Garrow House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Not sufficient evidence to rate
Are services safe?	Requires improvement
Are services well-led?	Not sufficient evidence to rate

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

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

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

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

Summary of findings

Overall summary

We inspected Garrow House on 09 November 2016. This was an unannounced, focused inspection to find out whether the hospital had made the required improvements since our last comprehensive inspection on 4-5 January 2016.

Following our inspection in November 2016 we have not changed the rating in the safe domain but have changed the overall rating from good to not rated because:

- The hospital had not made all the improvements needed to ensure that staff followed the hospital policies and procedures for the safe management of medication.
- The hospital did not carry out checks on the quality of staff compliance with the policies and procedures for the safe management of medicines. This included checks regarding staff administration of medication, records for patients prescribed 'when required' medication and records for patients who administered their own medication.
- The hospital did not carry out checks regarding staff compliance with monitoring physical health checks for patients who received medication for rapid tranquillisation and side effect monitoring for patients who received anti-psychotic medication.
  - Because of what we found, we issued the hospital with a warning notice in November 2016 in relation to regulation breaches in the governance arrangements.
  - In the warning notices, we told the hospital they needed to take action to improve staff compliance with hospital policies and procedures for the safe management of medication and improve the management and quality assurance of the service by 28 February 2017.
  - We will be returning to the service after this date to check the hospital has made the improvements.

However;

- The hospital had made some improvements following our last inspection in January 2016. This included action that ensured that all equipment used for providing care and treatment was safe for use, reviewed policies, and procedures about their medicines practices and arranged for most staff to attend additional medicines management training.
- The physical health lead ensured staff carried out regular and comprehensive checks on patients' physical health
- Staff reported medicine related incidents and apologised to patients when errors occurred. Staff acted quickly to ensure the impact of any errors did not cause any harm to patients.

Summary of findings

Contents

Not sufficient evidence to rate

Garrow House

Services we looked at
Acute wards for adults of working age and psychiatric intensive care units.

Summary of this inspection

Background to Garrow House

Garrow House is a 12-bed inpatient ward providing a national specialist service for women with personality disorder commissioned by NHS England. The hospital is in the grounds of the York Retreat hospital on the outskirts of York in North Yorkshire.

The hospital had a registered manager and a controlled drug accountable officer at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. An accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

Garrow House has been registered with the Care Quality Commission since 13 December 2010. It is registered to carry out three regulated activities;

- assessment or medical treatment for persons detained under the Mental Health Act 1983,
- diagnostic and screening procedures
- treatment of disease, disorder, or injury.

At the time of our inspection, the hospital had 11 patients.

The Care Quality Commission inspected Garrow House on four previous occasions. The most recent inspection took place in January 2016 and the hospital did not meet safe care and treatment regulations [Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014]. We issued the provider with two requirement notices requiring improvements in relation to safe care and treatment following this inspection.

Our inspection team

The team that inspected the service comprised one Care Quality Commission inspector and one Care Quality Commission pharmacist inspector.

Why we carried out this inspection

When we last inspected Garrow House in January 2016, we rated the hospital as good overall. We rated the effective, caring, responsive, and well-led key questions as good. However, we rated the safe key question as requires improvement and after the inspection we told Garrow House that it must take the following actions to improve services:

• Ensure that all equipment used for providing care and treatment is safe for use.

• Ensure all nurses follow policies and procedures for the safe management of medication.

We issued two requirement notices, which related to a breach of regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014, which related to safe care and treatment. The provider sent an action plan telling us how they would improve stating that they would make improvements by 25 August 2016.

We carried out a focused, unannounced inspection of Garrow House to find out whether the hospital had made improvements since our last comprehensive inspection on 4-5 January 2016. This report was published in June 2016.

Summary of this inspection

How we carried out this inspection

We asked the following question

- Is it safe?

On this inspection, we checked whether the hospital had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about the location, considered the action plan sent by the provider and reviewed the findings from the most recent routine Mental Health Act review visit report.

During the inspection visit, the inspection team:

- spoke with four patients
- spoke with the acting manager for the ward
- spoke with six other staff members
- observed one medication round
- looked at four care and treatment records of patients:
- carried out a specific check of four medication prescription charts
- looked at a range of policies, procedures and other documents about the running of the service.

What people who use the service say

We spoke with four patients during our visit. All patients spoke positively about how the service supported them to meet their physical health care needs. All patients told us they had the opportunity to discuss their medication with doctors, nurses, and the pharmacist and had all the information they needed. Two patients were less positive about their experiences when they requested medications that doctors prescribed to be taken 'when required'. They felt frustrated about how nurses made decisions about when they administered 'when required' medication.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated safe as requires improvement because:

- Not all nurses were familiar with the hospital policies and procedures about medicines management. On the day of our inspection, two of the three nurses on duty had not received recent medicine management training and did not have confirmed training dates. We observed that nurses did not follow the hospital policy during one medication administration round.
- Staff had made some improvements when they carried out monitoring of side effects for patients prescribed anti-psychotic medication. However, staff did not complete the rating tool described in the hospital policy and the hospital action plan had not addressed this issue.
- The hospital identified a lead for physical health monitoring and the arrangements for patients' physical health monitoring had improved. However, staff still did not always follow the hospital policies and procedures to monitor patients' physical health after they administered rapid tranquillisation or for patients who administered their own medication.
- Staff had not made any improvements in documentation about 'when required' medication in patients' care records. Staff had not completed care plans for any patients who were prescribed 'when required' medication. Patients were unsure about how staff made decisions about when they administered 'when required' medication.
- Clinical staff had not completed audits of medication administration as often as stated in the action plan and the audits failed to detect errors in administration recording.

However,

- The hospital had made improvements that ensured that all equipment used for providing care and treatment was safe for use. The hospital had replaced old equipment and had a process to ensure timely calibration of equipment. Staff carried out checks on equipment and took action where needed to ensure equipment was safe for use.
- The hospital had made improvements in for the safe management of medication. The hospital reviewed all their

Summary of this inspection

policies and procedures about their medicine management practices. Managers had arranged for staff to attend additional medicine management training and most of the staff had attended this training.

- Staff used an electronic reporting system to report medicine related incidents. Staff apologised to patients when errors occurred and acted quickly to ensure the impact of any errors did not cause any harm to patients.

Are services well-led?

Not sufficient evidence to rate

When we inspected Garrow House in January 2016 we rated well led as good. However, following this focused inspection in November 2016 we identified concerns about the governance arrangements in relation to the safe management of medicines.

- The hospital had not made enough improvements to ensure that staff followed the hospitals policies and procedures for the safe management of medication following our last inspection in January 2016.
- The governance arrangements at the hospital did not ensure that there were effective systems or processes to monitor and improve the quality and safety of medicines practices.

We did not gather enough information to rate this domain during our focused inspection. However, because of the seriousness of our concerns based the information we had gathered, we issued the hospital with a warning notice in November 2016. We told the hospital they needed to take action to improve staff compliance with hospital policies and procedures for the safe management of medication and improve the management and quality assurance of the service by 28 February 2017. We will be returning to the service after this date to check the hospital has made the improvements.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	N/A	N/A	N/A	Not rated	Good
Overall	Requires improvement	N/A	N/A	N/A	Not rated	Not rated

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

Good

Safe	Requires improvement
Well-led	Not sufficient evidence to rate

Are acute wards for adults of working age and psychiatric instensive care unit services safe?

Requires improvement

Safe and clean environment

At our previous inspection in January 2016, we had concerns that some of the equipment used by the service might not be safe for use. We could not find calibration certificates to check the accuracy of devices for measuring patient's physical health. We could not find evidence about how the service received and acted on medical device alerts. We were also concerned that staff did not routinely complete checks on first aid kits and fridge temperatures. The provider told us in their action plan that a copy of calibrations certificates would be kept within a file and be the responsibility of the physical health care project worker and the next calibration dates added to the diary.

During this inspection, we found that the hospital had made the necessary improvements to ensure their equipment was well maintained and safe to use. Staff maintained a copy of all calibration certificates and recorded monthly checks on the first aid kits. This ensured that staff kept first aid stock levels maintained and in date. Staff checked fridge temperatures daily where medicines were stored and took action when needed. This ensured that staff kept medicines that required storing at colder temperatures safely. The manager disseminated any alert information to staff about medical devices. The hospital had a service agreement with an external company to carry out checks on equipment that needed calibration and we saw the weighing scales had recently been calibrated. The hospital had purchased new equipment, which included the blood glucose monitor, blood pressure monitor, pulse oximeter and electro-cardiograph machine. All equipment had planned calibration dates within one year of purchase or the previous check.

Assessing and managing risk to patients and staff

During this inspection, we found that the hospital had made some progress to improve the safe management of medicines. However, we remained concerned that the hospital had not completed all the improvements outlined in their action plan following our inspection in January 2016.

At our previous inspection in January 2016, we had concerns that staff did not follow their policies and procedures for the safe management of medicines. We found that staff did not document risk assessments for patients who were self-administering their medication. Staff did not document details of 'when required' medications in patient care plans. Staff did not routinely carry out side effect monitoring for patients prescribed anti-psychotic medication. Nurses had not always carried out the physical health monitoring needed after one patient had received an injection. Nurses had not signed for two medication rounds at the time the medications were dispensed and incorrect doses of medication had been administered. The hospital had an excess amount of medications that needed disposal and staff were unclear who had responsibility to ensure disposal. Following the inspection in January 2016, the hospital submitted an action plan telling us what improvements they made. The Registered Manager sent an action plan telling us how they would make improvements by 25 August 2016. The action plan stated that medicines management would be audited on a weekly basis by a senior nurse who would report any issues to the clinical lead weekly.

At the time of this focused inspection, the hospital had reviewed all their policies and procedures about their medicine management practices. We reviewed three clinical governance meeting minutes between 1 April and 30 September 2016. Senior staff reviewed policies about medicines management and identified staff medicines management training needs during these meetings. We saw that the hospital had an up to date medicines management policy, practice guidelines for self-administration of medicines and physical health policy.

At this inspection, we found that the hospital ensured that medicines were available in suitable quantities and staff

kept records of medicines received from the pharmacy. Staff followed the hospital procedure to ensure there was not an excess amount of medications that needed disposal. Pharmacy staff visited the ward twice weekly to ensure there was adequate stocks of medicines to meet patient needs.

At this inspection, we found that the arrangements for physical health monitoring had improved. The physical health lead ensured all information that related to physical health monitoring was available to staff in one file. This was comprehensive and included information about the physical health monitoring requirements for patients prescribed lithium, clozapine, and anti-psychotic medication.

At our previous inspection, we found that staff did not routinely carry out side effect monitoring for patients prescribed anti-psychotic medication. Doctors prescribed this medication to treat patients with mental illness. Physical health monitoring is important because patients are at risk of developing physical health problems. At this inspection, we found that staff had made some improvements and had a system to review patients every six months. This included blood tests, an electro-cardiogram, and a physical examination. However, the hospital physical health policy stated staff should use the Liverpool University Side Effects Rating Scale as part of their monitoring. This is an evidence-based tool that patients use to rate the severity of problems associated with anti-psychotic medications. Staff included implementing the use of the tool within their improvement action plan but had not identified a completion date. Staff and patients told us they did not complete this tool.

At this inspection, we found that staff were still not following the hospital policy to monitor patients' physical health after they administered rapid tranquillisation. Rapid tranquilisation is where staff administer medicines to patients to help with extreme episodes of agitation, anxiety, and sometimes violence. Staff administered rapid tranquillisation to one patient on two occasions in October and November 2016. After a patient receives rapid tranquilisation, staff should check the patient's physical observations because of the dangers of respiratory collapse. We checked the records and found staff recorded the patient's level of consciousness after one hour of administering rapid tranquillisation. This was not in keeping with the hospital policy and current best practice guidelines by the National Institute for Health and Clinical Excellence. This meant the patient was at potential risk of harm because staff had not made enough checks for side effects.

We checked the record of one patient who had diabetes. Staff had completed a care plan but we found conflicting information in the care plan about how often the patient's blood sugars needed to be checked to manage their diabetes. We found gaps in the documentation about blood sugars for nine consecutive days during October 2016.

Staff did not always follow the hospital policy and guidelines for patients who self-administered their medication. We checked the records for one patient who administered their own insulin. Staff had completed a care plan and a risk assessment with the patient. However, we could not find any other documentation that staff needed to complete according to the hospital policy. For example, staff had not completed a knowledge assessment, physical assessment, or agreement with the patient. There was no alert sticker on the medication administration chart and staff had not recorded that the person administered their own insulin on the medicine administration record. We spoke with two qualified nurses who said they were not familiar with the documentation in the self-administration of medicines guidelines.

We reviewed the evidence for recent face-to-face medicine related training for qualified nurses. This training was in addition to e learning that staff completed every three years. The provider arranged this training with a pharmacist following our last inspection. Six of the nine qualified staff working at Garrow House had received training from the pharmacist in August 2016. However, the service had recently had a change of pharmacist and plans for further training dates for the remaining staff had not been confirmed. All nurses were up to date with their e learning and support staff completed a medicines management e-learning module prior to then being able to counter sign for controlled drugs.

At this inspection, we found that staff had not made any improvements in documenting details about 'when required' medication in patients' care records. Doctors prescribe these medicines to help patients who are agitated or whose behaviour or symptoms may get worse if the medication is not taken. Staff did not fully record the reasons for giving patients 'when required' medications in

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

Good

the patients' daily notes. This was not in keeping with the hospital policy that stated the use of these medications must be recorded in the patients' daily notes with a full explanation of reasons for administration and any side effects. We found one care plan for 'when required' medication for a patient prescribed medication for agitation. Staff last reviewed the care plan in November 2015, and the patient was no longer prescribed that medication. We looked at one prescription for one patient with three different medicines for pain relief. We found no information that supported staff to make decisions about administering pain relief medication safely such as which one to offer first. Following our last inspection in January 2016, the hospital submitted an action plan that stated clinical staff would audit compliance with policies and procedures about medicine management on a weekly basis. We found no evidence that staff had completed audits on the use of 'when required' medication.

We observed a medication administration round to four patients at lunchtime and saw that staff did not always follow the hospital's medicines management policy in relation to recording standards. One patient declined medication for their physical health; however, the nurse did not record this on the prescription card and replaced the medicine back in the medicines cupboard for the patient to take later. This was not in keeping with the hospital policy that stated any omissions/refusals of medication should be clearly recorded. The nurse signed for one medicine before giving it to the patient. This was not in keeping with the hospital policy that stated that staff must complete the record of administration of the medicine, signing to say that they have administered the medication.

We found missing administration signatures in three of the four medication charts we reviewed. Nurses had not recorded signatures on 23 occasions between 26 September and 7 November 2016. This included medicines prescribed to treat both mental and physical health problems. This meant staff had not recorded when they administered medicines or any reasons why they did not administer the medication. This was not in keeping with the hospital policy. Staff told us they carried out weekly audits of the medication cards, which included checks that staff signed the medicine cards. However, we found staff had completed these audits twice monthly and had not identified the errors we found in medicines records during this inspection.

Reporting incidents and learning from when things go wrong

The hospital reported one incident in September2016 when the correct dose of medication was not available. This meant the patient missed one dose of medication that was prescribed to treat their mental health. However, staff took immediate action, which meant the medicine was available the next day, and apologised to the patient. Staff had learned from this incident and explained how practice had changed to prevent incidents like this in the future.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Not sufficient evidence to rate

When we inspected Garrow House in January 2016 we rated well led as good. However, following this focused inspection in November 2016 we identified concerns about the governance arrangements in relation to the safe management of medicines.

- The hospital had not made enough improvements to ensure that staff followed the hospitals policies and procedures for the safe management of medication following our last inspection in January 2016.
- The governance arrangements at the hospital did not ensure that there were effective systems or processes to monitor and improve the quality and safety of medicines practices.

We did not gather enough information to rate this domain during our focused inspection. However, because of the seriousness of our concerns based the information we had gathered, we issued the hospital with a warning notice in November 2016. We told the hospital they needed to take action to improve staff compliance with hospital policies and procedures for the safe management of medication and improve the management and quality assurance of the service by 28 February 2017. We will be returning to the service after this date to check the hospital has made the improvements.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The hospital must adequately assess, monitor, and mitigate the risks relating to patients health, safety, and welfare when patients receive medication for rapid tranquillisation, anti-psychotic medication and when patients administer their own medication.

The hospital must maintain accurate, complete, and contemporaneous records for patients prescribed 'when required' medication.

The hospital must have effective systems or processes to ensure that all staff comply with the hospitals medicines management policies and procedures.

This section is primarily information for the provider

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance. The hospital did not have effective systems or processes to ensure that all staff complied with the hospital's medicines management policies and procedures. This was a breach of Regulation 17 (1) The hospital did not monitor and improve the quality and safety of the services sufficiently to ensure that medicines practices were safe for patients. This was a breach of Regulation 17 (1) and (2) (a) The hospital did not adequately assess, monitor, and mitigate the risks relating to patients health, safety, and welfare. This included patients who received medication for rapid tranquillisation, anti-psychotic medication, and patients who administered their own medication. This was breach of Regulation 17 (1) and (2) (b) The hospital did not maintain accurate, complete, and contemporaneous records for patients who were prescribed medication. This was a breach of Regulation 17 (1) and (2) (c)

This section is primarily information for the provider

Enforcement actions

We served a warning notice, which the hospital must meet by 28 February 2017.