

# Lancashire & South Cumbria NHS Foundation Trust

## Wards for older people with mental health problems

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Our findings

## Wards for older people with mental health problems

**Requires Improvement** ● ↓

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of this service.

We inspected the four wards for older people with mental health problems based at the Harbour. We inspected this service at the Harbour because that was the location where concerns were raised. We did not inspect wards for older people with mental health problems at the Trust's other locations. We inspected:

Austen ward – an 18-bed female advanced care ward

Bronte ward - a 15-bed female dementia ward

Dickens ward – an 18-bed male advanced care ward

Wordsworth ward– a 15-bed male dementia ward

We inspected the wards for older people with mental health problems core service in September 2017. Following that inspection the core service was rated as good in each domain and good overall.

At this inspection we reviewed the safe, caring and well-led domains in full. We also reviewed some of the key lines of enquiry in the effective domain.

Our rating of services went down. We rated them as requires improvement because:

- The service did not always have enough nursing staff to meet patients' needs. Staffing pressures had been exacerbated by the impact of the COVID-19 pandemic. The trust had strategies in place to mitigate these risks. However, we found that escorted leave and ward activities did not always take place as planned. Patients did not always have regular one to one sessions with their named nurse. There were sometimes delays in meeting personal care needs.
- Staffing pressures meant that supervision and team meetings did not happen as regularly as scheduled. Not all staff had received appropriate specialised training.
- Staff morale was low. Staff told us they did not always feel respected, supported or valued. Staff morale was impacted by staffing pressures and the COVID-19 pandemic.

However:

- Staff generally assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment.

# Our findings

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.

## How we carried out the inspection

During the inspection we visited all four wards and observed how staff were caring for patients. We spoke with 21 staff, 11 patients and nine carers. We reviewed 19 care records and 22 prescription charts.

We spoke with four senior managers at the Harbour and looked at a range of policies, procedures and other documents relating to the running of the service. We attended two meetings related to staffing.

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 with 11 patients and nine carers. Patients and carers we spoke with were generally positive about staff. They viewed staff as kind, considerate and caring. Carers told us that staff could sometimes be difficult to get hold of but that they took the time to discuss their loved ones care with them and involved them in decision making where appropriate.

## Is the service safe?

**Requires Improvement**  

Our rating of safe went down. We rated it as requires improvement.

## Safe and clean care environments

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

Staff completed annual health and safety and fire risk assessments. Staff recorded daily, weekly and monthly environmental checks. Staff completed ligature risk assessments and demonstrated a knowledge of potential ligature anchor points. Staff mitigated the risks to keep patients safe. Blind spots on wards were mitigated by observations, staff presence, convex mirrors and the use of closed-circuit television. Staff had access to alarms and patients had access to nurse call systems. Wards complied with guidance and there was no mixed sex accommodation.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed the Infection Prevention and Control policy, including guidance around the management of COVID-19. Staff completed regular infection prevention and control audits.

## Seclusion room

# Our findings

Seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock. Seclusion rooms met requirements laid out under the Mental Health Act. At the time of our inspection one seclusion room at the Harbour was closed for refurbishment.

## **Clinic room and equipment**

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. Staff kept appropriate records relating to the monitoring, maintenance and cleaning of equipment.

## **Safe staffing**

The service did not always have enough nursing staff to meet patients needs. Patients were safe on the ward but staff could not always facilitate escorted leave, planned activities or respond to personal care needs in a timely manner. One to one sessions with patients and staff did not always take place as regularly as planned.

The service was making positive efforts to recruit to vacant posts. The impact of the COVID-19 pandemic had further exacerbated the staffing shortages the hospital already had. Across the four wards the service had 5.4 wholetime equivalent registered nurse vacancies and 23.61 wholetime equivalent vacancies for band two and band three staff. There were no vacancies for healthcare support workers. The service had successfully recruited nurses from overseas. However, this had been delayed because of the pandemic and restrictions on international travel. The service had a recruitment trajectory to be fully staffed by January 2022. Staff sickness and absence levels were reducing.

The service had effective monitoring of staffing in place and reported staffing levels against both staffing establishment and clinically required need. In March 2021, over staff fill rates against ward establishment for the four wards was higher than planned (106.5%). However, the service was only able to fill 76.5% of shift fill rates for registered nurses. The service was in part mitigating this by using additional health support workers (125.5% of planned establishment).

However, the overall shift fill rate against clinical need was only 78.4%. Against this metric shift fill rates for registered nurses was 71.3% and shift fill rates for healthcare support workers was 81.8%.

The service had an effective system for the allocation of staff across the hospital. They held daily conference calls and twice weekly staffing meetings to allow managers to review clinical need on each ward and consider the best uses of staffing resources. This included redeployment of staff across wards and the use of bank and agency staff. In addition, ward managers, modern matrons and non-inpatient based registered nurses worked planned shifts. A new programme of mixed shift patterns had been introduced to maximise staffing and provide flexibility.

The service responded positively to unexpected shortages of registered nurses. In January 2021 the Harbour (including four additional adult mental health wards and two additional adult psychiatric intensive care units) reported 46 red flags for there only being one registered nurse on duty on a ward. These were unplanned and caused by short-term sickness. However, the service used additional and supernumerary staff to provide cover and ensure that there were a minimum of three registered nurses between two wards.

# Our findings

Staff did not always feel safe on the wards. Although staff redeployment was often beneficial when short staffed, it also meant that their ward could lose staff at short notice, which left them with low shift fill rates. Some staff we spoke with told us they did not always feel safe or comfortable when they were moved to a ward they did not know or with a different patient mix. Occupational therapists, health and well-being workers and activity workers were often required to cover other ward duties and were unable to provide their planned activity.

Patients told us that although in general they felt safe on the wards, staffing levels meant there were sometimes delays in staff responding to requests for support or personal care.

The service managed physical restraint appropriately. The service had a response team in place across the wards to help manage physical interventions where required. We reviewed incidents of physical interventions and found they had been managed appropriately.

The service had enough daytime and night time medical cover and a doctor was available to go to wards in the event of an emergency. Managers could call on locums when they needed additional medical cover.

## **Mandatory training**

Staff had completed and kept up-to-date with their mandatory training. Staff were generally compliant with both core national mandatory training and trust defined mandatory training. The trust had taken appropriate action in relation to training during Covid-19. Face-to-face training was initially suspended and then relaunched in a Covid-19 secure manner and with appropriate social distancing guidance. The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

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

Staff assessed and managed risks to patients and themselves well. Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. However, some risk assessments were overdue a weekly review but this had not had any detrimental effects on these patient's care. Patients had risk management plans in place. Staff demonstrated a good knowledge about risks relating to each patient and acted to prevent or reduce risks.

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff used restraint and seclusion only after attempts at de-escalation had failed. Ward staff participated in the provider's restrictive interventions reduction programme. Staff we spoke with were positive about the input they received from the trust's positive and safe team and the reducing restrictive practice quality improvement projects they had been involved in. Levels of restrictive practice were reducing and this included reductions in the use of restraint and the use of seclusion. Two wards were part of the restrictive interventions reduction programme. Dickens ward had seen a 70% reduction in the use of restrictive interventions. Wordsworth ward had seen a 68% reduction in the use of restrictive interventions. The trust monitored and reviewed the use of restrictive practices through its governance processes.

# Our findings

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. Staff completed appropriate monitoring following the use of rapid tranquilisation. The trust monitored and reviewed the use of rapid tranquilisation through its governance processes.

## **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 had maintained training compliance during the Covid-19 pandemic.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## **Staff access to essential information**

Staff had access to clinical information and were able to maintain and access clinical records. Clinical records were both paper-based and electronic. The Trust had recently introduced a new electronic care records system. Staff had received training on the new system.

When patients were transferred to a new ward or service staff were able to access their records. Records were stored securely and electronic records were password protected.

## **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 reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

## **Track record on safety**

The service had a good track record on safety.

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

The service managed patient safety incidents well. Staff knew what incidents to report and how to report them in line with the trust policy. There were governance processes to monitor incident reporting, identify trends and share learning. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

There was evidence of learning from incidents including from incidents of falls.

# Our findings

## Is the service effective?

Good   

We did not inspect against all of the key lines of enquiry in the effective domain and therefore did not rate this domain. Our rating of effective stayed the same. We rated it as good.

### Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 19 care records and found that each had a comprehensive assessment in place. Staff developed care plans for each patient that met their mental and physical health needs. Care plans were subject to regular review and had been updated when patients' needs changed. Care plans were generally of a good quality and were personalised, holistic and recovery orientated.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff developed care plans to support patients' physical health needs and completed regular physical health observations. Patients had access to physical health care, including specialists as required. There was a physical health team based at the Harbour who worked with ward staff around the management of physical health.

Patients had falls risk assessments and falls risk management plans in place. Appropriate mobility aides were provided when required.

### Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of the patients on the ward. This included nurses, medics, occupational therapists, health and well-being workers, physical health nurses, physiotherapists and pharmacists. However, some staff told us that they were not always able to complete their normal roles and functions as they were required to support staffing numbers on shifts.

Managers gave each new member of staff a full induction to the service before they started work. Managers supported staff through regular, constructive appraisals of their work. Managers supported medical and non-medical staff through regular supervision. Staff said they had received supervision and described support they had received from colleagues, ward managers and senior managers at the Harbour outside of formal supervision sessions. However, compliance with supervision had been impacted by staffing pressures and the COVID-19 pandemic. The trust had introduced a new supervision policy which moved to six-weekly supervision sessions from 1 February 2021. At the time of our inspection this policy was still being embedded. Compliance against the existing three monthly supervision was good.

Austen ward – 81%

Dickens ward – 82%

Bronte ward – 89%

Wordsworth ward – 95%

# Our findings

Staff attended regular team meetings but confirmed that the frequency of these meetings could vary depending on staff pressures. The Trust had set up question and answer sessions for staff within the locality as well as an improvement forum. There had been one meeting of each prior to our inspection. Further meetings were scheduled.

Staff had access to specialised training. However, some staff told us they had not completed training such as dementia awareness training and that this was not a trust defined mandatory course for staff working on older people's wards. We discussed this with management at the Harbour who confirmed that the provision of specialist training and requirements was being reviewed. Staff had accessed other specialised training including pressure ulcers, autism and learning disabilities. Staff acknowledged that accessing specialised training could be difficult due to staffing levels and the impact of COVID-19 on face to face training.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good

### Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Patients we spoke with were generally positive about staff. They told us that staff were caring, treated them well and behaved kindly. However, some patients told us that due to staffing numbers staff were not always able to respond to requests promptly. Staff respected patients privacy and dignity.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff followed policy to keep patient information confidential.

### Involvement in care

Staff involved patients in care planning and risk assessment. They ensured that patients had easy access to independent advocates.

Staff introduced patients to the ward and the services as part of their admission. Staff generally involved patients in care planning and the majority of care plans we reviewed had some evidence of patient involvement. However, this was not always clearly recorded.

Patients we spoke with told us they were aware of their care plans. They described different levels of involvement in the development of their care plans. Staff helped patients to understand their care and treatment.

Staff had access to specialists, including learning disability nurses to help communication with patients who had communication difficulties.



# Our findings

Staff made sure patients could access advocacy services. An Independent Mental Health Advocate visited each ward weekly. Patients could give feedback on the service to staff and through the complaints process. Wards had community meetings with patients. However, staffing levels meant that these did not always occur weekly as scheduled. The service had recruited peer facilitators to oversee community meetings.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. Carers generally said staff were supportive and that they were involved in care where appropriate. Staff gave carers information on how to access carers assessments. Carers were able to give feedback on the service through the Patient Advice and Liaison Service and complaints processes.

The Trust received Carers Trust Level 1 Triangle of Care accreditation in March 2019 and was undertaking a relaunch of the Triangle of Care approach. There was a carers group at the Harbour and good links with local support services.

## Is the service responsive?

Good   

We did not inspect against the responsive domain at this inspection. As a result, our rating of responsive stayed the same. We rated it as good.

## Is the service well-led?

Requires Improvement  

Our rating of well-led went down. We rated it as requires improvement.

## Leadership

Leaders had the skills, knowledge and experience to perform their roles. The trust had recently implemented a reorganisation of services into a locality-based structure. This included the appointment of a triumvirate over each locality including an operations director, medical director and nursing and quality director. In addition, a new management structure and managerial appointments had been made at the Harbour. Managers had taken up posts in the three months prior to our inspection and new managerial structures were still being embedded.

We spoke with senior managers at both locality and Harbour level. They had a good understanding of the services they managed and an understanding of the challenges the services faced. Managers were able to outline short, medium and long-term plans to address concerns. The Trust had established an Improvement Management Group over the Harbour to oversee this work. This built on a series of task and finish groups and quality improvement projects that had occurred over the previous 12 months.

Ward staff said that the new management at the Harbour had been visible on wards. However, staff told us that managers at locality and trust level had not been visible and were not well known to staff. Staff acknowledged that some of these managers were new to post and that the impact of Covid-19 made in-person visibility harder.

# Our findings

## **Vision and strategy**

Staff were unclear on the provider's vision and values. The vision and values had been reviewed at the start of 2020. However, due to the Covid-19 pandemic roadshows and promotional events had to be cancelled. Information on vision and values was available on the trust website and intranet but staff we spoke with told us they didn't always have time to access these.

## **Culture**

Staff did not always feel respected, supported or valued. Morale amongst staff was generally low. This was attributed to staffing levels and the impact of the Covid-19 pandemic.

Staff told us that they were well supported by ward managers and management at the Harbour but felt a disconnect with senior management within the trust. This was reflected in the most recent staff survey in March 2021 where the trust scored lower than expected against comparable services in questions relating to culture, engagement and visibility of senior leaders. However, the scores for these questions were higher than the previous staff survey and the staff survey in March 2021 showed improvement in all 10 domains. The trust was in the top ten most improved Trusts' nationally. Senior trust management acknowledged the difficulties the Covid-19 pandemic presented for engagement and consultation events. They were able to describe plans in place to improve engagement with staff and increase staff input into decision making. The trust had begun a pilot of a new listening in action model to accelerate engagement with front line workers.

The trust had put additional support for staff including individual Covid-19 assessments and access to a mental health resilience hub.

The majority of staff felt able to raise concerns without fear. However, some staff told us they would not raise concerns as they did not believe changes would be made as a result. The trust had a Freedom to Speak Up Guardian in place. Staff were positive about the Freedom to Speak Up Guardian and their experience of using the service.

## **Governance**

Our findings from the other key questions demonstrated that governance processes generally operated effectively. There were processes to identify, understand, monitor and address current and future risks. Leadership at service, locality and trust level demonstrated a good understanding of the issues and challenges faced by the service.

There was a governance structure in place to support service delivery and an embedded ethos of quality improvement.

## **Management of risk, issues and performance**

Teams had access to the information they needed to provide care and used that information to good effect. The trust had recently introduced a new electronic care records system. Staff had received training on the new system.

The trust had effective performance monitoring in place and action plans had been developed to address areas of concern including staffing and capacity. However, the service did not have an effective system to monitor cancellation of

# Our findings

leave and ward activities as a result of short staffing. The service was able to tell us the amount of leave authorised for patients and the amount that was taken. However, they were not able to provide the context of why leave had not been taken and whether it had been cancelled due to staffing levels. In addition, the service could not tell us the amount of ward activities that had been cancelled.

Performance monitoring had identified concerns at the Harbour prior to our inspection and an Incident Management Group had been established to provide additional support and leadership.

Teams had access to ward level risk registers and could escalates risk.

## **Information management**

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

# Our findings

## Areas for improvement

### **MUSTS**

- The trust must ensure that staffing levels and skill mix are appropriate to meet the needs of patients (Regulation 9 (1) Person Centred Care - The care and treatment of service users must be appropriate, meet their needs and reflect their preferences)

### **SHOULDs**

- The trust should ensure that ongoing recruitment plans are delivered and that the recruitment trajectory is met
- The trust should ensure that staff have access to regular team meetings
- The trust should ensure that staff receive appropriate specialised training
- The trust should ensure effective engagement with staff and increased visibility of senior leaders post COVID-19
- The trust should ensure governance and performance monitoring systems are in place to monitor delivery of ward activities and record the rationale for cancelled leave

# Our inspection team

The team that inspected the service comprised of a CQC lead inspector, CQC inspection manager, three other CQC inspectors, one CQC assistant inspector and a specialist advisor

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care