

# Review of compliance

## Oxleas NHS Foundation Trust

### Atlas House

<b>Region:</b>	London
<b>Location address:</b>	Goldie Leigh Hospital Site Lodge Hill Abbeywood London SE2 0AY
<b>Type of service:</b>	Atlas House is an NHS low secure Hospital.
<b>Date the review was completed:</b>	October 2011
<b>Overview of the service:</b>	This NHS hospital is part of Oxleas NHS Foundation Trust. It is a hospital for 11 patients with a learning disability who have complex challenging behaviour. They may also have mental health needs and offending behaviours. It is registered to provide assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures and treatment of disease,

	<p>disorder or injury. The hospital is accessible to people who use wheelchairs. The hospital is divided into four multi occupancy flats and can provide single gender accommodation.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Atlas House was meeting the essential standards inspected.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

This review is part of a targeted inspection programme in hospitals and care homes that care for people with learning disabilities to assess how well they experience effective, safe and appropriate care treatment and support that meets their needs and protects their rights; and whether they are protected from abuse.

### How we carried out this review

The inspection teams are led by Care Quality Commission inspectors joined by two 'experts by experience' – people who have experience of using services (either first hand or as a carer) and who can provide that perspective and a professional advisor.

We reviewed all the information we hold about this provider, then carried out a visit on 13 and 14 October 2011. We observed how patients were being cared for, talked with patients who use services, talked with staff, checked the provider's records and looked at records of patients.

As part of our inspection, telephone discussions were also held with relatives who we were not able to meet during our visit. Their comments are included within this report.

To help us to understand the experiences people have we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We were unable to use this tool during our visit to this service because people were in their own bedrooms or involved in therapeutic activities. So we did not

intrude. Instead we made observations of staff interactions with people using the service and of how people were spending their time over our two day visit.

## **What people told us**

There were six people at Atlas House when we visited. We met and introduced ourselves to five of the people using the service. We spoke to four people in more depth to get their views of the service.

People told us that staff had visited them before they were admitted to the hospital. People had been involved in planning their care and had advocates to help them with making decisions and meetings. One person told us “The staff support me well and discuss things with me. I understand my care plan because staff sat down and did it with me. They help me with my medication and diabetes and get me special diabetic biscuits and chocolate.”

We saw that another person had a pictorial weekly plan on their wall that staff had made for them. They told us that this reminded them of the activities they were doing each week and that they liked attending fitness clubs. Staff told us they tried to make it more interesting by going to different fitness clubs. We thought this was good support. Another person told us “It’s Ok here. You can go out for walks and go to the pub. I like doing computers, gardening and adult education”.

The people we spoke with had not seen anyone being restrained by staff. One person told us that staff had sometimes given them a medication to help them to calm down if they were upset. Another person told us “If you are worried or upset the staff sit down with you and talk to you until you are calm and relaxed”. People we spoke with knew who to talk to if they had a problem or complaint. Overall the people we spoke with were happy and one patient told us they felt safe at Atlas House because there were always plenty of staff around.

## **What we found about the standards we reviewed and how well Atlas House was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

Atlas House is compliant with Outcome 4. Patient’s needs are assessed and care plans and risk assessments are in place to meet their identified needs. Health care and behaviour management are good and there are a range of activities for patients on weekdays and at weekends. This means that patients living at Atlas House experience the effective, safe and appropriate care, support and treatment that meets their needs and protects their rights.

Overall, we found that Atlas House was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

Atlas House is compliant with outcome 7. Systems to prevent and identify abuse are adequate. Patients concerns are listened to and appropriately reported to the local safeguarding team. Incident reports are always completed appropriately with evidence of review and learning from the incident. If patients are subject to restrictions and restraint this is done in line with legislation and good practice guidelines. This means that patients living at Atlas House are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

Overall, we found that Atlas House was meeting this essential standard.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

<b>Our judgement</b>
<b>Atlas House was compliant with Outcome 4: Care and welfare of people who use services</b>

<b>Our findings</b>
<b>What people who use the service experienced and told us</b> <p>The four patients we talked to told us that staff had visited them before they were admitted to the hospital. The patients had been involved in planning their care and had advocates to help them with making decisions and meetings. They knew who to talk to if they had a problem or complaint.</p> <p>A patient told us “The staff support me well and discuss things with me. I understand my care plan because staff sat down and did it with me. They help me with my medication and diabetes and get me special diabetic biscuits and chocolate.”</p> <p>We spoke with relatives of three of the patients and none had any concerns about the quality of care at the hospital.</p> <b>Other evidence</b> <u>Assessing people’s needs</u> <p>The registered manager told us about the referral and admissions policies and procedures for the service. The policies were satisfactory and gave staff clear instructions to follow when assessing and admitting a patient to the service. There was a clear referral process. Monthly referral and planning meetings were held to</p>

review referrals and decide whether they were appropriate. We found that staff understood the admission criteria and the aims of the service provided by Atlas House.

We looked at the assessment records for two patients. They were detailed and clearly showed the patient's needs. We saw records that showed us that referrals were rejected if the person's needs did not meet the criteria of the hospital, for example if they did not have a learning disability.

The average length of stay was a year. However, one patient had stayed longer because a suitable alternative service could not be found. The manager was working with the local authority to develop a bespoke single person service for this person.

Patients using this service had all come from the local area. Discharge planning was in place. This included details of the patient's needs that would aid a smooth transition out of the service.

Overall we found that patients' needs were properly assessed before admission and when preparing for discharge.

#### Care planning

We looked at four patient's care plans. We did this to identify what their needs were, how they were to be met and if there was evidence they had been met. The care plans we looked at were based on the assessments made prior to and on admission to the unit. There was evidence that the patient's needs, values and diversity were taken into account. For example, one patient was being supported to discuss personal relationships, feelings and sexuality issues.

Care plans were in accessible formats, for example, many parts of the documents were in pictorial forms. Patients told us that they were involved in planning their care and the care plans showed that, if possible, staff had sought the involvement of carers or relatives in developing the plans.

Overall we found that the care planning system was robust, person centred and accessible to patients.

#### Meeting people's health needs

All the care plans we looked at included a Health Action Plan completed by members of staff. All the plans we reviewed demonstrated people's health needs were being well monitored and met. Patients had received regular health reviews and appointments with other health professionals (for example, psychology) as needed.

Overall we found that patient's health care needs were properly addressed.

#### Delivering care

Atlas House was clean and well decorated and was divided into two three bedroom flats with kitchens. The kitchen units could be lowered or raised so that patients who use wheelchairs can use them. Walls were decorated with photographs of patients and with their art work. There were rooms for activities, such as arts and crafts and music and there was a table tennis table. There was a large garden that patients could access easily.

A member of staff is employed to coordinate activities within the service and there are well equipped activities rooms. We saw that patients were being supported by staff to undertake meaningful tasks, for example: preparing their meals, going out for walks, and attending a group art therapy session. Patients told us they regularly attended activities such as bowling and going out to the pub.

There were photographs of the staff on a wall. We thought that this helped patients to know who would be working with them. There were also photographs of the advocates with their contact details.

Visitor records showed that family, friends and professionals visit patients at the hospital at different times and at weekends. The visitors we spoke to felt they were free to visit when they wanted to and were made welcome when they came.

The manager told us that patients have access to advocates; this is provided by an independent local advocacy service. We saw that patients had access to someone who could advocate for them about their detention under the Mental Health Act 1983 and we saw that a specialist advocate for people with a learning disability attended the hospital to help with a patients meeting.

Two patients were not detained under the Mental Health Act 1983. These patients were allowed to leave Atlas House at any time. There were notices on the locked doors advising informally admitted patients to ask a member of staff to let them out. An information leaflet, which was available in an easy read format, informed informal patients of their rights.

Overall we found that care was delivered properly and in accordance with the patients' individual needs.

#### Managing behaviour that challenges services

A risk assessment and review system was in place. All the risk assessments we checked had been regularly reviewed. Plans of how to manage the risks posed by behaviour described as challenging were present in all the records and these plans focused on prevention.

Each patient had an individualised prevention and management of violence and aggression plan. The plans set out personal and environmental triggers for the challenging behaviour; what staff needed to do to divert the person, if possible, or to restrain the person; recovery; and debrief.

Staff recognised that increasing the range of activities available also helped with reducing challenging behaviours.

Overall we found that incidents of challenging behaviours were managed well.

**Judgement**

Atlas House is compliant with Outcome 4. Patient's needs are assessed and care plans and risk assessments are in place to meet their identified needs. Health care and behaviour management are good and there are a range of activities for patients on weekdays and at weekends. This means that patients living at Atlas House experience effective, safe and appropriate care, support and treatment that meets their needs and protects their rights.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**Atlas House was compliant with**  
with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**

Overall the patients we spoke with were happy and one person told us they felt safe at Atlas House because there were always plenty of staff around. A patient told us “If you are worried or upset the staff sit down with you and talk to you until you are calm and relaxed”.

The patients we spoke with had not seen anyone being restrained by staff. One patient told us that staff had sometimes given them a medication to help them to calm down if they were upset.

The three relatives we spoke with told us that they thought that patients felt safe at the hospital.

**Other evidence**

Preventing Abuse

The modern matron provided a copy of the local adult safeguarding policy and procedures that were used by the hospital. We spoke with three members of staff who were all aware of the local area’s safeguarding policy and procedures. All were

able to tell us the correct procedures to follow if they suspected abuse or if abuse had been disclosed to them. A senior manager acted as the safeguarding lead.

The trust had a Raising a Matter of Concern (Whistle blowing) policy and staff were aware of its contents. Staff understood the need for them to speak out about any concerns.

We spoke to the modern matron about how they implemented the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) within the service. They told us that where applicable, they would only deprive someone of their liberty when it was in the best interests of the person who used the service and in accordance with the MCA.

### Responding to allegations of abuse

The ward manager told us that systems were in place to both prevent and identify abuse. The safeguarding adult's policy provided for safeguarding adults quarterly monitoring reports to be submitted to the trust's safeguarding adults group for review.

We saw that when an allegation of abuse had been made it had been investigated properly and despite the allegation being unsubstantiated there was an emergency team meeting, and guidelines in respect of the vulnerable patient in question were developed with input from the on site psychologist. The staff rota was changed and the frequency of observations was increased. We saw that the manager, supported by the Trust's safeguarding lead, liaised effectively with the local authority and the police in protecting vulnerable patients.

### Using restraint

Restraint is used at the hospital. Pain inducing restraint techniques were not used. Staff and patients told us that restraint rarely takes place as the preferred option was to use de-escalation techniques to prevent challenging behaviours. In speaking to staff we found they were knowledgeable about using these techniques and we saw that people were given space when they were agitated. This allowed them an opportunity to calm themselves down.

Incident and restraint records were always completed properly and incidents levels were monitored by senior staff. The manager said that physical restraint had been used less frequently and some patients had been offered a medicine to help them to calm down. The manager said that this was better than being given an injection by a nurse.

We spoke to senior staff about how they protect people who use the service from the negative effect of any behaviour by other people who use the service. They told us they move people away from the area if needed to provide the other person with space. Records show that restraint had been used nine times in the last year. When restraint had been used there had been debriefing and reflection sessions to enable staff to learn from the incident with input from senior managers and health

professionals involved in patient care. Care plans and risk assessments were also reviewed.

**Judgement**

Atlas House is compliant with outcome 7. Systems to prevent and identify abuse are adequate. Patients concerns are listened to and appropriately reported to the local safeguarding team. Incident reports are always completed appropriately with evidence of review and learning from the incident. If patients are subject to restrictions and restraint this is done in line with legislation and good practice guidelines. This means that patients living at Atlas House are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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