

## Sheffield Health and Social Care NHS Foundation Trust

# Wards for older people with mental health problems

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## Ratings

### Overall rating for this service

Are services safe?

Are services effective?

# Summary of findings

## Wards for older people with mental health problems

### Summary of this service

Sheffield Health and Social Care NHS Foundation Trust provides inpatient services for older people with mental health problems. The service is available to people over the age of 65 years old who have or may have a mental health illness and who live within the boundaries of NHS Sheffield Clinical Commissioning Group. The service is accessed primarily via the trust's community mental health services for older people. The service also accepts referrals via adult and older people liaison psychiatry services and emergency referrals in consultation with the trust's on-call registrar team.

The trust provides two wards for older people with mental health problems:

- Dovedale ward is an 18 bedded ward for older men and women who require hospital care for acute functional mental health conditions. This may include the acute phase of a severe mental illness such as schizophrenia, bi-polar disorder or severe depressive disorder and for those with a dual diagnosis of severe mental illness and drug/alcohol, or learning disability, or people with personality disorder and acute mental health needs. The ward is based in the Michael Carlisle Centre in South-West Sheffield. Patients can be admitted voluntarily or detained on the ward under the Mental Health Act.
- Ward G1 is a 20 bedded (funded for 16) ward for the assessment and treatment of older men and women with organic mental health conditions such as severe dementia and associated challenging or highly distressing behaviour. Ward G1 is divided up into two areas, G1a and G1b. The ward is based in Grenoside Grange Hospital in North Sheffield. The majority of patients are detained on the ward under the Mental Health Act.

We did an unannounced focused inspection of the wards for older people with mental health problems, this was because we issued a warning notice at our previous inspection in January 2020. The warning notice detailed that the trust must:

- Improve staff compliance with appraisals, supervisions and mandatory training.
- Ensure that patients' physical health needs were met and medication side effects monitored.
- Ensure that patients were cared for in environments which are private and dignified.
- Ensure that systems and processes are in place which were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services.

We did not rate the core service at this inspection. We looked only at those areas detailed in the warning notice where we had significant concerns and wanted to check that the service had improved.

On the day of the inspection there were 11 patients on Dovedale ward, all detained under the Mental Health Act. There were 11 patients on G1 ward, of which ten patients were detained under the Mental Health Act and one patient was voluntary.

Prior to the inspection, we reviewed all the information we held about the service.

During the inspection visit, the inspection team:

- spoke with both ward managers;
- spoke with seven other staff members;

# Summary of findings

- reviewed the risk management plans of 12 patients;
- reviewed the observation records of 12 patients;
- reviewed the seclusion records of six patients;
- attended a staff safety huddle;
- looked at a range of policies, procedures and other documents relating to the running of the service.

We found:

- Since our last inspection, both wards had made improvements. Staff had implemented these improvements during the COVID-19 pandemic which affected both wards impacting on their substantive staffing levels.
- The service provided safe care. Staff assessed and managed risks well and received the basic training to keep patients safe from avoidable harm. The wards supported patient's privacy and dignity and no longer relied on dormitory accommodation. Staff monitored patients' physical health and the effects of prescribed medications.
- Managers ensured staff received training, supervision and appraisal.

## Is the service safe?

We did not review the rating of the service at this inspection. We looked only at those areas of significant concerns raised in the warning notice following our previous inspection.

We found there had been improvements:

- The trust were in the process of converting the ward layouts to support safe care for patients. They no longer relied on dormitory accommodation and had not breached the Department of Health Eliminating Mixed Sex Accommodation policy and guidance 2019.
- Staff were mostly up to date with the mandatory training required to keep patients safe from avoidable harm and had mitigation in place where training was not possible.
- Staff assessed and managed risks to patients and followed best practice in anticipating and managing those risks.
- Staff regularly reviewed the physical health of patients including the effects of medication on their physical health.

However,

- Staff were not always able to accurately record the time in which they carried out a patient observation.
- Staff were unable to attend the practical element of the mandatory training for the moving and handling of patients due to COVID-19 restrictions. This meant that some staff were reliant on previous coaching and support from those staff in date.

## Is the service effective?

We did not review the rating of the service at this inspection. We looked only at those areas of significant concerns raised in the warning notice following our previous inspection.

We found there had been improvements

- Managers supported staff through appraisal and regular supervision of their work.

# Summary of findings

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# Detailed findings from this inspection

## Is the service safe?

### Safe and clean care environments

#### Safety of the ward layout

On our previous inspection in January 2020, both wards provided care for male and female patients within mixed sex accommodation and there were an increasing number of breaches of eliminating mixed sex accommodation guidance. Dovedale ward also relied on dormitory accommodation. We were concerned about the safety of patients because of this, and took enforcement action against the trust to ensure improvements were made to enhance patient safety.

At the time of this inspection, the service had made improvements. They no longer relied on dormitory accommodation. Since our last inspection the trust had not breached the Eliminating Mixed Sex Accommodation according to the September 2019 guidance.

The trust were in the process of converting the four bedded dormitory into two single female rooms with a shared bathroom on Dovedale ward at the time of our visit. The trust's action plan had a target date for the completion of this work as 31 August 2020. However, due to delays in sourcing supplies from France and COVID-19 restrictions, the trust extended their expected date to complete this work by 9 September 2020. Following the inspection, the trust confirmed this conversion was completed on 11 September 2020.

Since March 2020 usage of the dormitory was reduced to support social distancing. During the conversion, the service used a satellite site to accommodate four patients who were nearing their discharge date. This provision provided the same level of care as the ward with staffing from Dovedale ward.

During the peak of COVID-19, the trust had also changed a previous two patient room to accommodate just one patient to ensure social distancing. This room remained as a one patient room.

At the time of our inspection, Dovedale ward had two female patients admitted to rooms on the male corridors. This was due to the male/female ratio of the patient group, along with the conversion reducing bed availability on the female corridor. The female patients were in individual rooms. Only one of the rooms had an ensuite. Both rooms were situated at the end of the male corridor next to the female area. They did not need to pass male rooms to access female specific areas. These patients were both allocated one to one observations whilst in the male area to ensure their safety. This meant the trust had not breached the Eliminating Mixed Sex Accommodation according to the September 2019 guidance.

G1 ward did not use dormitory accommodation and there had been no breaches in Eliminating Mixed Sex Accommodation.

#### Safe Staffing

##### Mandatory Training

On our previous inspection in January 2020, the service reported low compliance with mandatory training in three courses which included; immediate life support and manual handling. This meant we had concerns on how staff would respond to patients in an emergency and how to safely move patients. We took enforcement action against the trust to ensure improvements were made to enhance patient safety.

During this inspection, the service had improved compliance with mandatory training. Staff had mostly completed and were kept up to date with the training required to keep patients safe from avoidable harm.

Compliance across both wards had increased. There was a trust target of 80%. Dovedale ward had an overall compliance of 91% and G1 ward had an overall compliance of 94%.

# Detailed findings from this inspection

On Dovedale, staff were 84% compliant with intermediate life support training. This was 89% on G1 ward.

On Dovedale ward, the compliance for the moving and handling of people was 52%. This had improved since our previous inspection. The trust told us that the lower levels of compliance were because this training required a practical element which could not be delivered because the trust were unable to bring in external staff to the ward to deliver this due to the COVID-19 pandemic. However, all staff had completed the theory and were booked onto courses for September and October 2020 if COVID-19 restrictions allowed. These were refresher courses for staff who had previously completed the full course. The ward was mitigating this by ensuring each shift was supported by staff who were fully up to date with the training. There was also physiotherapy and occupational therapy support on site (not on the ward itself) along with moving and handling trainers if staff needed advice.

The staff compliance for the moving and handling of people on G1 ward was 88%. The ward was able to achieve the trust target for this course as one member of the ward staff was trained to deliver this course. This meant staff could also attend the practical session of the course on the ward without breaching any COVID-19 restrictions.

Managers had good oversight of mandatory training compliance by receiving weekly updates. They previously received figures from the trust monthly. Managers discussed training as part of their governance meetings.

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

On our previous inspection in January 2020, staff did not act consistently or make effective plans to prevent or reduce risks to patients. They did not keep clear records or follow best practice when patients required seclusion. We were concerned about the safety of patients because of this, and took enforcement action against the trust to ensure improvements were made to enhance patient safety.

On this inspection we found the service had improved. Staff assessed and managed risks to patients and followed best practice appropriately.

## **Management of patient risk**

Previously, staff had not produced risk management plans or care plans which responded appropriately to patient's identified risk of falls. Both wards had since made significant improvements in how they mitigated falls.

- The trust's older people's services had formed a steering group and were in the process of devising an older people's falls policy.
- The wards had implemented a more detailed framework for assessing falls.
- Staff were using a new collaborative care plan template. The multi-disciplinary team reviewed these twice weekly.
- Staff from both wards attended daily safety huddles where they discussed falls for individual patients.
- The steering group had introduced a falls flow chart to guide staff with the actions needed and to ensure staff recorded the falls appropriately.
- Staff completed a falls log to enable them to review themes.
- Patients on Dovedale ward attended a seven week falls awareness programme.

We looked at 12 risk management plans. All were up to date with the risk of falls assessed appropriately. The records included plans to prevent or reduce falls.

Staff we spoke with told us that there was increased awareness and recording of falls. This meant that the data showed an initial increase in falls numbers. However, since January 2020 this had mostly been on a downward trend, with Dovedale having only one fall in the six weeks prior to our inspection. On G1 ward, falls were generally decreasing from

# Detailed findings from this inspection

January, however they had increased in both July and August 2020. This was mostly due to one patient who expressed challenging behaviours; we were satisfied that staff were managing these risks appropriately. Staff had an increased awareness of risk, and used tools to grade falls according to impact. Most of the falls as either minor or negligible impact, this included where patients lowered themselves to the floor.

On our last inspection, we were concerned that staff did not consistently follow procedures to minimise risks where they could not easily observe patients. During this inspection we did not have the same concerns.

We reviewed the observation records of 12 patients over 48 days. We found a total of 18 gaps in these records. Of these gaps, there were three episodes where staff had not recorded observations over a period of more than 2 hours. Staff had detailed mitigating reasons in one of these episodes.

Staff we spoke with were confident they carried out patient observations at the times specified. The ward's computer system flagged up when each patient's checks were due. However, all staff told us that the way in which they recorded observation checks could be problematic. Both wards used electronic tablets to confirm they carried out an observation. The tablets relied on a Wi-Fi connection. Staff told us the tablets regularly lost connection while they were on the ward. This required them to either attempt to reconnect at the time or return to the main office to record the check on a connected desktop computer. This meant that the recording of the actual observation time could be either delayed, and on occasions missed, if the staff member was needed for another duty before returning to the office.

We made the trust aware of this concern following the inspection who told us that they would take action to investigate the concerns and provide a solution.

## **Use of restrictive interventions**

During our previous inspection we had concerns that staff did not keep clear records and follow best practice guidelines when they needed to support a patient in seclusion. On this inspection we found improvements in the service's records.

We reviewed six seclusion records on G1 ward. Staff had recorded a clear rationale where the required reviews were delayed or carried out visually. However, in one record, staff had not clearly recorded the termination of a seclusion episode before a further episode commenced. We pointed this out to staff during our visit who rectified the records. There had been no episodes of seclusion on Dovedale since before January 2020.

## **Safeguarding**

### **Medicines management**

On our previous inspection, the trust had failed to implement a physical healthcare strategy. During this inspection we reviewed whether the trust had improved this and how it impacted at service level.

During this inspection, we found that staff regularly reviewed the physical health of patients including the effects of medication on their physical health.

We looked at the records of 12 patients. Staff carried out physical health checks on a patient's admission and daily thereafter. Appropriate checks were made following incidents where rapid tranquilisation was required.

The trust had implemented a daily call led by the trust's physical health lead. Ward managers attended this meeting and were required to provide assurance of the physical health checks carried out including after medication, diet and fluid checks, COVID-19 updates and other physical health related checks. The daily call provided a system for managers and staff to audit their compliance.

## **Is the service effective?**

### **Skilled staff to deliver care.**

# Detailed findings from this inspection

On our previous inspection we found that managers did not consistently support staff with regular supervision or ensure medical staff received annual appraisals. We found this had improved.

Appraisal rates for non-medical staff were 73% and 76% on Dovedale ward and G1 ward respectively. The outstanding appraisals were all scheduled to be complete in the week following our inspection.

All medical staff working in the wards for older people with mental health problems were up to date with their appraisals.

Supervision compliance had increased. Supervision compliance was 83.9% on Dovedale ward and 95.5% on G1 ward.

Staff told us they received regular supervision and felt supported; they were able access informal supervision whenever needed. Managers told us that the trust target was for staff to receive four formal supervisions per year. Most staff received more than this along with group supervision sessions. The trust had recently reviewed their supervision policy which included an increase to supervision requirements of eight sessions per year to enhance the support offered to staff.

Managers were able to access up to date figures for supervision compliance and non-medical staff appraisals. However, they told us that this still included some staff which were not allocated to their wards.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The trust should ensure staff are able to accurately record patient observations at the time they occur.
- The trust should ensure that staff complete all face to face training as soon as COVID-19 restrictions allow.



# Our inspection team

Our inspection team comprised one CQC inspector and one specialist advisor with a background in older people's mental health.