive care unit. The wards can provide care and treatment for up to 64 patients. Services are provided at the Michael Carlisle Centre and Longley Centre as follows:

The Michael Carlisle Centre;

- Burbage Ward – 19 bed mixed sex ward (Includes five detox beds)
- Stanage Ward – 18 bed mixed sex ward

The Longley Centre;

- Maple Ward – 17 bed mixed sex ward
- Endcliffe psychiatric intensive care unit – 10 bed mixed sex ward

The service was able to admit patients who were detained for treatment under the Mental Health Act (1983), those with deprivation of liberty safeguards in place and informal patients. Most patients were detained under the Mental Health Act at the time our inspection, there were no patients with deprivation of liberty safeguards.

The inspection was undertaken between 25 August 2020 and 27 August 2020. We visited all four wards during this inspection as part of our focussed inspection of this service.

We conducted this focussed inspection due to serious issues raised at the last inspection in January 2020. At that inspection we issued enforcement action to the trust to tell them they must make improvements to improve the quality and safety of care.

We previously inspected the acute and psychiatric intensive care unit services in January 2020 and the service was rated as inadequate overall. We rated the service as inadequate in the safe and well led key questions and rated the service as 'requires improvement' in the caring, effective, and responsive key questions.

At the last inspection we issued warning notices. We found the trust to be in breach of regulations within the Health and Social Care Act (Regulated Activities) Regulations 2014 for the following reasons:

- The trust must ensure that patients are cared for in environments which are private and dignified. This includes the removal of dormitory accommodation and ensuring the seclusion suites and CCTV cannot be overlooked and that patients' access to toilet facilities is appropriate. (Regulation 10)
- The trust must ensure that staff undertake physical health monitoring with all patients. This includes monitoring of long term health conditions, monitoring after the use of restrictive interventions, monitoring of the side effects of medication, and monitoring patients' physical health needs in line with national guidance whilst undertaking inpatient detoxification. (Regulation 12)
- The trust must ensure that it addresses the fire risk associated with patients smoking inside the wards. (Regulation 12)

Summary of findings

- The trust must ensure that the premises used for seclusion are suitable for the purpose of which they are being used, properly used, properly maintained and appropriately located for the purpose they were being used. They must be in line with the Mental Health Act Code of Practice. (Regulation 15).
- The trust must ensure that staff report all incidents, including all incidents of rapid tranquilisation and restraint.
- The trust must ensure that staff maintain an accurate and contemporaneous record of patient care including seclusion records in line with the Mental Health Act Code of Practice. (Regulation 17)
- The trust must ensure that staff do not use non-approved restraint techniques including the use of mechanical restraint and in line with the trust's own policy (Regulation 13)
- The trust must ensure that it is able to meet the needs of all patients admitted to the ward and ensure that patients with complex needs which staff are unable to cater for are not admitted. (Regulation 9)
- The trust must ensure that sufficient numbers of experienced and suitably qualified staff are available on all shifts, and that staff are able to manage the high acuity of the ward. (Regulation 18)
- The trust must ensure that all staff complete mandatory training. (Regulation 18)

We reviewed each of these breaches of regulation as part of this inspection.

Since the last inspection we have received further information that has raised concerns about the ongoing safety of the service.

During this inspection, we inspected the core service and only the safe key question. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about the service. During the visit, the inspection team:

- looked around all four wards, including the external areas
- looked at the seclusion room on each ward
- checked all clinic rooms
- reviewed a sample of seclusion records, restraint records and rapid tranquilisation records for patients
- reviewed a sample of incident reports
- reviewed a sample of patients' physical health monitoring records
- spoke with the ward manager, deputy ward manager or senior operational lead for each ward
- spoke with nine patients and six carers
- interviewed eleven other staff including pharmacists, nurses, a psychologist and support workers
- looked in detail at the risk assessments of 16 patients
- looked at policies, procedures and other documents relating to the running of the service.

We found that overall issues had improved since the last inspection. However, there were still some areas of concern where changes the trust had made required further embedding. This included issues relating to staffing, the environments, timely actions following incidents, physical health monitoring, restraint and privacy and dignity issues.

Summary of findings

Is the service safe?

We did not re-rate the safe domain as part of this inspection. Overall, we found the service had improved since the last inspection. However there remained significant ongoing concern. This included:

- Privacy and dignity issues remained in the seclusion rooms. Passing staff could see into the seclusion room. Patients still had limited access to bathroom facilities in two seclusion rooms. Staff still needed to enter seclusion rooms to manually unlock bathroom doors.
- Wards remained mixed sex and two patients described feeling unsafe. Sexual safety incidents were increasing.
- There was no examination couch in the clinic room on Burbage ward.
- The use of restrictive interventions had increased. This was most evident on Stanage ward.
- The service still did not monitor and report on the referrals made to safeguard children which meant that the trust lacked oversight of this matter. The trust had developed their electronic recording systems to enable reporting to take place, but this was not in place at the time of our inspection.
- Although physical health monitoring had improved. There remained some discrepancies that required further embedding and oversight.
- The service still did not always manage patient safety incidents well. There was a high number of incident reports that had not been reviewed. This meant that ward managers and senior leaders had limited understanding of risk and opportunities to improve safety were being missed or significantly delayed.
- Wards did not all have up to date ligature risk assessments. Staff did not have up to date information regarding ligature risks to support safe patient care.
- The service had used independent ambulance services without robust quality checks in place which placed patients at risk of harm.
- Staff had used unapproved restraint techniques, such as mechanical restraint which had placed patients and staff at risk of harm.

However,

- The safety of ward environments had improved and there were plans for further improvement. Work to remove dormitory accommodation was underway on Maple ward. Burbage and Stanage ward had plans for complete ward refurbishment and reconfiguration. This include the replacement of the seclusion rooms and the removal of dormitory bedrooms. We did not find any evidence of patients smoking in the ward bedroom areas. There were plans to relaunch the smoke free policy.
- The management of clinical rooms and equipment had improved. Most clinic checks had been completed with occasional errors. Staff were now aware of the location of the ligature cutters.
- The service had enough nursing staff; however, they still did not always have the required levels of experience and training to keep patients safe from harm. A large proportion of the qualified nursing staff had under two years' experience. The trust had mitigated this where possible. There was a rostering system to ensure shifts were covered with experienced staff to support more newly qualified staff. Managerial staff were available to support in other circumstances. This was monitored by senior managers. Mandatory training compliance had improved.

Summary of findings

- Staff's understanding of safeguarding processes had improved. Staff were now able to describe safeguarding incidents and how they were managed. Staff were aware of safeguarding leads within the trust and could explain the safeguarding process.
- Physical health monitoring had improved significantly. People were no longer at risk because staff did not review the effects of medications on each patient's physical health. Staff now monitored and recorded observations of patient's physical health following rapid tranquilisation, when using Clozapine medication and during detoxification from alcohol and opiates. Staff now monitored the physical health of patients with long term health conditions, such as diabetes.
- Incident reports were now detailed and correctly categorised and reported.

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Detailed findings from this inspection

Is the service safe?

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff did not always complete and regularly update thorough risk assessments of all wards areas and had not removed or reduced all risks they identified.

The layout of the wards meant that staff could not always observe patients in all parts of the wards. Blind spots were mostly mitigated by mirrors. However, on Burbage ward there were blind spots in the dormitory rooms, near the ward entrance and the meeting room that were not mitigated by mirrors. Some improvements had been made; other blind spots were managed by patient observation and staff awareness of patient and environmental risks. Burbage ward was having a new fence installed. The fence was being replaced in response to patient safety incidents involving the fence. Patients were observed using the garden whilst the fence work was completed. There was a CCTV camera observing the ward entrance.

The wards complied with Department of Health guidance in eliminating mixed sex accommodation. Over the last six months from March 2020 to August 2020 there were no mixed sex accommodation breaches within this service.

However, wards were mixed sex wards. There were still some risks associated with this. We spoke with five female patients. Two female patients said they felt unsafe on a mixed sex ward and would have preferred a female only ward.

On Maple ward female patients had to walk down the male corridor to reach the female area. There were instances of patients being allocated bedrooms in the bedroom areas of the opposite sex. However, this was managed by patient observations and the availability of ensuite bedrooms.

Two female patients said they felt unsafe on Burbage ward due to sharing communal spaces with male patients. Sexual safety incidents were increasing. Between January 2019 and January 2020 there were 34 sexual safety incidents compared to 40 over the current six month period. Of these incidents, 18 related to patient to staff sexual safety and 22 related to patient to patient sexual safety.

The majority of these patient to patient incidents were on Stanage ward during May and June 2020.

- Burbage 4
- Stanage 9
- Maple 8
- Endcliffe 1

All incidents had been categorised as low or no harm incidents, other than two incidents which the trust were investigating as serious incidents. Of these two serious incidents, only one was reportable to the strategic executive information system.

The trust were aware that sexual safety incidents continued to be a concern. In response, the trust had agreed sexual safety standards and produced and distributed a leaflet to patients and staff. The trust had plans in place, as part of their acute care modernisation programme to consider single sex accommodation in the longer term to mitigate against this risk.

Detailed findings from this inspection

Burbage and Stanage wards both had dormitory accommodation. At the last inspection we told the trust that accommodation must be private and dignified and that dormitories must be removed. At this inspection there was only one patient in each of the dormitories on Burbage ward and two on Stanage Ward. This was to improve patient's privacy and dignity. Maple ward previously had dormitory bedrooms. These were being replaced during the onsite inspection and were no longer in use. Work on Maple ward was due to be complete by 15 September 2020.

The trust had committed to a plan to eradicate dormitory bedrooms by 31 December 2020. The initial plan was to remove the remaining dormitories on Burbage and Stanage wards in November 2020. However, both wards also need complete refurbishment. The current plan is to close any dormitory bedrooms in December 2020 and start the full refurbishment of both wards in January 2021. It is expected the building work to have been completed by August 2022.

Staff told us that they knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were ligature points on Burbage, Stanage and Maple wards. Each ward had designated reduced-ligature bedrooms and patients were risk assessed and placed in reduced ligature bedrooms if necessary. Other risks were mitigated by patient observations.

However, Stanage and Burbage wards did not have up to date ligature risk assessments in place which had been reviewed and updated in the last 12 months. This meant that staff on these wards did not have an up to date document to refer to when assessing ligature risk to patients. The trust had a plan to adopt a new model of ligature risk assessment and told us that the reviews of these assessment had lapsed whilst the new model was put into place. However, they had not provided any mitigation whilst the new assessment process was being implemented. The ligature risk action plan had a completion date of December 2020.

Staff had easy access to alarms and patients had easy access to nurse call systems. There was a portable alarm system in place for staff to call for assistance. Patients had access to nurse call buttons which were placed in bedrooms and patient communal areas. The nurse call buttons on Burbage ward were being replaced at the time of the inspection.

Maintenance, cleanliness and infection control

Ward areas were mostly clean, well maintained, well furnished and fit for purpose. Stanage, Maple and Endcliffe wards had new furniture and were decorated to a good standard. However, Burbage ward had building work taking place which included a new alarm system and a new outdoor fence. Ward furniture and decoration was old and tired in places. There was a plan to redecorate once the building work was completed. All wards were seen to be clean. Staff made sure cleaning records were up-to-date. Cleaners were working on each ward during our visit.

Staff followed the infection control policy, including handwashing. Cleaning duties had been increased, which included door handles and other frequently used areas. There was hand sanitiser available before entering the wards and staff were wearing masks.

Prior to this inspection, there had been a serious incident involving a patient setting a fire on the ward. At our last inspection, we were concerned about a smell of cigarette smoke on the wards.

We did not observe a cigarette smell on any of the wards during this inspection. Maple and Endcliffe wards had implemented a smoke free policy. Burbage and Stanage wards were due to implement their smoke free policy on 18 September 2020. To support this both wards had introduced a specialist metal detector to help identify if patients had cigarette lighters. There were plans for staff to have smoking cessation training and nicotine alternatives were available for patients.

Seclusion room

All wards had seclusion rooms. Stanage, Maple and Endcliffe also had "green rooms" that could be used for de-escalation. The "green room" on Stanage ward was currently not in use due to building work.

Detailed findings from this inspection

The seclusion rooms allowed clear observation and two-way communication. They had access to a toilet and a clock. However, the toilets in seclusion rooms on both Stanage and Burbage wards still did not meet the requirements of the Mental Health Act Code of Practice. They were still only able to be unlocked by staff entering the seclusion room. This meant that high risk patients would be asked to use a receptacle which was not private or dignified. The toilet door would remain unlocked for lower risk patients. There was no short term plan to improve privacy and dignity issues for patients that were not lower risk.

Stanage and Endcliffe wards had mattresses that were too thin. Burbage and Maple wards had new thicker mattresses. Endcliffe ward had replaced a thick mattress to a thinner one due to an incident of a patient using it to climb into the roof space.

There remained further privacy and dignity issues on Burbage ward seclusion room. Staff walked past the seclusion room in order to reach the staff room. It was possible for passing staff to see into the seclusion room and the CCTV monitors showing the seclusion room. The corridor has restricted access when the seclusion room is in use. Only staff can enter the area outside the seclusion room. CCTV cameras were unable to be moved and remain in situ. Work to refurbish and re-design the Stanage and Burbage seclusion rooms is due to start in January 2021.

Lighting in all seclusion rooms could be dimmed.

Clinic room and equipment

Clinic rooms were mostly fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. However, Burbage ward did not have a couch in the clinic room. We found an out of date controlled drug stored on Stanage ward. This had not been administered to a patient. Staff dealt with this appropriately following the inspection team raising the concern.

Clinic room and fridge temperature checks did not exceed recommended limits. Burbage and Stanage ward had air conditioning units installed to help with the temperature control. There were two missing room temperature recordings on Burbage ward in the last month.

Staff checked, maintained, and cleaned equipment. The checking of equipment was conducted consistently on each ward. However, on Burbage ward a glucometer calibration check had been missed on five occasions over the last month.

All staff now know the location of the ligature cutters and other emergency equipment. When staff are inducted onto the ward they are shown where emergency equipment is stored. Ligature cutters are stored in the emergency bags and are in the nursing office. Staff describe them as easily accessible.

Safe staffing

The service mainly had enough nursing and medical staff on each shift, who knew the patients and received basic training to keep people safe from avoidable harm. However staff were not always experienced, and the service had a number of staffing vacancies.

Nursing staff

The service did have enough nursing and support staff to keep patients safe. There were enough nursing and support staff working on each shift to meet the needs of the service. The service had enough staff on each shift to carry out any physical interventions safely.

Ward managers could increase staffing numbers in accordance to the needs of the patients. Patients and staff confirmed that staff always had time to complete one to one named nurse sessions.

Patients did not have their escorted leave, or planned activities cancelled. There were times when leave needed to be postponed due to staffing issues, but this was always re-arranged immediately.

Detailed findings from this inspection

We checked staff rota's whilst on site and reviewed data for further assurance. Over a three month period from May 2020 to July 2020 staffing compliance with the trusts planned establishment levels were:

- Early shifts 99%
- Late shifts 99%
- Night shifts 96%

However, the service continued to be challenged in vacancy, sickness and turnover rates. This issue had been further complicated by the Covid-19 pandemic. Ward staffing levels were often supplemented by more senior staff to ensure the ward had access to experienced nursing staff. This meant that managerial and governance tasks were often not completed in a timely way.

Five out of six carers we spoke to said they felt the wards were understaffed. They described telephone calls going unanswered and calls not being returned. Carers felt staff did not have time to listen to them or consider their concerns. Important information such as patients being able to have visits from their infant children was not conveyed.

During the onsite inspection we examined the number of band five nurse vacancies on each ward. Overall there were 9.4 (17%) band five vacancies.

These were:

- Burbage 2.7 vacancies
- Stanage 4.7 vacancies
- Maple ward is overstaffed by three band five nurses to include staffing of the 136 suite.
- Endcliffe 2 vacancies

At our previous inspection we were concerned about the number of preceptorship nurses working unsupervised and leading shifts within the service. At this inspection there remained a high number of preceptorship nurses employed on these wards, 38% of band five nurses employed by the service were in their preceptorship year.

The trust had made improvements since our last inspection, the trust had implemented a rostering system that ensured preceptorship nurses would have access to support from a senior person. During the day preceptorship nurses working without experienced qualified nursing colleagues were supported by ward managers, nurse consultants and members of the senior management team. At night preceptorship nurses had access to flow coordinators for support and advice.

The number of shifts covered with a preceptorship nurse working as the nurse in charge had reduced since the last inspection. The trust told us that this only happened where a last minute change had occurred. For example, staff ringing in sick. The trust monitored staffing at daily situation report meetings to ensure staff with the right skills and experience were in place on each ward. We reviewed data regarding this and found there were 22 instances of preceptorship nurses working without support from a qualified person in the last six months. This included being the nurse in charge. This was an improving trajectory.

- Burbage 13
- Stanage 2
- Maple 0
- Endcliffe 7

Establishment levels per ward per shift were:

Early/late shifts

Detailed findings from this inspection

- Burbage ward three qualified nurses and three support workers
- Stanage ward three qualified nurses and three support workers
- Maple ward four qualified nurses and three support workers
- Endcliffe ward four qualified nurses and three support workers

Night shifts

- Burbage ward two qualified nurses and two support workers
- Stanage ward two qualified nurses and two support workers
- Maple ward three qualified nurses and three support workers
- Endcliffe ward two qualified nurses and five support workers

The service had a high and increasing vacancy rate. At our last inspection, the annual vacancy rate for registered nurses was 21%. At the time of our inspection the vacancy rate was 28%. The highest vacancies have been amongst deputy ward managers and ward managers/senior operational manager.

Vacancy and experience levels meant that deputy ward managers were often included in the daily ward staffing numbers to supplement experienced staff on the ward.

There were also a number of band six (deputy ward managers) on each ward for each ward vacancies which equated to a 46% band six vacancy rate:

- Burbage 1.3 vacancy (should be 5)
- Stanage 3 vacancies (should be 5)
- Maple 1.5 vacancies (should be 5.5)
- Endcliffe 4 vacancies (should be 6)

Staffing compliance with safe staffing levels were monitored within the monthly quality report. The August quality report identified that five shifts did not meet the trusts staffing requirements within this core service. This meant that there were five occasions where there was only one nurse working alongside support workers. However, each shift was supported by the flow coordinator and we did not find that there was a direct impact on patient care.

Three wards did not have a ward manager in post and two wards did not have a senior operational manager in post. This meant that 62% of ward manager or senior operational manager posts remained vacant in this core service. We were aware that one ward manager post had been recruited to and others were being advertised. The trust told us that the vacancies were related to staffing changes being made to support oversight and patient safety within the service.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The service had low and/ or reducing rates of bank and agency nurses and used these services appropriately to support safer staffing on the wards. The service used bank and agency staff to cover for sickness and other absences. The use of bank and agency staff was reducing. At the last inspection in January 2020, the average agency usage was 394 shifts per month. At this inspection the average bank and agency usage was 111 shifts per month.

Bank and agency nursing usage was highest on Endcliffe ward at 156 shifts.

Detailed findings from this inspection

Each ward had access to bank and agency nurses who had worked on the wards numerous times and knew the service well. 76% of bank and agency nurses used by the service were familiar with the wards. Managers limited their use of bank and agency staff and requested staff familiar with the service. Wards have recently block booked some agency nursing staff to ensure continuity within the service.

The number of qualified nursing shifts not filled by bank or agency staff over the last three months was 39.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Staff shared key information to keep patients safe when handing over their care to others.

The service had increasing turnover rates. The annual turnover rate at the last inspection (1 September 2018 to 31 August 2019) was 6%. The monthly turnover rate for July and August 2020 was 10%.

The service was actively recruiting to nursing and ward manager posts. Interviews for qualified nurses and deputy ward managers were due to take place in mid September 2020. There were 19 deputy ward manager vacancies and one ward manager vacancy due to be advertised in early September. Four posts had been recruited to on Stanage and Burbage wards. These were two discharge coordinators, one ward manager and one deputy ward manager.

Managers supported staff who needed time off for ill health.

Levels of sickness were slightly lower. For the period of 1 September 2018 to 31 August 2019, the annual sickness rate was 7%. The average sickness rate over the last three months was 6%. The highest being Burbage ward at 12%. The wards had experienced staff sickness related to Covid-19.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There were no vacancies within the medical staff team.

Mandatory training

Staff had completed and kept up-to-date with most of their mandatory training. Data showed that staff training had much improved since our last inspection, with only a few modules falling below the trust target of 80%. The mandatory training programme was comprehensive and met the needs of patients and staff.

The overall governance of mandatory training had improved because ward level and senior managers monitored mandatory training at ward level and alerted staff when they needed to update their training. Staff were aware of what training was due and were booked onto upcoming training sessions.

Overall mandatory training compliance on each ward was 94% with 98% on Maple ward.

Burbage ward;

- Child safeguarding level 2 74%
- Moving and handling level 2 37%

Stanage ward;

- Child safeguarding level 3 74%
- Moving and handling level 2 53%

Maple ward;

- Child safeguarding level 3 70%
- Moving and handling level 2 61%

Detailed findings from this inspection

Endcliffe ward;

- Immediate life support 79%
- DOLS 50%
- Respect level 2 64%
- Moving and handling level 2 53%

The trust told us that compliance with child safeguarding training was low because the training had moved to an online module, however there were delays in the implementation of this. There were plans to introduce this module as e-learning and available to staff from September 2020.

Other face to face modules such as; respect level two, immediate life support and moving and handling training had been suspended since March 2020 due to the Covid-19 pandemic.

The trust had implemented appropriate contingency plans for staff training during the national lockdown period. New staff to the acute and bed based service (including redeployed staff who had previously not undertaken clinical skills training) were provided with a half day clinical skills course (face to face); and all staff who were non-compliant with ILS were instructed to undertake Basic Life Support level 2 via national e-learning on ESR in the interim until the restart of training.

The moving and handling level two module was due to restart on 25 August 2020 with three courses running per week available until December 2020. Immediate life support training had restarted on 3 August 2020 and two courses were available each week until 31 October 2020. Respect training had restarted on 19 July 2020. The trust had implemented appropriate contingency plans for staff training during the national lockdown period.

The trust told us that the use of Deprivation of Liberty Safeguards on Endcliffe ward was rare, and only two staff were eligible to complete this course, which accounted for the lower compliance rate.

However, there was a lack of oversight and protocol regarding agency staff training. We found one incident of restraint where an agency staff member was not trained in the appropriate restraint techniques. The trust had a long term plan to recruit more substantive staff to avoid this situation. However, there was no short term contingency plan to provide an immediate solution. There was no protocol in place for staff to follow for situations that require restraint and there is a lack of appropriately trained staff. The trust planned to review this short fall.

Supervision and appraisal

The trust target for staff supervision was four supervisions over a rolling 12 month period. This included individual, group, clinical, management, professional and/or safeguarding supervision. Below are the figures for each ward which evidenced improvement since the last inspection:

- Burbage 98%
- Stanage 89%
- Maple 94%
- Endcliffe 88%

The trust had made improvements to supervision. They had recently changed the target to ensure eight staff supervision sessions take place over a rolling 12 month period, to ensure a more robust support mechanism to staff. Compliance with this new standard was lower on each ward as the trust began to roll out this new target.

Compliance with staff annual appraisal was 97% overall for this core service. Each ward had the following appraisal compliance rate:

Detailed findings from this inspection

- Burbage 93%
- Stanage 95%
- Maple 100%
- Endcliffe 100%

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and mostly reviewed these regularly, including after any incident. We reviewed 17 patient risk assessments, 14 were comprehensive and had been updated following incidents. However, three risk assessments on Burbage and Stanage wards had not been updated regularly or following incidents. These risk assessments were not comprehensive and lacked specific detail.

The trust had developed their own risk assessment tool, the detailed risk assessment management. This included, harm to others, historic risk, harm to self, risk of self neglect, risk of exploitation, risk to dependants, overall risk management plan, patient and carer views and any views on mixed sex accommodation.

Audits of risk assessments had been postponed due to the Covid 19 pandemic. Future audits were being considered as part of the trusts "back to good board" but had yet to be decided.

Management of patient risk

Staff knew about any risks to each patient but did not always act to prevent or reduce risks. In most instances we saw examples of staff using appropriate de-escalation skills to good effect. However, we saw examples of abusive behaviour by patients that went unchallenged and escalated to assaults of patients and staff. There was no clear management plan on how to manage this difficult behaviour. During the onsite inspection we were concerned about how racist incidents were addressed and staff told us that they did not always feel supported when these incidents occurred. There were 40 incidents of racial abuse over the last six months.

Burbage ward

- Patient to patient racial abuse 1
- Patient to staff racial abuse 10

Stanage ward

- Patient to patient racial abuse 5
- Patient to staff racial abuse 15

Maple ward

- Patient to patient racial abuse 2
- Patient to staff racial abuse 3

Endcliffe ward

- Patient to patient racial abuse

Detailed findings from this inspection

- Patient to staff racial abuse 9

Staff could observe patients in most areas of the wards and staff followed procedures to minimise risks where they could not easily observe patients. This included increasing observations. On Burbage ward the garden area and corridor were having maintenance work completed. Staff were aware of the increased risks and observed patients who were using these areas.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Patients and patient bedrooms were not routinely searched. Staff searched patients and/or patient bedrooms based on an identified concern.

Use of restrictive interventions

Levels of restrictive interventions had increased since the last inspection in January 2020. The use of restraint, seclusion, rapid tranquilisation and mechanical restraint had all increased. The use of prone (chest down) restraint had decreased.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

This service had 541 incidences of restraint over the last six months. At the last inspection, data showed that for a 12 month period from September 2018 to August 2019 there were 559 incidents of restraint. There were the following number of restraints per ward:

- Burbage 85
- Stanage 215
- Maple 71
- Endcliffe 170

Stanage ward had a particularly high number of restraint incidents. The number of restraints overall has increased considerably. The trust were aware of a potential cultural issue relating to the increasing number of restraints. The trust had planned a focussed review to identify and improve the use of restraint, and reported that this was in part due to the increasing complexity of the patient group admitted to the service.

We spoke to six carers. Four carers reported that patients felt unsafe on the wards due to aggressive behaviour by other patients.

However, during the last six months there was only one reported prone restraint on Burbage ward. The number of prone restraints was decreasing. At the last inspection, data showed that for a 12 month period from September 2018 to August 2019 there were five incidents of prone restraint.

There were 180 incidences of seclusion between March 2020 and August 2020. The highest amount of seclusions were on Stanage ward. At the last inspection in January 2020, the number of seclusions were 327 over a 12 month period. This showed that use of seclusion had increased. The number of seclusions per ward over the last six months were:

- Burbage 20
- Stanage 77
- Maple 25
- Endcliffe 58

Detailed findings from this inspection

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We saw evidence in patient care records of de-escalation techniques being utilised. We observed staff using de-escalation techniques to good effect during the onsite inspection.

The trust had introduced specialist bean bags for use in the seclusion rooms on Maple and Endcliffe wards. The purpose of the bean bags was to help facilitate staff safely exiting the seclusion room. Staff had been provided with training for the safe use of bean bags and this training had been incorporated into the respect level three module and any respect update training. There was a standard operating procedure for staff to refer to. Staff completed incident reports when the bean bags had been utilised as a form of restraint.

The trust were aware of this increase in restrictive interventions and board papers from July 2020 stated that the Executive Director of Nursing, Professions and Operations was undertaking a focused piece of work to understand and identify opportunities to improve practice in this area.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation.

There were 115 incidences of rapid tranquilisation over the last six months. Incidences resulting in rapid tranquilisation for this service ranged from eight per month to 38 per month between March 2020 and August 2020. The highest being on Stanage ward at 47. At the last inspection in January 2020, there had been 167 incidences of rapid tranquilisation over a 12-month period. Below shows number of rapid tranquilisations per ward over the last six months:

- Burbage 20
- Stanage 47
- Maple 16
- Endcliffe 32

There had been seven instances of mechanical restraint over the last six months. Mechanical restraint is the use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control. Five of these related to patients being mechanically restrained by either the police or an independent ambulance service who were providing transport between wards.

There were four instances of independent ambulance staff using handcuffs to transport patients into Stanage and Burbage seclusion rooms. There was one incident of police using handcuffs and leg straps whilst transferring a patient into Endcliffe seclusion room.

The trust had used independent ambulance services on 282 occasions between 1 February 2020 and 27 August 2020 for the transport of patients. In order to ensure due diligence, the trust told us that they only used the suppliers named in an approved list of NHS suppliers for secure patient transport under the standard NHS Terms and Conditions of contract. However, we were concerned that the trust did not carry out monitoring of the quality of service provision on its current transport providers.

However, the trust undertook some service level processes to reduce risk to patients which included; the use of a risk assessment when arranging service user transfers based on individually identified risks and needs for that person. The staff on a receiving ward of any patient transfers, were requested to complete an incident form if any incident or restrictive practice occurred during the conveyance or handover of the patient from transport provider to ward staff.

Detailed findings from this inspection

The trust told us that the ward teams were responsible for taking any appropriate action following the use of these services, such as medical checks, body maps, or reporting safeguarding concerns. The ward leadership team were responsible for reviewing the incidents at local level and escalating any concerns raised. However, the trust were unaware of the concerns relating to the use of mechanical restraint and the above processes had not ensued senior leadership oversight of patient safety.

The trust took immediate action in response to our concerns and put into place a process by which all uses of mechanical restraint were to be approved by the executive team and the use of any independent ambulance services would be more robustly monitored until such a time the trust could make changes to the use of independent services.

There were also two mechanical restraints that involved the use of a mattress by trust nursing staff on Stanage ward. Both mechanical restraints involved the same patient who was pulled on the mattress as other attempts to move them had failed. Although there were no reported injuries from this incident, the trust policy is clear that the use of mechanical restraint is not approved. The processes for monitoring this risk had failed because the executive team were unaware of these two incidents.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We reviewed ten seclusion records. Seclusion records were well documented and clear, however we noticed there were delays in doctors attending the first medical review in four out of ten of the records we examined. It was also unclear in each record whether the nursing review had been completed by one nurse or two.

There have been no instances of long-term segregation over the 12-month reporting period.

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 and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff mostly kept up-to-date with their safeguarding training. Safeguarding adults training had been completed and was above the trust target of 80% on all wards. However, the following safeguarding children modules were below the target:

- Safeguarding children level two was at 74% on Burbage ward
- Safeguarding children level three was at 74% on Stanage ward
- Safeguarding children level three was 70% on Maple ward.

The trust explained there was a delay in transferring these modules into electronic formats.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of internal safeguarding leads and how to contact them. Staff described situations where safeguarding referrals had been made and the processes they followed.

A children's safeguarding named nurse had been appointed.

Detailed findings from this inspection

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

This core service made 45 adult safeguarding referrals between March 2020 and August 2020. The trust is currently unable to collate data relating to the number of child safeguarding referrals made. Staff complete an electronic form which is sent directly to local authorities. However, the electronic system is unable to monitor or provide data regarding child safeguarding referrals. There are plans to improve the electronic system to capture this data. The electronic patient record system is expected to be upgraded by 30 September 2020. The local authority was able to confirm that they have been contacted 144 times in the last six months for child safeguarding advice by staff employed by the trusts mental health department. There was no data available at core service level.

The trust were aware of the concerns related to the recording of safeguarding children referrals and had made amendments to their electronic recording system to allow recording to take place and data to be collected. However, this was not yet in place at the time of the inspection.

Staff access to essential information

Staff had access to clinical information and they could maintain high quality clinical records. However, some systems remained complex with a mixture of paper and electronic records.

Patient notes were comprehensive, and all substantive staff could access them easily. Agency staff did not have easy access to clinical records. Agency staff could not access the incident reporting system or the electronic patient records. However, regular bank and agency staff received training on how to navigate and input into the systems.

A new electronic medication system was in place. Staff could directly input patient's medication information using electronic tablets. This included prescription charts.

Some patient records were completed initially on paper and then uploaded onto the electronic patient records system. This included physical health monitoring documents.

Staff were able to locate information within the electronic patient recording system. However, there remained several places information could be stored.

The trust continued to work on a new electronic patient record system which would replace the current system and resolve these concerns.

When patients transferred to a new ward, there were no delays in staff accessing their records.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We reviewed 12 patient prescription charts and associated documents. We found no discrepancies on patients' prescription charts. It was now clear if a patient had taken or refused medication.

Detailed findings from this inspection

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Patients said they were aware of any medication prescribed to them and that they had the opportunity to discuss this with doctors and staff.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. However, we found one medicines storage error on Stanage ward. A controlled drug was found to be out of date. Staff responded appropriately by contacting the pharmacy department and clearly labelling the drugs out of date status.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff now reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance.

The trust had made improvements in the monitoring and management of physical health. However, this required further embedding.

A new physical health strategy had been launched and a revised monitoring system had been introduced. Patients with long-term health conditions or prescribed clozapine medication were now closely monitored for the effectiveness and for side effects of their medication. Patients who had received a restrictive intervention such as restraint, seclusion or rapid tranquilisation were also included in the closer monitoring. All patients had basic physical health monitoring completed.

We reviewed 20 patient records in relation to physical health monitoring. We found that 16 records were satisfactory. However, four were inconsistent or had gaps in the recordings. This included two records on Stanage ward, one on Maple ward and one on Endcliffe ward.

We reviewed four records of patients with a long-term physical health condition. Three were satisfactory and one was inconsistent. This related to the action taken following a high diabetes reading on Stanage ward. It was unclear what action had been taken if any following a patient's abnormal diabetic reading. There were instances where nova rapid insulin should have been administered but this did not occur and there was no explanation. Over a 10 day period there were three days when checks were done three times a day instead of four. There were nine occasions when the reading was high and nova rapid was not given. There were eight occasions when blood glucose levels were high and not rechecked again after two hours as per the national guidance. Three of these were not checked again until the next day.

We reviewed four records of patients who were prescribed Clozapine. We had no concerns about the physical health monitoring for one patient. Other patients were monitored but there were gaps in the monitoring. Endcliffe ward were using an incorrect form which meant specific risks such as bowel blockage was not monitored.

We reviewed the records of two patients who had been admitted for a detox from drugs or alcohol on Burbage ward. Both records demonstrated that physical health monitoring had taken place as per policy and guidelines. There were standard operating procedures in place for both alcohol and opiate detoxification regimes. 90% of nursing staff on Burbage ward had been trained in detox procedures.

We reviewed the physical health records of two patients who had been restrained. All monitoring was in place and correct.

We reviewed the physical health records of two patients who had received rapid tranquilisation. All monitoring was in place and correct.

Detailed findings from this inspection

There was a system in place to ensure all physical health monitoring was being completed. Ward managers reported daily situational reports on each ward's physical health compliance. This consisted of checking that each patient with a physical health need or in receipt of a restrictive intervention had had the appropriate monitoring. This audit was completed on a daily basis. Physical health situational reports were examined from 25 August 2020 to 31 August 2020 for each ward. We found that the physical health monitoring had been completed for each patient. The daily audit was able to highlight individual nursing errors such as some documents not being countersigned.

Staff were prompted to discuss each patient's physical health status during handover meetings.

We reviewed another audit document that highlighted inconsistencies with information contained within the situational reports and information within the electronic patient record. The trust acknowledged a delay in transferring paper records to the electronic format and that actions would be developed to strengthen physical health monitoring systems.

Track record on safety

The service had a poor track record on safety.

Between February 2020 and July 2020 there were three serious incidents reported by this service. These related to sexual assault, fire setting and avoidable patient illness requiring hospital treatment.

Serious incidents had increased. At the last inspection in January 2020 only two serious incidents had been reported for a 12 month period.

We reviewed the serious incidents reported by the trust to the Strategic Executive Information System (STEIS) over the same reporting period. The number of the most severe incidents recorded by the trust incident reporting system was comparable with STEIS with three reported.

A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place. This service reported no never events during this reporting period.

Reporting incidents and learning from when things go wrong

The service reported patient safety incidents well. Staff recognised incidents and reported them appropriately. However, trust processes did not always ensure these were escalated to more senior managers for oversight and improvement. When things went wrong, staff apologised and gave patients honest information and suitable support. However, managers did not investigate incidents or share lessons learned in a timely way.

Staff knew what incidents to report and how to report them. Staff were knowledgeable about how to identify incidents and were familiar with the incident reporting system. We reviewed 15 incident reports. Incident reports were now clear and concise. They contained detailed information including precipitating factors prior to the incident and any immediate action taken. We found one incident of restraint that was not recorded appropriately. This related to a restraint incident and the use of beanbags to restrict a patient's movements. There was no clear way for staff to report restraint using a beanbag on the electronic incident reporting system.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff reported serious incidents clearly and in line with trust policy. The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Immediately after serious incidents managers offered support to staff. Psychologists were planning on having regular peer supervision with staff where incidents could be discussed.

Detailed findings from this inspection

Managers were delayed in investigating incidents. Staff we spoke with told us that this was because band six and seven staff were sometimes pulled into the ward nursing duties. This and the high vacancy rate for ward managers, deputy ward managers and senior operational managers meant that there was a high number of incident reviews that had not been completed on each ward. The trust told us that ward managers were supernumerary to staffing levels.

At the time of the inspection there were 512 outstanding incident reviews needing to be completed. These dated back to March 2020. The number of outstanding incident reviews per ward were:

- Burbage 139
- Stanage 183
- Maple 7
- Endcliffe 183

This meant that managers did not always have the correct oversight of incidents and could not always make immediate improvements to ensure patient safety.

There was an incident management policy in place. The incident management policy stated that incidents should be reviewed at a local level with five days of the incident being reported. Incident reports were also automatically sent to the risk department for review and oversight. Overdue incident reviews were monitored within the weekly clinical governance board meeting. There were clear gaps in the local level review process. There were also gaps within the clinical governance process. The trust were unaware of many of the mechanical restraint incidents and themes.

Prior to and during the inspection, concerns were raised regarding fire setting incidents, sexual safety incidents and incidents of racism. We reviewed how fire setting incidents were being managed on Burbage and Stanage wards. This included restricting cigarette lighters, introducing a metal sensor machine to support the detection of cigarette lighters and re-launching the no smoking policy.

There had been 40 sexual safety incidents over the last six months. Patients with known histories of sexual offences or inappropriate sexual behaviour were placed on increased observations and monitored by staff. Patients were asked their views on being on a mixed sex ward during the admission process. Any patients who disclosed any vulnerability were risk assessed and placed on increased observations if appropriate. Staff were aware of patients who were perpetrators of abuse and victims of abuse. As a result of a sexual safety incident, staff now observed the female ward area at night.

Sexual safety incidents were included in a monthly quality assurance report. In June 2020 there were 12 incidents of sexual safety in this core service. Six of these were on Stanage ward. The trust reported that sexual safety incidents were addressed by increasing patient observations, reviewing care plans and risk assessments and referring patients to safeguarding adults' teams if appropriate.

We examined two sexual safety incidents. In both cases staff had responded appropriately to the concerns. This included, increasing patient observations, reporting incidents to the police and making safeguarding referrals.

There were 45 incidents relating to racial abuse reported in the last six months. We reviewed an incident of racial abuse during the onsite visit. The incident report had been submitted. Information within the incident report was clear and corresponded to information within the patient notes. However, we noted that there was no clear risk management plan on how staff should address racist behaviour. There was also no plan on how to reduce the risk to staff. The incident report had not been reviewed by a manager and was approximately eight weeks overdue.

Incidents that had been reviewed by a manager, had been reviewed thoroughly. Patients and their families were involved in these investigations where necessary.

Detailed findings from this inspection

Staff did not always receive feedback from investigation of incidents, both internal and external to the service. Staff reported that they did not receive any further information relating to incident reports. Staff confirmed that themes regarding incidents were not discussed.

Staff did not meet to discuss the feedback from incidents and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. A seclusion room mattress had been replaced as a result of an incident. Another ward had also replaced their mattress to prevent a similar incident.

Areas for improvement

Whilst the trust had made progress against the immediate concerns we raised during the last inspection, the following breaches of regulation remained;

- The trust must continue to ensure that patients are cared for in environments which are private and dignified. This includes the removal of dormitory accommodation and ensuring the seclusion suites and CCTV cannot be overlooked and that patients' access to toilet facilities is appropriate. (Regulation 10)
- The trust must continue to embed physical health monitoring of all patients. This includes monitoring of long term health conditions, monitoring after the use of restrictive interventions, monitoring of the side effects of medication, and monitoring patients' physical health needs in line with national guidance whilst undertaking inpatient detoxification. (Regulation 12)
- The trust must ensure that it continues to address fire risks associated with patients smoking and embed the smoke free policy and sexual safety. (Regulation 12 2 a b)
- The trust must ensure that staff do not use non-approved restraint techniques including the use of mechanical restraint and in line with the trust's own policy (Regulation 13)
- The trust must continue with its plans to improve ward decoration and seclusion facilities in a timely way. The trust must ensure that the premises used for seclusion are suitable for the purpose of which they are being used, properly used, properly maintained and appropriately located for the purpose they were being used. They must be in line with the Mental Health Act Code of Practice. (Regulation 15).
- The trust must ensure that sufficient numbers of experienced and suitably qualified staff are available on all shifts, and that staff are able to manage the high acuity of the ward. This includes enough medical staff deployed to conduct secluded patient's medical reviews. The trust must also ensure that staff are appropriately trained to apply restraint techniques. (Regulation 18).
- The trust must ensure an accurate, complete and contemporaneous record is kept and continue with plans to revise and update electronic recording systems to reduce risks associated with access to records and ensure child safeguarding reports are recorded and monitored. This must also include ensuring that seclusion records such as nursing reviews are clearly documented. (Regulation 17 2 c).

The following breaches of regulation were identified as new concerns at this inspection:

- The trust must ensure safety of the premises by ensuring staff have access to up to date ligature risk assessments and that environmental risks such as ligature points and blind spots are mitigated. (Regulation 12 2 d).
- The trust must ensure that systems and processes are established and operated effectively. This includes that the sub-contracting of services is managed via robust quality checking processes and senior leadership oversight to ensure the safety of patients. (Regulation 17 2a)

Detailed findings from this inspection

- The trust must ensure that risks are assessed, monitored and mitigated by ensuring incidents are reviewed in a timely way and that actions are identified and implemented. (Regulation 17 (2 b))

Action the provider SHOULD take to improve

- The trust should ensure that all staff complete mandatory training.
- The trust should ensure clinic rooms have the appropriate check.
- The trust should ensure that all clinical equipment is calibrated and safe for use.
- The trust should ensure that medication is appropriately managed to ensure out of date stock is removed.

Our inspection team

This core service was inspected by two CQC inspectors and one specialist advisor. Specialist advisers are experts in their field who we do not directly employ.

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

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

Treatment of disease, disorder or injury

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

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing