

Review of compliance

<p>Making Space Ashwood Court Nursing Unit</p>	
Region:	North West
Location address:	Woodford Avenue Lowton Warrington Cheshire WA3 2RB
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services
Date of Publication:	November 2012
Overview of the service:	Ashwood Court is an independent hospital which provides accommodation and treatment for up to 10 people who experience mental health issues. The hospital is situated in Lowton.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Ashwood Court Nursing Unit was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We visited Ashwood Court Independent hospital and asked patients to tell us what it was like living there.

We spoke with five patients who said that they understood the care and choices available to them and that they were involved in making decisions about the treatment and support they received. They told us that they were provided with clear information about the service prior to admission. They said they were asked what they wanted from the service and what goals they wished to be set.

Everybody we spoke with said they felt that their dignity was not compromised in any way by the staff. They said staff always knocked at the door before entering their room and maintained their dignity when providing treatment or support.

Patients told us that when they were assessed for a placement at the unit they were invited to visit as many times as they wanted to make sure it was the right place for them. They said that they were asked what they wanted to achieve and how they would like their care to be delivered. One person told us that they felt that staff understood them and made them feel better. Other comments included "staff treat me well", "staff make time for us all although they are very busy people", "Staff are very kind and caring", " We can have visitors anytime we want", "We have just been on holiday look at the photographs, it was great."

Patients said that they would raise any concerns they had with the care staff or the manager as appropriate. Comments included "We feel safe here", " Staff protect us from

harm."

Patients said they felt fully supported by the staff.

Comments included "I trust the staff. I don't really want to be here but I know they will do their best to make me better", "staff are kind and supportive and help us to achieve our goals", "staff have good skills and can help us to understand our problems and hopefully overcome them."

What we found about the standards we reviewed and how well Ashwood Court Nursing Unit was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. The service could fully demonstrate that people experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Actions we have asked the service to take

We have referred the concerns to cqc. We will check to make sure that action is taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a

variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with five patients who said that they understood the care and choices available to them and that they were involved in making decisions about the treatment and support they received. They told us that they were provided with clear information about the service prior to admission. They said they were asked what they wanted from the service and what goals they wished to be set.

Everybody we spoke with said they felt that their dignity was not compromised in any way by the staff. They said staff always knocked at the door before entering their room and maintained their dignity when providing treatment or support.

Other evidence

Staff told us that referrals to the unit were made from various Primary Health Care Trusts who gave the staff information about what treatment and support was needed.

Prior to a patient commencing a placement at the unit a full assessment of their needs was obtained. This process commenced with a community psychiatric nurse and a doctor providing detailed information regarding their needs and associated risks.

Staff told us that two mental health nurses then undertook an assessment visit to clarify

the nature and purpose of the unit and what the person required from it. This ensured that the service was able to meet the individual's wishes and personal preferences. We saw that the assessment considered people's needs and wishes in relation to all areas of daily life.

Staff said that during the assessment period they identified what was important to the patient. This included preferred name, home and family life and personal aspirations for the future.

Patients who were admitted were provided with a service user guide. Information was detailed in the guide and clearly stated the services philosophy of person centred care.

We spoke with staff and asked them how they respected people's privacy and dignity. Their comments included "ask people how they want their care delivered" and "would ensure that the room was not overlooked and doors were closed" when delivering treatment or support. One staff member gave us an example of how the service had made arrangements for age related activity and interests to be in place, for example a pool table and computer games had been provided to provide stimulation and interest for patients who had recently been admitted.

We looked at three care plans which showed that treatment and support had been based upon a needs led assessment by staff and in depth discussion with the person using the service to identify their choices about support requirements. Staff told us that if a person requested a change in their care then this would be discussed with them as to how it could be achieved. One care plan viewed showed that many changes in the support package had been made as the service user had gained more confidence in their activities of daily life.

The care plans looked at showed that patients care was reviewed on a regular basis with them and new goals set as appropriate based on the needs of the individual.

Records showed that patients were provided with assistance to gain more independence. For example training and support with motor and process skills and general daily living tasks.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: 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

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients told us that when they were assessed for a placement at the unit they were invited to visit as many times as they wanted to make sure it was the right place for them. They said that they were asked what they wanted to achieve and how they would like their care to be delivered. One person told us that they felt that staff understood them and made them feel better. Other comments included "staff treat me well", "staff make time for us all although they are very busy people", "Staff are very kind and caring", " We can have visitors anytime we want", "We have just been on holiday look at the photographs, it was great."

Other evidence

We looked at three patients care files. The content confirmed what people had told us about their assessment of needs and goal setting. The care plans were assessed on an ongoing basis and when goals were met, new ones were agreed as appropriate.

We looked at the care plans to see what treatment and support patients needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. The care plans included a recovery plan which identified people's holistic mental and physical needs and showed how timescales were set to achieve individual goals.

Staff told us they worked with patients to make sure they enjoyed a valued and inclusive life. Examples of this included arranging for them to attend local colleges, various local authority events and enjoy interaction within the local community.

Staff told us they were committed to an individual, person centred philosophy of service

delivery. To ensure patients could maximise their independence risk assessments were completed and agreed with the patient and where appropriate their families. The manager told us that the service promoted a culture of positive risk management to enable patients to maximise their daily lives. Care files showed that risk assessments had been carried out to enable patients to go on holiday, attend events and join in community activities and they identified how these risks had been managed.

We saw that the patients care files held all necessary information to ensure the person using the service and their representatives could identify exactly what treatment and support should be provided. Files viewed showed that they had been risk assessed, monitored and reviewed to identify and manage changing needs. Records showed that care plan approach meetings, multi disciplinary discussion meetings and one to one staff and patient meetings were held on a regular basis. Staff said this ensured treatment and support was tailored to the current needs of the patient.

Staff told us that the service was committed to a person centred philosophy of service delivery in which staff promoted rights, facilitated meaningful activities and recognised and built upon abilities preferences and aspirations of the service users. Staff were trained in person centred care planning and were able to make sure care delivery was provided to encompass the mental and physical health needs of the people who used the service.

Staff recorded all interventions and activities on a daily basis. This information was used to monitor and review care delivery for all the patients living in the unit.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. Examples of this included staff working with individuals to ensure they were able to maximise their potential and where possible live a life of their choice. One staff member told us that because the patients moved on when they had achieved their goals they ensured diversity and choice was monitored and reviewed dependent on the needs of the current patients.

Our judgement

The provider was meeting this standard. The service could fully demonstrate that people experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients said that they would raise any concerns they had with the staff or the manager as appropriate. Comments included "We feel safe here", "Staff protect us from harm."

Other evidence

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to make sure staff were trained to identify the possibility of abuse and take early action to prevent abuse from happening. The staff had received training in safeguarding vulnerable adults and also in anti-oppressive and anti-discriminatory practice. Staff told us that they had been trained to understand what abuse involved and what to do if they suspected abuse was occurring.

Staff told us that if there was an allegation of abuse they would take appropriate action by following the safeguarding procedure.

The manager and staff spoken with confirmed that they were aware of the procedure to be followed if abuse was suspected. This included gathering basic information, reporting the incident to their line manager, liaising with the local authority safeguarding team and notifying the social worker of the incident.

The manager and staff had access to an organisational safeguarding policy. They also had access to Wigan safeguarding policy and also their whistle blowing policy. Staff training records showed that they had received in house training to include deprivation

of liberty and mental capacity.

The manager told us that in the event of a safeguard needing to be applied for or a best interest decision made on behalf of a person this would be managed by the hospital and any other professionals who may be involved with the individual.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

Patients said they felt fully supported by the staff.

Comments included "I trust the staff. I don't really want to be here but I know they will do their best to make me better", "staff are kind and supportive and help us to achieve our goals", "staff have good skills and can help us to understand our problems and hopefully overcome them."

Other evidence

All new staff members had completed an induction training programme so they had the skills they needed to do their jobs effectively and competently.

Staff had regular supervision and appraisals with their line manager. Supervision records were seen and showed that a supervision template was used to record the sessions. This was known as an 'excellencia programme'. The template was used to record preparation for supervision areas to be discussed talent management; health and safety; life work balance and service user issues.

Staff told us supervision took place on a regular basis and that appraisals occurred each year. Records of staff supervision sessions identified that the service used supervision as an effective tool in which to carefully monitor the suitability of staff in carrying out their various roles.

Staff confirmed that they received regular supervision and that if they wanted to discuss any issues or area of concern an extra session would be arranged.

Staff were seen to be working as a team and interacting well during the inspection. Comments from staff included "I love my job and enjoy working with the team", "I feel supported in my role and get good training in anything I feel I need."

All staff had a learning and development plan that was discussed during supervision. Staff training records demonstrated that staff had received training in the areas of mental health; deprivation of liberty; best interest; safeguarding; breakaway and moving and handling.

Staff said that when patients were admitted to the unit staff worked with them to build up a picture of the person. They said this gave staff a better understanding of the support required to meet all the assessed needs of the patient and enabled them to provide clear person centred care.

Staff spoken with said they felt supported in the role and felt valued for their input. Staff said they enjoyed being a part of the team. They said the manager had an open door policy and any areas of concern could be openly discussed. Staff said they provided flexible services to meet the needs of the patients and employed additional staff if it was felt to be in the best interests of the patients. For example if one to one support was required or patients needed escorting to a meeting or appointment.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

Ashwood Court nursing unit had a variety of quality assurance systems available to assess the quality of the service it was providing to people. These included speaking with people who used the services and giving them the opportunity to make comments about how the services were delivered and make suggestions for any improvement for the future.

The manager told us the independent hospital undertook regular care reviews to ensure patients and other people involved with their care could give their perceptions of the services provided.

Staff told us that senior management undertook internal inspection and formal audits of the service which could include the involvement of service users.

The manager told us that questionnaires were sent to patients who use the service and their families to find out their thoughts about the services provided. Other quality assurance systems included questionnaires being sent to professionals who visit the home. These include GP's, Community Psychiatric nurses and social workers.

Discussions with staff identified that the unit had a robust complaints system. The

service user guide held clear details of what to do if they had a complaint.

Our judgement

The provider was meeting this standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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 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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