South London and Maudsley NHS Foundation Trust

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

Inspection report

Trust Headquarters
1st Floor Admin Building
London
SE5 8AZ
Tel: 02032286000
www.slam.nhs.uk

Date of inspection visit: 15 December 2020
Date of publication: 05/03/2021

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Requires Improvement**
Are services effective?	**Inspected but not rated**
Are services caring?	**Inspected but not rated**

Our findings

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

Inspected but not rated

This was a short notice announced focused inspection of Jim Birley Unit.

We carried out this inspection to follow up on concerns about the safety and quality of the service being provided following three serious incidents relating to the ward.

Jim Birley Unit is an acute mental health ward for 18 female adults of working age which is now based at the Maudsley Hospital following relocation from the Ladywell Unit.

As this was a focused inspection, we did not inspect and rate all domains. During this current inspection, we rated Safe as **requires improvement**. The ratings from the previous acute mental health wards for adults of working age inspection published in July 2019 remain in place for the other domains. The overall rating of requires improvement remains for this core service. We used CQC's interim methodology for monitoring services during the COVID-19 Pandemic. In this case we did not visit the ward itself, but attended an office at the Maudsley Hospital where we could access patient records from the ward.

We found:

- We found significant gaps in the recording of vital signs and physical health checks in patient records we inspected, although we recommended that this needed attention in the previous inspection report published in July 2019.
- The service had systems and processes in place for safely prescribing medicines. However, we saw evidence that medicines administration was not always recorded fully.
- There were not enough staff with current training in basic and immediate life support.
- Staff told us that they would benefit from more training in managing patients' physical health needs and records, and in supporting patients with substance misuse and addiction.
- We found that some patients did not have current risk assessments and care plans at the time of three serious incidents in September and October 2020, although this was a requirement in the previous inspection report published in July 2019. The trust had identified this and implemented change to address this. During this inspection we found that current and recently discharge patients had up-to-date care plans and risk assessments in place.
- There had been a period of instability in the staffing group when the ward reopened at a new site with a new staff group in July 2020. Staff said most issues, such as lack of manager and nursing vacancies, had been addressed, but that communication amongst the staff team could still be improved.

However:

- Most patients said that staff were supportive, helpful and approachable. Two patients in particular praised the staff support on the ward. Patients who had been discharged from the ward said that they had been involved in making decisions about their ongoing support once discharged.

Our findings

- Staff said that they had received significant support from the ward leadership and service leads following recent serious incidents. Staff had developed lessons learned and implemented these as a team. For example, improved night checks on patients at risk and an improved format for staff handover meetings to ensure that all staff were aware of their areas of responsibility.
- A nurse had been appointed for family and carer support in the last four months, holding virtual carers and family surgeries each week. Staff noted that patients' families attended more frequently now that they could do so remotely.
- The ward had an activities coordinator and occupational therapist who provided a range of activities on the ward. These included exercise groups, women's health and wellbeing, therapeutic and recreational groups.

How we carried out the inspection

During this inspection we:

- spoke with 13 members of staff by telephone or video conference, including the ward manager, three doctors, three registered nurses, three non-registered nurses, occupational therapist, activities coordinator, and a pharmacist
- spoke with five patients by telephone (one currently on the ward, and four recently discharged from the ward)
- spoke with one relative of a current patient by telephone
- looked at the care records of twenty patients including those recently discharged from the ward
- reviewed the recent incident reports made by the ward
- reviewed specific policies and documentation relevant to this inspection activity

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

Patients said that staff were supportive, helpful and approachable. Four of five patients we spoke with said that they felt safe and comfortable on the ward. They said the ward was kept clean and they had sufficient access to food, drink and activities. Several patients told us that their leave to go out of the ward had been restricted due to the COVID-19 pandemic.

Two patients in particular praised the staff support on the ward, one noting that staff had provided them with very thorough support with a physical health condition. Patients who had been discharged from the ward said that they had been involved in making decisions about their ongoing support once discharged. Patients said that although staff were often busy, patients were able to get support from nurses and doctors when needed.

All but one patient said that staff administered their medicines to them safely. One previous patient said that the ward had not been kept clean enough, and there were insufficiently healthy meal options.

Is the service safe?

Requires Improvement 

Our findings

As we found breaches of regulation, we have limited the rating of this key question to Requires improvement.

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found significant gaps in the recording of vital signs and physical health checks in the 20 patient records we inspected. At the previous inspection in July 2019, this was an area we noted the trust should improve. Staff told us that electronic recording of physical health observations were not always saved when there were issues with WiFi on the ward. The paper records used during these times still included significant gaps, and were not recorded on the National Early Warning Score (NEWS) charts which make it clear when staff should seek medical advice. Staff were also often not recording when they had attempted to check vital signs or physical health but patients have refused. It was therefore not clear if staff were meeting the trust policy for physical health monitoring.
- The service had systems and processes in place for safely prescribing medicines. However, we saw evidence that medicines administration was not always recorded fully. We found a small number of gaps in some patients' medicines records where it was not clear if medicines had been administered. We also saw two recent medicines recording errors, with one indicating a patient had received a double dose of a medicine when they had not. The charge nurse had arranged for all staff involved to repeat the administration of medication competencies. One of the five patients we spoke with said they had concerns about medicines administration on the ward.
- There were not enough staff with current training in immediate life support. Staff noted that this had been exacerbated by the COVID-19 pandemic, during which face to face training courses were limited. The trust provided data indicating that 67% of staff in the team had completed basic life support training, and 70% had undertaken immediate life support training against a trust target of 85%. All of the remaining staff had been booked to undertake the training as soon as possible.
- Several staff said the team needed more training in managing patients' physical health needs and records, and in supporting patients with substance misuse and addictions.
- Although risk assessments and care plans were in place for all patients at the time of our inspection, we saw that this was not the case at the time that three serious incidents occurred on the ward. This was an area for improvement at the last inspection published in July 2019. Since the serious incidents and before our inspection, the trust had put actions in place to address the issues they had identified. Risk assessment training was being rolled out to all staff, and there was improved clinical supervision and regular patient records audits. The trust was also looking at the possibility of implementing a change to the electronic patient record system so that previous care plans are not used on new admissions. During the inspection, staff told us that patient's risk assessments were updated at least daily, during handover meetings, safety huddles and weekly ward rounds.
- The staff group had faced challenges on the ward following it closing and then reopening in July 2020 in a new location and with a new staff group. The issues that staff described were poor communication, periods of time with no ward manager, nurses changing daily, complex patients and limited reflective practice. Although steps had been taken to improve these issues and staff noted this during our inspection, they said communication on the ward between the staff group could be strengthened even more.
- Since opening in July 2020, the ward had been operating with two charge nurse vacancies and was using a significant number of bank staff to fill shifts. Bank staff are a pool of people a trust can call upon as and when work is available, if there are not enough permanent staff to safely fill a shift. Several staff told us that insufficient staffing meant they were not able to provide individual support to patients as frequently as they wished. These two posts had been recruited to at the time of inspection and one charge nurse had started during the week of the inspection.

However,

Our findings

- Staff said that they had received a lot of support from the ward leadership, and service leads following recent serious incidents including out of hours. This included opportunities to debrief and reflect, counselling groups for staff, and support sessions for patients on the ward. They spoke of managers, matrons and colleagues supporting each other, to rebuild their confidence and become more pro-active.
- Staff told us about a wide range of learning from recent incidents including improving night checks on patients at risk, and ensuring that all staff wear full personal protective equipment when carrying out cardio-pulmonary resuscitation. They had identified further training needed in immediate life support. They had also improved checks patients returning from unescorted leave. The format for handover meetings had been improved to ensure that all staff were aware of their areas of responsibility, and all necessary information about patients was passed on to the relevant staff. Staff had been provided with training in administering Naloxone (in case of an opiate overdose).
- We saw good practice in physical health monitoring after intramuscular rapid tranquilisation. We also saw good monitoring of patients' water intake and bowel movements when on Clozapine, with prompts to offer water regularly where there were concerns. Staff were clear about checks they should carry out if patients refused to have an electrocardiogram or other physical health checks. We also saw that specialist cardiac input had been sought when abnormalities were identified.
- Staff said that there were sufficient mental health doctors providing support to patients, and doctors were fast to respond in the event of a medical emergency.
- At the time of the inspection there was an outbreak of COVID-19 on the ward. Staff told us about the precautions they were taking, including testing patients, self-testing for staff, use of personal protective equipment, a separate corridor for patients testing positive for COVID-19, and enhanced cleaning regimes.

Is the service effective?

Inspected but not rated

We did not rate effective as the inspection focused on a few specific areas of the key question.

- At the previous inspection published in July 2019 we noted that the trust should keep the number of clinical psychologists under review to ensure there were sufficient numbers to meet the needs of patients in line with NICE guidance. At the current inspection staff told us that there was a psychologist available for one day each week, with approximately half of this time dedicated to patients, and half of this time to the staff team. They noted that patients would benefit from more psychology groups on the ward, particularly to meet the needs of patients diagnosed with emotionally unstable personality disorder (EUPD). Staff told us that at one point there had been nine patients with an EUPD diagnosis on the ward, and insufficient psychology support for them. The trust demonstrated that they had reviewed the number of psychologists to ensure that they were in line with other similar trusts.

We found the following areas of good practice:

- The ward had an activities coordinator and occupational therapist who provided a range of activities on the ward. These included exercise groups, women's health and wellbeing, therapeutic and recreational groups. Groups included crafting, mindfulness, pampering and relaxing, yoga, dancing, sleep health, nutrition, staying well in the community, and a wellness recovery action plan group. They arranged a celebration event for Black History Month.

Our findings

Is the service caring?

Inspected but not rated

We did not rate caring as the inspection focused on a few specific areas of the key question.

We found the following areas of good practice:

- There was a nurse lead appointed for family and carer support, and in the last four months the ward held a virtual carers and family surgery once weekly. Staff said that patients' families attended more frequently now that they could do so remotely.
- Patients said that staff were supportive, helpful and approachable. Four of five patients we spoke with said that they felt safe and comfortable on the ward, and the ward was kept clean, and they had sufficient access to food and drink and activities.
- Two patients in particular praised the staff support on the ward, one noting that staff had provided them with very thorough support with their physical health condition. Patients who had been discharged from the ward said that they had been involved in making decisions about their ongoing support once discharged. Patients said that although staff were often busy, patients were able to get support from nurses and doctors when needed.

Our findings

Areas for improvement

Action the service **must** take to improve:

• The trust must ensure that staff follow trust policy on the management of medicines, including ensuring medicines are given and recorded in line with the prescribers' instructions. **Regulation 12(2)g)**

•The trust must continue to ensure that staff carry out physical observations of patients with specific physical health needs and substance misuse issues, and that these are recorded consistently in line with trust guidance, including when patients refuse such checks. **Regulation 12(2)(b)**

•The trust must ensure that sufficient members of the staff team on each ward have current training in immediate life support and basic life support to provide lifesaving care in an emergency. **Regulation 12(2)(c)**

Action the service **should** take to improve:

• The trust should continue to take action to ensure that all patients have risk assessments and care plans that meet their current physical and mental health needs.

•The trust should continue to consider the impact of separating and redeploying staff groups, ensuring that there are sufficient experienced staff on duty and stable leadership is in place for newly formed/reformed wards, to ensure a high quality of care for patients, particularly when rapid changes to wards are needed.

• The trust should ensure that staff have sufficient training in working safely with people with substance misuse issues and addictions.

Our inspection team

The team that inspected the service comprised of two CQC inspectors one of whom was a pharmacist specialist.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment