Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Pond Lane

44 Pond Lane, Parkfields, Wolverhampton, WV2 1HG

Date of Inspection: 26 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Black Country Partnership NHS Foundation Trust
Overview of the service	Pond Lane is an assessment and treatment service for up to five adults who have a learning disability. People may be detained there for care and treatment under the Mental Health Act 1983.
Type of services	Community based services for people with mental health needs Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There were four people using the service on the day of our inspection. All people were detained there under the Mental Health Act 1983. We met all people who used the service, three members of staff and four health professionals who visited the ward. At the end of the inspection we provided feedback of our findings to four representatives from the trust and the deputy ward manager.

We saw that people were supported to be involved in their care and were given choices. One person said, "I've been asked what I want and how I want staff to help me."

Staff had the information they needed to know how to support people to meet their individual needs. We saw that people's needs had been assessed by a range of health professionals and their healthcare needs had been monitored and met.

People spoken with told us that they felt safe there. Systems were in place to ensure that people were safeguarded from harm. We saw good interactions between people and staff and that people were at ease in the company of staff.

Staff had the skills and knowledge to know how to safely support people to meet their needs. One person said, "The staff are good here, they support me."

People were asked for their views about the service and these were listened to. We saw that audits were completed and action was taken to make improvements where needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Records we sampled showed that when a person was admitted, a referral was made to advocacy services. We saw that people were regularly visited by their advocate. This enabled the person to express their views about the service provided and their detention there under the Mental Health Act 1983.

We saw in records we sampled that the person and their relatives, where appropriate, attended meetings with the team of professionals who worked with the person to discuss their care and treatment. One person told us, "Everyone has their own meeting every Thursday and we can go if we want to." In one person's records we saw that the person was supported to prepare for their meeting. They spent time writing down any questions they wanted to ask. This is important as often people can be overwhelmed when meeting with a team of professionals so they forget to ask the questions that are important to them. Therefore, staff supported people to promote their wellbeing and self-esteem.

Records we sampled showed that where the person was able to they were involved in their care plan and had signed to show they agreed with it. Sometimes people had refused to sign their care plan as they did not agree with it. However, we saw that the care plans were needed to show staff how to support the person to promote their health and wellbeing.

We saw that people who used the service had regular meetings with a member of staff if they wanted this. These were usually weekly but could be more frequent if the person wanted this. They talked about how they had been over the past week, if they had any complaints, any health concerns and what activities they had been doing or wanted to do.

We saw and people spoken with told us that monthly meetings were held with people who used the service. Minutes of these sampled showed that people talked about activities, food, any issues they had about the environment and what they thought could be better about the service. We saw that people's views were listened to and action taken as a

result.

People were supported in promoting their independence skills. Staff and people spoken with told us and records we sampled showed that people were supported to prepare their own food and drinks. We saw that some meals were provided that were reheated in the microwave. However, there was also a weekly delivery of foods from the supermarket which included a variety of fresh foods. This meant that people were supported to have more choice and to prepare their own food to develop and maintain their independence skills. Staff and people spoken with told us that people were supported to do their own laundry.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and their care and treatment was delivered in line with their individual care plan. We looked at the records of two people who used the service. These included an assessment of their needs on admission. From this a care plan was developed with the person that stated how staff were to support them to meet their needs in the way they wanted. One person told us, "I have a book that is all about me and has photos of the nurses who help me."

People and staff spoken with told us and records showed that each person had a weekly review meeting. This was with the team of professionals that worked with them in the hospital and those that worked with the person when they lived in the community. This meant that people's care and treatment needs were assessed regularly and we saw that care plans were updated to ensure they met the person's current needs. Staff spoken with were aware of people's needs and how they needed to support them to meet these.

We saw that when a person was admitted to the ward they were seen by a doctor and had a physical health check. This meant that all the person's needs were assessed and any underlying heath needs could be identified so the person could be treated for these. We saw that where needed referrals had been made to ensure people had the specialist healthcare that they needed. One person's record we sampled included a plan as to how to meet the person's health needs and who needed to be involved in their health care. We saw that people were supported to have annual health checks and continue to have check-ups with the dentist and optician where needed.

Records we sampled included a plan as to when the person would be discharged from the hospital and what support they would need to live in the community.

We observed that people were supported to do activities that they wanted to do. Each person was assessed by an occupational therapist to ensure that they took part in activities that would help them in their treatment. Each week occupational therapists visited the ward to run two groups on Tuesday and Thursday afternoons. One was a relaxation session and the other was an activity such as art and craft related to the season where people sat together and talked about what they were doing if they wanted to. A room had been set up recently where relaxation sessions were held so that this gave

people an opportunity to move away from the communal areas to relax. Occupational therapy staff spoken with told us that care staff and nurses supported each person's activity plan so that appropriate activities for each person could continue during the week.

We saw that the team of professionals who worked with the person decided with them when they would have their leave off the ward and what this would be used for to support their care and treatment. People told us that they had the leave that had been agreed.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All staff spoken with told us and we saw in records we sampled that all staff had received training in safeguarding vulnerable adults from abuse and harm. Staff spoken with were aware of what to do if they suspected or witnessed abuse to ensure that people who used the service were safe.

We saw that information was available for people who used the service about how to report abuse and who to report this to. This was provided in a format that used pictures which made it easier to understand.

The provider responded appropriately to any allegation of abuse. We saw in one person's records that when the person had been pushed by another person who used the service a safeguarding alert was made to the local authority as required. This meant that this was investigated to ensure that action was taken to ensure the person's safety and welfare.

We saw in records we sampled that when a person was at risk of harming themselves they were supported by staff to reduce the risks to the person's safety and wellbeing.

People who used the service were protected against the risk of unlawful or excessive control and restraint because the provider had made suitable arrangements. We saw in staff training records that all but three staff had received training in the management of actual and potential aggression (MAPA). We saw that the new staff were booked to attend this training. The deputy manager told us that at all times there were sufficient staff on the ward who had received this training. MAPA is an accredited form of supporting a person to calm down and reduce their aggression to ensure their safety and that of others.

One person's records we sampled included a protocol as to how staff were to support the person to manage their behaviour which could at times be aggressive. The person, their named nurse, the manager and their psychiatrist were involved in this and had signed to agree to it. We saw that the use of medicines or physical intervention by staff to reduce the person's aggression was only to be used when talking with the person and diverting their attention had not worked. We saw that the risks to the safety and welfare of the person had been considered if restraint did have to be used. This meant that the person was not at risk of being harmed as a result.

We saw that all incidents where MAPA was used were reported to the trust managers. These were analysed monthly and a report was written to show how often it was used, how long for, what training staff had received and which staff needed to attend training to refresh their skills and knowledge. This meant that if MAPA was used when it was not needed or used inappropriately, action was taken to minimise risks to people's safety and welfare. We saw from records we sampled that MAPA was only used when needed.

All staff spoken with told us and in records we sampled we saw that seclusion was not used there. The deputy manager told us that if a person was admitted who could be at risk of being physically aggressive, staffing levels would be increased. If this did not protect people who used the service and staff then an area of the ward could be sectioned off where the person would have access to toilet, bathroom, bedroom, lounge and kitchen facilities. The person would also be supported there by at least two staff dependent on their need. The deputy manager told us this had been used once to support a person for a short period of time while they waited to be transferred to a more appropriate placement.

Supporting workers ✓ Met this standard

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

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.

Reasons for our judgement

The deputy manager told us that two qualified nurses had recently been recruited and they were to start working there the following week. This would mean that the ward would then be fully staffed.

On the day of our inspection the deputy manager (who was the qualified nurse for the shift) and two care staff were on duty. One of the care staff was a bank staff but had worked there several times before. We saw in rotas we sampled and staff spoken with told us that the staffing levels were increased on the previous weekend. This was because one person was admitted on the Friday afternoon. This meant that the service responded to people's changing needs so they could be safely met.

Staff told us that an on call system was in place and that on call staff always responded and were helpful in the advice they gave. This meant that staff were supported to ensure people's safety.

Records we sampled showed that staff had received the training they needed so they knew how to safely support people who used the service to meet their needs. Staff spoken with including bank staff told us that they had the training they needed and were supported to attend this.

Staff told us they received regular supervision and had found this useful. They also received an annual appraisal which helped to identify any training needs they had and what support they needed to do their job and safely support people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

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 who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw and people and staff told us that people who used the service were regularly asked for their views in ward meetings and their own review meetings of their care and treatment. We saw that as a result of these action was taken to make improvements where needed. People were also offered weekly one to one meetings with staff if they wanted these. Staff told us that they used to have regular staff meetings which they found useful. They said these were not so regular now but they could always raise any issues with the manager or deputy manager and these would be listened to.

We saw that the deputy modern matron visited the ward every month to complete an audit and ensure that people were being cared for and treated to ensure their needs were met. We saw that where they identified areas for improvement these had mostly been addressed. However, they had stated in their audit report in May 2013 that the decoration of the ward was tired. People who used the service had also raised this in a meeting in August 2013. During our feedback the managers told us that redecoration of the ward had been identified as a need and a plan was in place to do this.

During our inspection a pharmacist from the trust visited to do an audit of the medicine management systems on the ward. They told us that they visited fortnightly to do these audits. They said that systems were in place to ensure that people received their medicines safely to ensure their health and wellbeing.

We saw that staff completed regular audits of infection control procedures, safety of equipment and the building, care plans, activities, medicines and record keeping. We saw that where improvements were needed action had been taken.

The provider took account of complaints and comments to improve the service. We looked at the complaints procedure which showed people how to make a compliant and who this should be made to. This was also produced in a format that used pictures which made it easier to understand. We saw that where complaints were made these were investigated and appropriate action taken to resolve them and make improvements where needed. The

deputy manager also told us that all minor concerns that people raised had been recorded. This meant that it was clear to see what action had been taken to improve the service as a result of listening to people's concerns and that concerns were not unresolved which could lead to formal complaints being made.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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