Essex Partnership University NHS Foundation Trust

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

Quality Report

The Lodge, Lodge Approach, Runwell ,
Wickford, Essex, SS11 7XX
Tel: 0300 123 0808
Website:
www.eput.nhs.uk/

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
R1LY2	Colchester Hospital Mental Health Wards	Ardleigh Ward	CO4 5JL
R1LY2	Colchester Hospital Mental Health Wards	Gosfield Ward	CO4 5JL
R1LY2	Colchester Hospital Mental Health Wards	Peter Bruff Ward	CO4 5JL

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

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

Summary of findings

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

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

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

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

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

Summary of findings

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Overall summary

We found the following issues that the service provider needs to improve:

- There was a blind spot in the seclusion room on Peter Bruff ward. This issue was reported to senior managers over four months ago by the ward manager who reported that no action had been taken to reduce this risk, however the trust had developed and action plan with date for this work to be undertaken to minimise the risk posed.
- We reviewed 21 care records. Although each patient had an individualised risk assessment completed on admission, information highlighted on initial risk assessments did not always feature on follow up assessments in 14 records, despite the risk still being present.
- Staff described how they would identify and make a safeguarding referral. However, we reviewed one particular patient's care record where safeguarding information had not been fully documented.
- Staff did not record patient nursing observations on the enhanced observation charts. The nursing observations were in place to maintain patient safety. We found gaps where staff should have signed to indicate they had observed the patient in six out of 15 records we reviewed.
- Patients's physical health monitoring was recorded on both electronic and paper forms, however staff had not ensured that all elements of the forms had been completed in seven out of the 15 records we reviewed.
- We found issues with medication on Peter Bruff ward. Prescription charts were unclear as to the cumulative doses of as required medication. This could have resulted in patients receiving doses above british national formulary limits. Medications had been prescribed and adminstered in breach of the certificate of second opinion (T3). We also found one intra muscular medication had been prescribed for a patient which had not been included on the certificate to consent to treatment form (T2). We brought this to the attention of the consultant psychiatrist and ward manager who said this would rectify this immediately.

However:

- Vacancy levels across the wards were low. The established level of qualified nurses for the three wards was 30 whole time equivalents (wte). At the time of our inspection, there was one vacancy. The established level of nursing assistants for the three wards was 32 wte. At the time of our inspection, there was one vacancy.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Staff calibrated and checked physical health monitoring equipment weekly to ensure it was in good working order. Staff checked emergency resuscitation equipment daily.
- Staff knew how to report incidents on the trust's electronic reporting system.
- Managers ensured that staff had received an annual appraisal.

Summary of findings

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

Are services safe?

- There was a blind spot in the seclusion room on Peter Bruff ward. This issue was reported to senior managers over four months ago by the ward manager who reported that no action had been taken to reduce this risk, however the trust had developed and action plan with date for this work to be undertaken to minimise the risk posed.
- We reviewed 21 care records. Each patient had an individualised risk assessment completed on admission but information highlighted on initial risk assessments did not always feature on follow up assessments in 14 records, despite the risk still being present.
- Staff described how they would identify and make a safeguarding referral. However we reviewed one particular patient's care record where safeguarding information had not been fully documented
- Patient observations were not being recorded on the trust enhanced observation charts in line with the level required to maintain patient safety. We found gaps where staff should have signed to indicate they had observed the patient in six out of 15 records we reviewed.

However:

- Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) had been identified as part of the monthly environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included a photo album of identified ligature which was kept in the ward office. The trust had reduced the number of potential ligature points since the 2015 inspection following a renovation programme.
- Wards complied with the Department of Health's guidance on eliminating mixed sex accommodation.
- Staff knew how to report incidents on the trust's electronic reporting system.

Are services effective?

- Staff did not record observations and ongoing monitoring of patients' physical health needs as directed in the patient's care plan in seven out of the 15 records we reviewed.
- We found issues with medication on Peter Bruff ward. Prescription charts were unclear as to the cumulative doses of as required medication. This could have resulted in patients

Summary of findings

receiving doses above british national formulary limits. Medications had been prescribed and administeredin breach of the certificate of second opinion (T3). We also found one intra muscular medication had been prescribed for a patient which was not included on the certificate to consent to treatment form (T2). We brought this to the attention of the consultant psychiatrist and ward manager who said this would be rectify this immediately.

- Supervision compliance rates were 78% for Ardleigh ward, 71% for Gosfield ward and Peter Bruff ward was 73%.

Are services caring?

We found the following:

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patients' needs, discreet and respectful. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with 13 patients who told us that staff were generally kind and caring but that agency staff were sometimes rude.

Are services responsive to people's needs?

We did not inspect this key question.

Are services well-led?

We found the following:

- Managers ensured that staff had received an annual appraisal.
- Staff reported and managed incidents effectively. Managers reviewed incidents and discussed them at the weekly team meetings.Staff were supported following serious incidents.
- Managers reviewed and monitored key performance indicators for this service. These included sickness and absence monitoring and training compliance.
- Managers said they had sufficient authority to complete their role, had access to a dedicated ward administrator.
- Managers and staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.

However:

- Although staff reported positive morale within the ward teams, they did not feel supported by senior managers within the trust.

Summary of findings

Information about the service

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation

Trust and South Essex Partnership University NHS Foundation Trust.

Essex Partnership University NHS Foundation Trust provides mental health, learning disability, substance misuse, community health, GP, prison and social care services for over 2.5 million people and their families in Essex, Southend, Thurrock, Luton and Bedfordshire. The trust also has an urgent care service at Whipps Cross hospital, East London. The trust is registered with the CQC for 28 locations.

Colchester Mental Health Wards has three inpatient adult acute wards; Ardleigh ward has18 beds for women, Gosfield ward has 18 beds for men and Peter Bruff ward is a 17 bedded ward that admits both men and women. This was relocated to this site from Clacton in 2016.

The wards provide a service for informal/voluntary patients and patients detained under

the Mental Health Act 1983 and was last inspected in June 2015 as part of the comprehensive inspection of North Essex Partnership NHS Foundation Trust. This report of this inspection, which assessed all acute wards provided by the trust, noted the following concerns:

- There were blanket restrictions in place on some wards. These included access to toilets, access to the gardens, and access to snacks and beverages.
- Poor documentation relating to patients' mental capacity to consent to treatment.
- Missed signatures against some prescribed medications, which meant we could not be assured that the patient had been administered their medication as prescribed.
- There was an over-reliance on bank and agency staff across all of the acute wards.
- The trust was not ensuring that the care and treatment of patients is appropriate, meets their needs, and reflects their preferences.
- The trust was not effectively ensuring that patients were treated with dignity and respect.
- Peter Bruff ward did not comply with guidance on same sex accommodation.
- Wards had potential ligature points that had not been fully managed or mitigated. Ligature points are fixed points people can use to tie items to in an attempt to hurt themselves.
- Staff could not observe patients clearly in all areas of the acute wards. The seclusion facilities on two acute wards did not have safe and appropriate environments.
- Managers did not routinely check the quality of the care plans.
- Systems to provide patients with activities did not identify and remedy the limitations in the activities provided.
- Ligature risks assessments in patient areas did not identify all the potential risks.

This inspection did not look at all of the actions required from the previous inspection, because it was a focused inspection to look at specific concerns raised to us. These were in relation to staffing numbers, patients' care, environment, discharge planning and an unexpected death of a patient whilst on leave from Gosfield ward.

Our inspection team

Team leader: Victoria Green, Inspection Manager, Care Quality Commission

The team that inspected the service comprised of two CQC inspection managers and two inspectors.

Summary of findings

Why we carried out this inspection

We carried out this focused inspection following specific concerns in relation to staffing numbers, patients' care, environment, discharge planning and an unexpected death of a patient whilst on leave from Gosfield ward.

The inspection was unannounced.

How we carried out this inspection

This inspection was a focussed inspection to look at specific concerns that were raised to us. During the course of the inspection we asked the following questions:

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

Before the inspection visit, we reviewed information that we held about the location and information that was submitted to us by the provider.

During the inspection visit, the inspection team:

- visited three wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 11 other staff members; including nurses, housekeeping and occupational therapist
- interviewed the clinical manager with responsibility for these services
- attended and observed one hand-over meeting
- looked at 21 care and treatment records of patients
- carried out a specific check of 62 medication charts
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 13 patients. They said that they felt safe in the hospital and that staff were generally caring but two patients said that agency staff were sometimes rude.

Patients said their rights under the Mental Health Act were explained to them regularly in a way they could understand. However, section 17 leave was sometimes rearranged or alternatives to leave offered because of staff shortages.

A wide range of activities were available seven days a week and in the evening.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that risk assessments are updated and include all current risks.
- The provider must ensure that care plans include all relevant safeguarding information.

Summary of findings

- The provider must ensure nursing observation charts are complete and signed by the person undertaking the observations.
- The provider must ensure that physical health monitoring is recorded as directed in line with patients care plans.
- The provider should ensure that medicines are prescribed in accordance with T3 second opinion and T2 consent to treatment forms.

Essex Partnership University NHS Foundation Trust

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

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ardleigh Ward	Colchester Mental Health Wards
Gosfield Ward	Colchester Mental Health Wards
Peter Bruff ward	Colchester Mental Health Wards

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Medications had been prescribed and administered in breach of the certificate of second opinion (T3). We also found one intra muscular medication had been prescribed for a patient which was not included on the certificate to consent to treatment form (T2). We brought this to the attention of the consultant psychiatrist and ward manager who said this would be rectify this immediately.

Are services safe?

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

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

Our findings

Safe and clean environment

- The provider had installed mirrors to eliminate blind spots and to promote staff's observation of patients.
- Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) had been identified as part of the monthly environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included a photo album of identified ligature which was kept in the ward office.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients' was upheld.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring equipment had been calibrated and staff carried out weekly checks to ensure it was in good working order. Emergency resuscitation equipment was checked daily.
- The wards were well maintained, clean and clutter free.
- Cleaning rotas had been completed and the wards were visibly clean and tidy.
- Nurse call systems were in place in bedrooms, communal and office areas.

Safe staffing

- The trust used a patient dependency tool to estimate the number of staff required per shift. We reviewed the duty rotas for each ward and found the staffing levels met the required amount. However staff we spoke with repeatedly stated they needed more staff on duty to meet patients' needs although the duty rotas identified that staffing levels met the clinical need.
- The established level of qualified nurses for the three wards was 30 whole time equivalents (wte). At the time of our inspection, there was one vacancy. The established level of nursing assistants for the three wards was 32. At the time of our inspection, there was one vacancy.
- The sickness rate for Ardleigh was seven percent and for Gosfield ward was five percent. However, the rate on Peter Bruff ward was seventeen percent. The ward manager reported that this was due to several members of staff's long term sickness and that staff were being supported back to work.
- Managers used bank and agency staff to cover sickness or absence.
- Ward managers were able to adjust staffing levels to take account of clinical need and said senior managers never refused a request for additional staffing.
- We saw that a qualified nurse was often in the communal areas of the wards, although a support worker was present in the communal areas at all times
- Staff reported that escorted leave was occasionally cancelled due to staff shortages.
- The staffing rotas showed there was the appropriate number of qualified nursing staff on each shift.
- Mandatory training compliance was 89% for Ardleigh and Gosfield wards and 84% for Peter Bruff ward.

Assessing and managing risk to patients and staff

- There was blind spot in the seclusion room on Peter Bruff ward. This issue was reported to senior managers over four months ago by the ward manager who reported that no action had been taken to reduce this risk however the trust had developed and action plan with date for this work to be undertaken to minimise the risk posed.
- We reviewed 21 care records. Each patient had an individualised risk assessment completed on admission, however information highlighted on initial risk assessments did not always feature on follow up assessments in 14 records, despite the risk still being present.

Are services safe?

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

- Staff described how they would identify and make a safeguarding referral; however we reviewed one particular patient's care record where safeguarding information was incomplete.
- Patient observations were not being recorded on the trust enhanced observation charts in line with the level required to maintain patient safety. We found gaps where staff should have signed to indicate they had observed the patient in six out of 15 records we reviewed.
- Informal patients could ask staff to leave the ward during the day to meet family or go out. We saw throughout the inspection that staff facilitated this leave when requested.
- Staff stored medicines in accordance to the manufacturers' guidelines.
- Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.

Track record on safety

- The trust reported serious incidents on the electronic incident system. This included the death of the patient on leave from Gosfield ward. This incident was escalated appropriately to formal investigation. The trust notified the CQC of the incident when it occurred and shared appropriate interim reports.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the trust's electronic reporting system.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong.
- Staff discussed incidents and learning points in team meetings. We saw minutes of these meetings where staff had discussed changes that needed to be made to the ward to prevent incidents.
- Managers held formal and informal debrief meetings with staff and patients after incidents. Staff were able to access support from the trust occupational health team.

Are services effective?

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

Our findings

Assessment of needs and planning of care

- Patients's physical health monitoring was recorded on both electronic and paper forms, however staff had not ensured that all elements of the forms had been completed in seven out of the 15 records we reviewed.

Best practice in treatment and care

- We found issues with medication on Peter Bruff ward. Prescription charts were unclear as to the cumulative doses of as required medication; this could have resulted in patients receiving doses above british national formulary limits. Medications had been prescribed and administerd in breach of the certificate of second opinion (T3). We also found one intra muscular medication had been prescribed for a patient which was not included on the certificate to consent to treatment form (T2). We brought this to the attention of the consultant psychiatrist and ward manager who said this would be rectify this immediately.

Skilled staff to deliver care

- Supervision compliance rates were 78% for Ardleigh ward, 71% for Gosfield ward and Peter Bruff ward was 73%.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs, discreet and respectful. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with 13 patients who told us that staff were generally kind and caring; however agency staff were sometimes rude.

Are services responsive to people's needs?

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

Our findings

We did not inspect this key question.

Are services well-led?

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

Our findings

Vision and values

- Staff told us who the most senior managers in the trust were. Ward managers told us they felt well supported by their line managers.

Good governance

- Managers monitored mandatory training; compliance rates were 89% for Ardleigh and Gosfield wards and 84% for Peter Bruff ward.
- The trust used a patient dependency tool to estimate the number of staff required per shift. We reviewed the duty rotas for each ward and found the staff levels met the required amount. Although staff were spoke with repeatedly stated they needed more staff on duty to meet patients' needs however the duty rotas identified that staffing levels met the clinical need. .
- Managers reported that supervision was not consistently taking place or recorded. Compliance rates were 78% for Ardleigh ward, 71% for Gosfield ward and Peter Bruff ward was 73%.
- Managers ensured that staff had received an annual appraisal.
- Incidents were managed and reported effectively. Staff were supported following serious incidents.
- Key performance indicators were reviewed and monitored by managers for this service, these included sickness and absence monitoring and training compliance.
- Managers said they had sufficient authority to complete their role, had access to a dedicated ward administrator.

Leadership, morale and staff engagement

- The sickness rate for Ardleigh ward was seven percent and for Gosfield ward was five percent. The rate on Peter Bruff ward was seventeen percent. The ward manager reported that the high level of sickness on Peter Bruff ward was due to several members of staff's long term sickness.
- Managers and staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.
- Staff reported positive morale within the ward teams. However, they did not feel supported by senior managers within the trust.
- Staff described how they would talk with patients when something went wrong in an open and transparent way.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that risk assessments were updated to include all current risks. The provider did not ensure that nursing observation charts were complete and signed by the person undertaking the observations. The provider did not ensure that physical health monitoring was recorded as directed in line with patients care plans. The provider did not ensure that medicines were prescribed in accordance the patients consent or second opinion treatment plan This was a breach of regulation 12.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure that care plans include all relevant safeguarding information. This was a breach of regulation 13.