Inspection Report

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

Vision MH - Cornerstone House

Barnet Lane, Elstree, WD6 3QU

Tel: 02089532573

Date of Inspection: 07 November 2013

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

Details about this location

Registered Provider	Vision MH Ltd
Registered Manager	Mr. Matthew Angell
Overview of the service	Vision mental Health Limited is registered to provide in-patient treatment for up to 21 people with a mental health diagnosis who may also be subject to detention under the Mental Health Act 1983.
Type of services	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services Supported living service
Regulated activities	Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Nursing care Personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 carried out a visit on 7 November 2013, observed how people were being cared for, talked with people who use the service and reviewed information given to us by the provider. We were accompanied by a specialist advisor.

What people told us and what we found

We spoke with six of the 21 people who were being treated at Cornerstone Hospital. They told us that they had their treatment discussed with them and explained to them. Some told us that while they may not always agree with their treatment, they understood that it was to promote their health and welfare. One person told us that this was the best place they had been admitted to and they said that the staff were respectful and listened to you. They also said that they felt free and had a better quality of life. One person told us that the hospital had a system in place where there was a patient's representative who took the people's views to the management of the hospital. We were told that this system worked well.

We found the people to be cared for in a manner that promoted their dignity and was respectful. We saw care plans and risk assessments were in place and the people had access to therapies that promoted their mental health. The people we spoke with told us that they feel safe at Cornerstone.

We found that there was a sufficient mix of trained and qualified care staff to recognise and to meet the people's needs.

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 privacy, dignity and independence were respected.

Reasons for our judgement

We saw evidence that people had the opportunity to be involved in the drawing up of their care plans. We saw that the care plans had been completed, signed and dated by the people. The people we spoke with confirmed that they were included in drawing up all aspects of their care and their recovery plan.

We saw that people's rights were recognised and respected. Staff were fully aware of the restrictions placed on then due to the legislation that covered them. Discussion with people showed that they understood their rights and their limitations in line with the detention(Mental Health Act) Section that they were under. All the people spoken with understood their rights of appeal and the care programme approach to their recovery.

Discussions with staff showed that they understood when people did not have capacity to consent and the implications of this. We saw documentation to support this stating that the decisions made had been in the person's 'best interest'.

The hospital used a close circuit television (cctv) placed with consent in people's room which allowed staff to check them during the night in order to avoid disturbing them with a monitoring visit. People were given the choice to opt in or out of this. We saw that some people had opted out and we saw that this was respected.

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

From discussions with the people, the medical, nursing and therapy teams, it was evident that the people were fully involved in their care planning process, the development of their personal therapy programme, and the evaluation of their care plans and their progress. Of the six people we spoke with, all were able to explain their plans for discharge.

We saw that the staff were engaged with the people throughout the day.,F for example, we sawobserved people and staff throughout the day communicating effectively while completing the person's activity programme.

We saw that risks to people's health and welfare had been risk assessed and where possible, there were risk reduction plans that had been put in place. On admission a care plan was drawn and amended within 72 hours following on-going assessment of the person on the unit. Re-assessments were carried out on a three monthly basis or before if there was a change in the person's condition. Risk assessments were carried out if the person left the home for any reason and the people knew that they could be subjected to personal searches or searches of their property on their return form from an outing.

Discussions with staff and the people showed that the hospital took a qualified approach to disturbing or violent behaviour. This included a calm de-escalation and time out period in a quiet environment usually in the hospital's quiet room or the person's bedroom. These incidents were recorded in the care plans and in the incident log. People who may have inadvertently witnessed or were a victim of the aggression were given appropriate support by the staff. One patient spoken with described an incident to us. They explained that although they were frightenedwere frightened, they acknowledged that staff supported them through the incident and afterwards. They had been given an understanding of the reason for the incident. This indicated a positive approach to therapeutic understanding within the unit.

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 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.

Reasons for our judgement

All of the people we spoke with told us that they feel safe at Cornerstone.
Staff we spoke with were aware of their duty of care to the people who lived at or were been treated at Cornerstone House. Discussions with staff showed that they knew who to report an incident of abuse to. The hospital had systems in place to ensure the relevant agencies were told about incidents and that the people's welfare was promoted at all times.

The manager of the unit informed us that an incident form was completed for every incident that happened. Then, the director and the manager of the unit (a qualified psychiatrist and a registered nurse) examined the reports in detail to ensure that all relevant agencies were informed including CQC and the HertfordshrieHertfordshire Safeguarding Team where relevant. A trend analysis was produced and where a pattern emerged, an action plan was drawn up and training was put in place to limit the possibilities of the event happening again.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were sufficient numbers of qualified and trained staff to meet the people's needs. We saw from the duty rotas that up to 14 staff were rostered to work during the day and four staff at night to care for up to 21 people. This ratio of staff to the people resulted in sustained improvements in the mental health of the people. We saw that there was a high level of therapeutic input and activity that was consistently offered to the people.

We saw evidence that staff had appropriate training to assist the people's care and recovery. All of the care staff had a professional mental health qualification, which meant that there was a high turnover of staff as they moved on in their profession. The high turnover of staff was compensated by the quality and skills of the staff and the positive impact they had on the people's recovery.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw evidence that all aspects of the management of the hospital was under constant monitoring and auditing. These included audits of clinical outcomes to monitor the effectiveness of the treatment and therapies that had been provided to the people.

We noted that people who used the service and the staff were asked for their views about their care and treatment and these views were acted on. Information from surveys of people using the service and staff had been taken forward and changes made. .For example, to enable more people to go out at weekends and to increase opportunities for staff supervision. We noted that people were given regular opportunities to give their views through the twice daily community meetings that took place and through individual therapeutic sessions. People's views had also been considered during reviews with their commissioning authorities and the Mental Health Review Tribunal sessions.

We noted that the provider had contracts in place with external contractors, to ensure that the premises and health and safety systems were regularly reviewed, serviced and maintained. Medicines were audited on a weekly basis by an outside chemist.

The Care Quality Commission had not received any complaints about this service during the last year. We noted that the provider had a complaint procedure in place and made information available about it, to people using the service. We were told that the service had not received any formal complaints in the last twelve months.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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