

Bigfoot Independent Hospital

Quality Report

4 Birch Hall Lane
Longsight
Manchester M30 0XE
Tel: 0161 248 6796
Website: www.ehcbigfoot.co.uk

Date of inspection visit: 8 August 2016
Date of publication: 30/08/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

This was a focussed inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

Warning notices were issued following a comprehensive inspection in March 2016. At this inspection we assessed

whether issues identified in three warning notices had been addressed. We found improvements in terms of staffing, dignity and respect and safe care and treatment and that these warning notices had been met.

The service will continue to be monitored whilst in special measures and a further comprehensive inspection will take place to assess all areas identified at the previous comprehensive inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
---------	--------	------------------------------

Wards for people with learning disabilities or autism		
---	--	--

		This was a focussed inspection.
--	--	---------------------------------

Summary of findings

Contents

Summary of this inspection

	Page
Background to Bigfoot Independent Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	13
Areas for improvement	13
Action we have told the provider to take	14

Bigfoot Independent Hospital

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Bigfoot Independent Hospital

Bigfoot Independent Hospital provided care and treatment for up to 28 male patients with a primary diagnosis of learning disability or autism.

The provider was registered to carry out the following regulated activities:

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

There were five wards at the hospital; on the ground floor there was Da-Vinci ward which had six beds and Dali ward which had six beds. On the first floor there was Picasso ward which had six beds and Monet ward which had six beds. On the second floor was Matisse ward, which had four beds.

At the time of inspection, there were 16 patients at the hospital.

The previous registered manager and general manager had left shortly after the inspection in March 2016 and a new hospital manager and general manager had been in post for three months and two months respectively at the time of the current inspection.

The hospital has been registered with CQC since 4 January 2011. There have been seven inspections carried out at this service. The most recent inspection was conducted on 21-23 March 2016 and the hospital was rated as inadequate with breaches to seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Warning notices were served for breaches of four regulations and we issued requirement notices for breaches of a further three regulations were made subject to requirement notices. The service was also placed into special measures. Three of the warning notices had compliance dates of June 2016 and these are the three we followed up. They were for breaches of:

- Regulation 10 Dignity and respect
- Regulation 12 Safe care and treatment
- Regulation 18 Staffing

Our inspection team

Team leader: Andrea Tipping, Inspector

The team that inspected the service comprised one inspection manager and one inspector.

Why we carried out this inspection

We undertook this unannounced inspection to find out whether Bigfoot Independent Hospital had made improvements since our last comprehensive inspection on 21 – 23 March 2016.

When we last inspected the service, we rated Bigfoot Independent Hospital as inadequate overall. We rated the service as inadequate for safe, inadequate for effective, requires improvement for caring, inadequate for responsive and inadequate for well-led.

We issued the provider and registered manager at that time with four warning notices that affected Bigfoot Independent Hospital. These related to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 10 Dignity and respect
- Regulation 12 Safe care and treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

Summary of this inspection

This inspection was undertaken to check whether the service was now compliant with regulations 10, 12 and 18 as the service had to be compliant with these warning notices by 3 June 2016. We will check the warning notice for regulation 17 at a later date.

How we carried out this inspection

On this inspection, we assessed whether the hospital had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- Observed how staff were caring for patients. This included observing care interactions on one ward using the short observational framework for inspection tool.
- Spoke with three patients who were using the service.
- Spoke with the registered manager and general manager with responsibility for these services.
- Interviewed four other staff members individually.
- Looked at one care record of a patient.
- Carried out a specific check of the medication management on two wards and reviewed eight prescription charts.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Examined audits and reports relating to medicines management.
- Spoke with people who commissioned the service.

What people who use the service say

We had positive feedback regarding the service from one patient at this inspection. We met with other patients during this inspection but were unable to elicit specific feedback about the hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Ratings have not been given for this inspection.

We found the following areas of good practice:

- There were sufficient numbers of staff on duty.
- Staff were not regularly being moved to cover other areas.
- A staff team had been established for one ward which had been previously staffed by moving staff from other wards.
- Medicines management practice was safe.
- Consent to treatment documentation was in place where needed.
- Medicines were available when needed and stock checked weekly.
- Fridges and room temperatures were being checked and action taken if needed.

The medicines policy had been reviewed and revised to include rapid tranquillisation monitoring and high-dose antipsychotic monitoring.

Are services effective?

Ratings have not been given for this inspection.

We found the following areas of good practice

- Staff received training in learning disability and autism awareness.
- Staff had received training in person centred planning.
- Medicines management training had taken place with further sessions planned.

Are services caring?

Ratings have not been given for this inspection.

We found the following areas of good practice

- Positive and caring interactions were observed during a structured observation on Matisse ward.
- One page profile documents were being completed with patients.
- Easy read and full inspection reports were available for patients.

Are services responsive?

Ratings have not been given for this inspection.

Summary of this inspection

We found the following areas of good practice

- We observed staff using routes through the hospital that limited walking through parts of other wards unnecessarily.
- Cordless phones were available on all wards to allow patients to make private phone calls.

Are services well-led?

Ratings have not been given for this inspection.

This domain was not inspected.

Detailed findings from this inspection

Mental Health Act responsibilities

This was a focussed inspection related to warning notices.

Mental Capacity Act and Deprivation of Liberty Safeguards

This was a focussed inspection related to warning notices.

Wards for people with learning disabilities or autism

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are wards for people with learning disabilities or autism safe?

This was a focussed inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

Safe staffing

Following the previous inspection in March 2016, we served a warning notice relating to staffing. At that inspection it was identified that there were insufficient numbers of qualified nurses available throughout the service on day and night shifts. Matisse ward was staffed by support workers for the majority of the time. There was a lack of qualified nurse leadership and ownership in relation to Matisse ward, with patients having infrequent keyworker sessions, medication not being ordered and staff not updating care plans and risk assessments. There were no staffing rotas for Matisse ward; staff were allocated from the other wards on a shift by shift basis.

At this inspection, we reviewed the duty rotas for the previous two months. Completed rotas were clear and easy to understand and shortfalls were easily identified. During this time, there had been one occasion where a qualified nurse had covered two wards and this had been due to short notice staff absence. Staffing levels were appropriate to manage levels of observations and activities. When temporary staff were used the same staff were being booked to ensure consistency. Staff were being moved to cover other areas infrequently which ensured consistency for patients. Staff reported that duty rotas were being completed for several weeks in advance and they reported improved morale from not being moved frequently and being able to plan care more effectively for patients.

Previously, Matisse ward had been staffed using staff from other wards. A staff team was now in place for Matisse ward with ward duty rotas completed.

Assessing and managing risk to patients and staff

Following the previous inspection we served a warning notice relating to safe care and treatment, specifically medicines management. This related to sharps bins and medicines disposal bins not being available, two faulty fridges which contained medicines and out of date medicines being dispensed. We found that staff had administered a higher dose of as needed medication than was prescribed on three occasions, one patient had been administered medication intramuscularly (injection) when this was prescribed orally. Five patients were prescribed medication above the maximum British National Formulary limits with no identification of this or increased monitoring. Staff had administered medication to one patient that had not been authorised by his T2 consent to treatment form. Medicines were not ordered in a timely fashion. A prescribing error in relation to antibiotics was found.

During this inspection, we reviewed eight prescription charts from three wards and inspected the clinic for Monet and Picasso wards. We found that two smaller clinics had stopped being used, leaving two large clinic rooms which were located on the ground and first floors. The two ground floor wards shared the clinic on the ground floor with the same arrangement for the two first floor wards. The ground floor dispensary was now used for clinical storage for all wards with a stock of clinical waste bins, aprons, medicine measures and other clinical supplies. This was checked and replenished weekly. Large and small sharps bins were in use in the first floor clinic, with the date opened clearly marked. Medicines disposal bins were available with a process for discarding medication. With the use of a shared clinic for two wards, there were two nurses available to

Wards for people with learning disabilities or autism

witness medicines disposals and to check medication (eg depot injections or controlled drugs) if needed. We found no instances in the last two months where medicines had not been available when needed.

The clinic fridge was checked daily and kept locked. The clinic temperature was also monitored on a daily basis and air conditioning in the clinic room ensured medicines were stored at the correct temperature. Checklists for both showed this was being recorded on a daily basis and action taken if needed.

The service had contracted a new pharmacy provider since the last inspection. Pharmacy staff including a clinical pharmacist visited weekly to restock medication and offer clinical advice to medical and nursing staff. They also checked all prescription cards for errors and checked consent to treatment status. The pharmacist assisted the nursing staff to ensure the removal of medication was correctly done using pharmaceutical waste bins. This was then collected and disposed of via a licensed contractor. The pharmacy staff had also delivered medicines competency training sessions with nursing staff.

All medicines that we checked were in date and appropriately stored. We found one dressing pack and a pack of ice packs which were out of date and these were immediately disposed of.

All prescription cards were legibly completed and signed. Allergies were clearly stated.

There were no patients within the service that were prescribed high dose antipsychotic medication. At the previous inspection, there had been patients prescribed high dose antipsychotic medication. These patients treatment had been reviewed and medication doses had been reduced. There were also no prescriptions for rapid tranquillisation seen at this inspection.

Some prescription cards had pertinent blood results stored with prescription cards, including recent blood results for a patient with diabetes and recent lithium levels for a patient prescribed lithium. This ensured that staff knew that regular monitoring was taking place and if problems arose further blood results could be checked to see whether there were changes over time.

Forms for authorising treatment (T2 certificate of consent to treatment and T3 second opinion appointed doctor certificate forms) were stored with prescription cards. At

this inspection all consent to treatment paperwork was correct. Capacity assessments were also completed with copies stored with cards. A regular consent to treatment audit was undertaken monthly with actions identified and followed up.

The provider was monitoring the use of as needed medication across the service on a monthly basis to identify trends and themes with the aim of lowering use across the service.

The provider had comprehensively reviewed and rewritten the medicines policy which included guidance on high dose antipsychotic monitoring and rapid tranquillisation monitoring. Staff had been trained on the new policies. There was also an arrangement in place with a local chemist to ensure that if urgent medicines were required in the evening or at weekends, for example, antibiotics, these could be obtained via a private prescription arrangement.

A medicines management committee had been developed with clear terms of reference. There had been no medicines errors reported in the last two months.

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

This was a focused inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

Assessment of needs and planning of care

We examined the care records of the patient residing on Matisse ward and noted that staff had completed a comprehensive risk assessment and there was evidence of regular care reviews.

Skilled staff to deliver care

A warning notice was served after the previous inspection relating to staffing which included concerns that staff did not receive training in autism awareness, communication skills or person centred planning.

Staff had completed training during June and July 2016 focussing on learning disability and autism awareness with further sessions planned. There had also been training developed for staff to learn about person centred planning.

Wards for people with learning disabilities or autism

Staff had received training in medication management delivered by pharmacy staff. Further training in root cause analysis and incident management had also taken place with good attendance.

Are wards for people with learning disabilities or autism caring?

This was a focussed inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

Kindness, dignity, respect and support

Following the previous inspection we served a warning notice relating to dignity and respect which included concerns that communication was not respectful during an observation period on Matisse ward and staff ignoring people's preferences on Matisse ward. There was a lack of understanding by staff of communication methods and means of communication. Staff did not knock on bedroom doors before entering. Most patients had no access to a phone to make private phone calls. It was noted that to access Dali ward, patients had to walk through DaVinci ward bedroom corridors and to access Picasso ward patients had to walk through Monet ward bedroom corridors. This meant that the privacy and dignity of patients was not being maintained at all times.

During this inspection, we undertook a short observation framework for inspection on Matisse ward. Over a half hour period, staff were observed communicating well with a patient who did not communicate verbally, we saw that his needs were understood and addressed by staff. Interactions were respectful with effective communication strategies employed, for example, short sentences and gentle speech. A consistent group of staff now worked regularly on Matisse ward.

Staff had completed one page profile documents which were written with patients, where possible, to ensure that staff understood what was important to patients and their preferences.

CQC easy read inspection reports had been made available to patients and staff had gone through the recent inspection report with patients to explain what had been

found. For example, one patient explained that before the inspection, things were "thumbs down" and that staff did not knock on bedroom doors but since the inspection, things were "thumbs up" and staff did knock.

Are wards for people with learning disabilities or autism responsive to people's needs? (for example, to feedback?)

This was a focussed inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

The facilities promote recovery, comfort, dignity and confidentiality

Following the previous inspection we served a warning notice relating to dignity and respect. Most patients had no access to a phone to make private phone calls. It was noted that to access Dali ward, patients had to walk through DaVinci ward bedroom corridors and to access Picasso ward, patients had to walk through Monet ward bedroom corridors. This meant that the privacy and dignity of patients was not being maintained at all times.

During this inspection, we saw staff using routes through the hospital that limited walking through parts of other wards unnecessarily.

Cordless phones were available on all wards to allow patients to make private phone calls. Some patients were able to use their own mobile phones subject to a risk assessment and discussion with the clinical team.

Are wards for people with learning disabilities or autism well-led?

This was a focussed inspection relating to issues identified at a previous inspection and where warning notices were served. Ratings have not been given for this inspection.

This domain was not inspected.

Outstanding practice and areas for improvement

Outstanding practice

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **SHOULD** take to improve

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.

This section is primarily information for the provider

Enforcement actions

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.