Reaside report

Assessment ID: AP5436

Pending overall service rating: Requires Improvement

Overall narrative: The service is not performing as well as it should, and we have told the service how it must improve.

Overall service commentary:

Reaside is a medium secure unit for men provided by Birmingham and Solihull Mental Health NHS Foundation Trust. They provide assessment, treatment and rehabilitation to service users with severe mental health problems who have committed a criminal offence or who have shown seriously aggressive or threatening behaviour. The service accepts referrals of male service users with severe and enduring mental illness who require treatment and rehabilitation in a highly supervised and structured medium secure setting. The service is provided to people within the West Midlands region. There are 7 wards: Trent, Avon, Swift, Severn, Dove, Blythe, Kennet. Avon, Severn, Trent and Blythe wards are acute mental health wards. Dove, Swift and Kennet wards are rehabilitation wards. This was a responsive focused assessment following information of concern about safety on the wards, staffing and leadership of the hospital. We looked at 10 quality statements in the safe, caring and well led key questions. We found 3 breaches of the regulations in relation to good governance, treating people with dignity and respect and staffing. The provider's systems and processes had failed to identify, manage and mitigate some areas of risk. Audits and checks were not always effective in ensuring continuous improvement. Staff did not always respond to what people said and take action. The provider had not trained all staff in life support. In instances where CQC have decided to take civil enforcement action against a provider, we will publish this information after any representations and/ or appeals have been concluded. We have asked the provider for an action plan in response to the concerns found at this assessment.

Overall people's experience commentary:

Three people told us they did not feel safe there however, 6 people told us they did and knew how to raise concerns. One person said they sometimes felt scared. People said the staffing levels affected their leave which impacted on their rehabilitation and made them feel stressed. They said it also impacted on seeing their family if their escorted leave was cancelled and their vape breaks. Most people were involved in their risk assessments. People said that restraint was rarely used at Reaside. Some people said staff were kind and treated them with dignity. However, the environment meant that their dignity was not always respected when sharing bathrooms and toilets. Some people told us that their religious and cultural needs were not always met in relation to food and the multi-faith room was not always available for them to pray. People said they had raised issues at the Residents Council meetings about staffing and the environment but did not feel that action had been taken. This meant that they did not feel listened to.

SAFE

Key question rating: Requires Improvement

Key question narrative: This service is not always safe

Key question commentary:

Some people told us they did not feel safe however other people said they did, and staff supported them. Two people said they did not think if they raised concerns they would be listened to. Staff understood safeguarding and how to safeguard people from abuse. We observed staff supporting people and keeping them safe from harm. People were involved in their risk assessments. People and staff told us that restraint was rarely used. Staff completed people's therapeutic observations to ensure their safety and wellbeing. Staff and people told us there were not always enough staff which affected their leave and activities. We identified a breach of the legal regulations. Staff were not all trained in immediate and emergency life support although this was being arranged. We identified a breach of the legal regulations. The provider's systems and processes had failed to identify, manage and mitigate some areas of risk in the environment. The environment was not well maintained. In several bathrooms and toilets, we saw mould on the ceilings and there was plaster peeling off the walls. Staff and people told us repairs were not always completed in a timely way.

Safeguarding

People's Experience

Three people told us they did not feel safe at Reaside and one person told us they sometimes felt scared on the ward because of other people there. 6 people told us they did feel safe, and staff supported them to feel safe. Most people told us they knew how to raise concerns if they did not feel safe. However, 2 people said these concerns were not investigated and 1 person thought it was a waste of time to raise concerns.

Feedback from staff and leaders

Staff demonstrated a good understanding of safeguarding and how to take appropriate action if they witnessed or suspected abuse. Staff gave examples of when they had witnessed abuse and how they had reported this to safeguard people from harm. Staff said they completed safeguarding training during their induction. They spent time with people to build their trust and explain safeguarding processes. Staff understood the risks of bullying between people on the wards and the hospital. Staff understood the need to restrict contact between people on the acute and rehabilitation wards due to some people's vulnerability. Staff told us that recently there had been a 'lockdown' of the wards although official visits were not cancelled, people had fresh air breaks and their authorised leave where safe to do so still took place. The lockdown was in response to people telling staff that they did not feel safe as searches were not thorough and too predictable. They told staff that when people gathered on corridors, they had witnessed trading of contraband items which put some people at risk of exploitation and at risk of harm. In response to these

concerns, managers had split people up accessing the courtyard and main dining room and security staff were patrolling the corridor areas. In the searches staff had found vapes were being traded which raised concerns about the effects of these on people's physical health.

Observation

We observed staff responding to people when they said they had concerns or did not feel safe. Staff spoke with them and assured they were listening. They showed them how to raise their concerns so they could be dealt with appropriately. We observed a manager supporting a person to raise concerns about not feeling safe.

Involving people to manage risks

People's Experience

Most people told us they were involved in discussions about their risk assessments and understood what these were. One person said they did not know about their risk assessment. People told us restraint was only used as a last resort when the person was a risk to themselves or others. Some people said they had never seen people restrained at Reaside.

Feedback from staff and leaders

Staff said that each person's records included a condensed profile that identified their risks. Staff said they tried to read people's risk assessments but did not always have the time to do this. They said people's risk assessments were developed with the person and staff. Staff said they attended people's clinical risk meetings, and their input was valued in these. Staff said that restraint was rarely used and only as a last resort if de-escalation and talking with the person had not been successful. If it was used, then there was a debrief for staff and a one to one debrief for the person with support offered. There was also a post incident review to discuss what happened and if anything could be done to support the person in the future. Staff were aware of the therapeutic observations policy and completed people's observations on an electronic device. Staff were trained in this and said that this system had helped them to complete observations in a timely way. Some staff said that there could be better training for staff in recognising risks associated with illicit drugs and action to take when this is identified. They said this could then be discussed fully with the person's clinical team to inform the person's risk management plan. Staff said they had not received training in completing room searches but this was not provided until after the recent 'lockdown' incidents. They had received training on searching a person during their induction. Staff said they now completed random room searches of 2 rooms a fortnight on the acute wards and 1 room on the rehabilitation wards. Staff said they also completed audits of sharps to ensure that where people were at risk or posed a risk, they did not have access to these.

Processes

We reviewed 8 people's care records. These included risk assessments of which 6 were recently reviewed and updated. However, on Kennet ward, 1 person's risk

management plan and another person's risk formulation were not fully completed. We reviewed the records of 1 person who had been in seclusion. This included a comprehensive seclusion care plan and showed that reviews by registered nurses and doctors had been completed to ensure their risks were reduced. Therapeutic observation records were completed by staff on an electronic device. This detailed the observation levels each person required with details of their risks. All observations were completed for each person when they should have been, and each person had an observation care plan. The provider trained staff in using the system and staff were assessed and signed off as competent to do.

Safe environments

Observation

The wards were not well maintained. On Swift ward we saw in the lounge there were 2 walls where the plaster had been repaired but not repainted. We saw across the wards that some furniture covering was split and worn which could pose a risk of infection. Toilets areas were dirty, and urine was on the floor. We saw mould in shower room ceilings and around the sinks. On Dove ward there was plaster peeling off a wall due to a leak from the shower behind. There was graffiti all over the seclusion room door on Severn ward. People said repairs did not happen quickly. It was difficult to have a full view in all corridors and areas of the wards to maintain people's safety. However, staff minimised this risk by sitting in or walking around corridors to observe. In Trent, Avon and Kennet wards the communal areas were small and were not relaxing as you had to walk through communal areas to get to another part of the ward. There was limited storage space and rooms doubled up as lounges, activity and therapy rooms. People said that often there are not enough working showers and toilets, and we saw this during the inspection, some showers were not working. The Trust provided an update that the graffiti on the seclusion room door had been painted over and the mould had been addressed in the bathrooms.

Processes

Community meeting minutes on Swift ward stated: "toilets still not being kept clean" in May and July this year. We did not see what action had been taken in response to this. Managers told us the environment was not fit for purpose and they kept reporting issues but work to rectify these did not always work. Staff checked anti barricade doors regularly to make sure they worked. Staff checked bedrooms weekly to ensure there were no ligature risks and discussed ligatures as a staff team due to the age of the building. Each ward had a ligature risk assessment, and actions were taken to reduce risks.

Safe and effective staffing

People's Experience

Some people told us that most staff appeared well trained, competent and knowledgeable. However, some people told us not all staff were adequately trained, but they knew which staff to talk to and get support from. People said there were

enough staff at weekends and at nights as staff were paid more at these times, however during the day Monday to Friday there were less staff available. People said the lack of staffing affected their authorised leave which meant their rehabilitation was slower as they were not getting the opportunities to go out on unescorted leave into the community. People said sometimes the activity staff were used in the nursing numbers which reduced activities and left them feeling bored. People said staffing levels affected escorted leave to see their family and made them feel stressed. People had discussed in their community meetings that staffing levels had meant their leave was cancelled. Community meeting minutes on Swift ward on 1 July 2024 stated, “leave cancelled due to staff shortages”. Residents Council meeting minutes 12 July 2024 on Kennet ward stated: “patients not having leave due to short staffing.” People said that staffing levels could also affect their vape breaks which were 4 times a day. They said sometimes staff would bring the vapes and get ready to go out in the courtyard, but they then had to wait due to staffing levels available.

Feedback from staff and leaders

Staff said there were not always appropriate staffing levels and skill mix to ensure people received good quality care that met their needs. They said activity workers were sometimes used in the nursing staff numbers which meant they could not do the activities planned with people. Staff also said there were more staff at weekends and nights as they were paid more then. Bank staff were used regularly although most knew people using the service and agency staff were not used. Staff said they were regularly asked to move to other wards to support and ward managers were part of the numbers. This affected their role in managing the ward and people’s activities and leave. Managers had recruited another 26 healthcare assistants and were awaiting start dates. Managers had a weekly rota meeting to review staffing needed across the hospital. This included how many people had court visits or hospital appointments in 1 day so transport and escorts needed could be arranged. There was only 1 vehicle to transport people, managers contacted the courts to request alternative arrangements, to see if people could attend via video link. Staff received support to deliver safe care which included training, debriefs, supervisions, appraisals, team meetings and reflective practice. Bank staff also received training. Minutes of Kennet ward staff meetings showed staffing was an issue and training in emergency life support (ELS) and immediate life support (ILS) was not compliant. Data provided by Trust managers showed training in ELS was between 27% on Swift ward and 80% on Trent ward. Training in ILS was as low as 21% on Blythe ward and 91% on Severn ward. Managers said by 20/9/2024, all staff were to be booked to do this. Managers provided training in the deteriorating patient during June and July to support staff confidence and understanding whilst awaiting ILS/ELS training. The Trust provided an update that these figures had improved, and all staff were now booked to attend.

Observation

We observed staff were moved around wards to ensure skill mix and safe staffing levels on each ward. On some wards this affected the activities patients were doing

that day although we saw staff trying to rearrange these. The staffing boards on Swift, Avon and Blythe wards were not up to date so it was not clear what the staffing levels were, and people did not know who was on duty.

CARING

Key question rating: Requires Improvement

Key question narrative: This service is not always caring

Key question commentary:

People said that most staff were kind and friendly. However, they thought the environment did not respect their dignity as they had to share toilets and bathrooms that were sometimes dirty. Two people said their religious and cultural needs were not respected. We observed staff spending time with people and speaking with them with kindness and compassion. People were supported to keep in contact with their families. We identified a breach of the legal regulations. Some people said staff did not always listen to them or respond immediately when needed. They said furniture and equipment was not always repaired in a timely way. Staff told us how they had responded to meet people's immediate needs. We observed staff responding to people's requests even when they were busy doing other tasks. Staff had mixed views about the morale at Reaside, some said there was good morale while others reported feeling 'burnt out'. Staff said they worked as a team and were offered regular supervision and debriefs after incidents.

Kindness, compassion and dignity

People's Experience

Some people said that staff treated them with dignity and staff were friendly and approachable. However, they said there was a lack of dignity when using the toilets on the ward as these were shared and they often had to clean them before using. Some people said they felt that staff did not always treat them with compassion as they were too busy. People said that when the activity worker was off there were no activities which made them feel their wishes were not considered as they had asked for regular activities. One person said that their religious beliefs were not treated with dignity. They said they were not offered food options to meet their religious beliefs and the multifaith room on the ward was not in use, so they were not able to pray. Another person said they sometimes felt they were treated differently due to their cultural background as there was not food in the hospital canteen to meet their cultural needs.

Observation

Throughout our visit we observed staff spending time with people when they were able to and talking with them with kindness and compassion. We observed staff knocking on people's bedroom and bathroom doors before entering. We observed staff explaining to people information about their care and treatment in a way the person could understand and taking time to do this. We saw that staff were ensuring that people could keep connected with their families. On Dove ward there was a

Carers board with information and staff said there were some visits that took place on the ward. There was a recognition that this was important to families and to the people they were visiting so that they could see their bedroom and where they were. On Dove ward there was a ‘Tree of hope’ with discharge and positive messages from people who had been discharged to help others during their time on the ward.

Responding to people’s immediate needs

People's Experience

Some people said their needs were a priority for staff and staff were available when needed. However, some people said staff did not listen to their concerns or give them advice. One person said that staff did help but they had to ask for it. Some people said they felt punished during the recent ‘lockdown’ across the hospital for some people’s behaviour. They felt that it was not necessary to lockdown all wards when it was only on one ward that there was an issue. Some people told us that the Residents Council was a waste of time as they raised things but there were no timescales for action. They said things were not repaired or fixed quickly. People said they had asked for fan in their bedrooms during hot weather, but this was not responded to, and staff did not communicate consistently about why they could not have fans.

Feedback from staff and leaders

Staff said they offered people one to one time if they were distressed and made it a priority to make time available for them. Staff told us how they knew people well so they could recognise changes in their behaviour and needs. They said they would take a person for a walk if distressed and listen to them. Staff said they got to know people’s needs through care plans. They talked to people when in distress to try to understand their needs, took time to listen and build relationships. They said they reacted quickly when people were distressed and worked as a team. They engaged with people’s family for support where appropriate. Staff told us how they had worked as a team when a person had a seizure, and this was managed well.

Observation

We observed that staff were aware of people’s needs. We saw that staff responded to people’s requests for support even when they were busy doing other tasks. Staff completed people’s therapeutic observations on time and recorded these.

Workforce wellbeing and enablement

Feedback from staff and leaders

Some staff said they felt supported and happy at work and morale was generally good. However, some staff said there was low morale at Reaside due to staffing issues which meant they did not always get their breaks and left staff feeling ‘burnt out’. All staff said there was good teamwork, and they had regular supervision and debriefs. Staff said that rotas were planned far ahead so they knew in advance what they were working. Managers said staff there was a wellbeing room off the wards for staff to use although they were not sure if it was used regularly by staff. Staff said

they thought the room was still being set up. Staff on Trent ward said they needed locker space to store their belongings.

WELL LED

Key question rating: Requires Improvement

Key question narrative: This service is not always well-led

Key question commentary:

Staff were aware of the shared vision of the Trust and supported this in their role. Staff understood equality, diversity and human rights. The Trust had drafted a strategy to reduce and address inequalities faced by people using the service. Staff said that ward managers were visible and approachable. However, some staff said that senior managers were not always visible, and they thought they could do more to ensure staff were not burnt out. The Trust provided an update that the site had commenced monthly senior leaders drop in sessions for staff with the first one scheduled for 17 October 2024. Some staff said they knew how to speak up and thought they would be listened to. However, some staff did not know who to contact and thought their views would not be listened to or if they did so this would be detrimental.

Shared direction and culture

Feedback from staff and leaders

Staff were able to describe the shared vision of the Trust and how their role helped to achieve them. Staff said some ward managers role modelled the values of the Trust. Staff understood equality, diversity and human rights. The Trust shared their draft Clinical Inequality Strategy 2024-2027 with us, which focused on the inequalities faced by people using the service and how these could be addressed. This was developed with people who use the service across the Trust. They had been successful in a bid to enable a voluntary organisation to work with people enabling them to access activities within their own communities to meet their cultural needs and reduce inequalities. They had been listed for a ‘Nursing Times’ award for co-production of the project. They were working with the spirituality, physical healthcare team and complaints team to progress this strategy. They had identified specific issues at Reaside including the physical environment and lack of ensuite, concerns regarding foods, individual cultures not celebrated, need for education regarding different cultures, lack of activities, feeling bored and physical health issues including weight gain. The project had helped to implement activity leads on the wards.

Capable, compassionate and inclusive leaders

Feedback from staff and leaders

Staff said ward managers were visible and led by modelling inclusive behaviours. However, some staff said that ward managers were often off the ward in meetings which did not help to support the ward. Most staff knew who the Matrons were however some staff did not know who they were. Most staff said the new Matron was approachable and had visited the wards. Some staff said the Trust Chief nurse had

visited Reaside recently however staff were not aware of the Reaside improvement plan or how this was being implemented. The Trust told us the senior leadership team had now shared the improvement plan with staff and an onsite session with the Chief Nurse and a Non - Executive Director was planned in November 2024 to further discuss the implementation of the plan. Staff said they would like senior managers to be more visible and check in with staff more often to make sure they're okay. They said this would help to reduce staff feeling ‘burnt out’.

Freedom to speak up

Feedback from staff and leaders

Staff told us they were aware of the Freedom to Speak Up process although not all staff knew who the Guardians or Champions were. Some staff did not know if the Freedom to Speak Up Guardians visited although the Trust told us these visits were fortnightly including at nighttime. Information was displayed around the hospital about how to contact the Guardians and the process. Some staff were worried about what might happen if they raised concerns. Some staff said that it was a difficult place to work, and they would not feel comfortable about speaking up.