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: 19 November 2012

Date of Publication: December 2012

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
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ 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	Vision MH Ltd
Registered Manager	Dr. Matthew Angell
Overview of the service	Vision mental Health Limited is registered to provide in-patient treatment for up to 18 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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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 19 November 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During this review we spoke with six people who lived at Cornerstone House and four people being supported by Vision Mental Health staff in the community. While people expressed different feelings, about the reason for their stay at Cornerstone House, the consensus was that the staff provided the support they needed and people felt safe. People told us about the wide range of therapies and recreational activities that made up their individual treatment plans. These included opportunities to make use of community recreational and educational facilities as people's mental health improved. One person told us they had been encouraged to take part in activities they had not experienced before. Another person told us their relatives felt this was the best place they had been to. People living in the community told us that they got on well with staff who were approachable and listened to them. One person, living in the community, said when they had a problem they told the manager who was very easy to get hold of and things were sorted out. Another person told us they were "very satisfied". One person who lived at Cornerstone House remarked that they would have preferred to be nearer their own home.

We noted that people had good access to psychiatric and community health services.

It was the view of the Mental Health Act Commissioners who visited the service, on 21 February 2012 that Cornerstone House provided a successful rehabilitation service for vulnerable people.

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

We noted that people had detailed plans of care in place, which they had been involved in completing, so that they understood the care and treatment choices available to them. The records included assessments of risk and details of the action needed, by staff and the individual concerned, to reduce risks to themselves and others.

People who used the service for the first time were given patient handbooks detailing the service provided at Cornerstone House. Information about advocacy groups people could contact were displayed around the building.

We noted that the service had been set up to give people increasing opportunities to develop their independence and move on to alternative services as their mental health improved. This included opportunities to live more independently in accommodation attached to the main house or in the community.

During our visit we observed that there was a calm atmosphere and staff interacted positively with the individuals they were supporting as a group or on a one to one basis. People told us about the individual arrangements for them to go swimming or horse riding. One person told us about the Zumba classes they attended. People's individual timetables and therapeutic sessions had been planned with them. We noted that people gathered together, with staff, at regular points during the day so that they could give their views on the sessions that had taken place and make plans for the rest of the day. People told us that they enjoyed their meals and we saw that the chef cooked individual dishes for people on request.

The Mental Health Act Commissioners carried out a review of this service, on 21 February 2012, to look at the experience of people who had been detained under the Mental Health Act 1983. They found that the patient files and in particular the Mental Health Act documents were in good order and no errors or omissions were seen. This meant that people's rights were being protected.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

From our discussions, with members of the nursing and therapy team, we identified that individuals were involved in setting goals for themselves, to work towards and had reviewed their progress. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We identified that staff referred to specific therapeutic guidelines and assessments that meant people's care and treatment reflected relevant research and guidance. Individual and service wide risk assessments and audits were in place, to reduce the risk of accidents and provide people with a safe environment to live in.

We observed that people's individual care records and treatment plans reflected their individuality and diversity. This was to ensure people's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

The Mental Health Act Commissioners carried out a review of this service, on 21 February 2012, to look at the experience of people who had been detained under the Mental Health Act 1983. They confirmed that Cornerstone House provided a high standard of care and treatment to many men and women with long histories of mental ill health, often with challenging behaviours. We noted that staff had regular training on managing challenging behaviour and any incidents that took place were reviewed and debriefing sessions held with staff to identify any future learning points. People using the service told us they were able to remove themselves from challenging situations when someone else was experiencing difficulties.

The registered manager confirmed that there was an emergency plan in place to deal with foreseeable emergencies.

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

We identified that the provider had taken appropriate steps to reduce the risk of people harming themselves or others, by assessing people's needs and had provided the staffing levels needed to support people as their mental health changed.

The Care Quality Commission has not been notified of any concerns related to this service over the last twelve months. We noted that staff had information available to enable them to report abuse to the appropriate authorities should a situation arise. The staff training records also indicated that staff received regular training on their responsibilities in this area. A policy on reporting incidents and concerns under the provider's whistleblowing procedure was available in the staff hand book.

People had keys to their bedroom doors and swipe cards for the areas of the service they had access to. Staff told us that people were regularly reminded about their rights and any restrictions or observations placed on them. We identified that staff received regular training in managing challenging situations where physical intervention may have been needed. Records of incidents had been maintained and staff told us that debriefing sessions took place after incidents, to identify any areas for improvement or learning.

People had their own key coded safe in their bedrooms to keep their valuables in. In addition to this there was a system for people to keep small amounts of personal money, for safekeeping in the office. Details of money withdrawn or deposited had been maintained. The manager told us that this area is reviewed by the organisation's financial auditors to ensure appropriate systems were in place.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We observed that there were appropriate systems in place for the ordering, storage, administration and disposal of medicines. The systems in place included audits by the dispensing pharmacist and senior staff, within the service, that ensured medicines had been managed appropriately.

During our visit people told us that staff gave them their prescribed medication. We observed that people felt free to ask staff for medicines to relieve symptoms, such as a headache. People who were being supported to live independently had systems in place to help them manage their medicines safely.

Regular checks had been recorded for medication and equipment, which may be used in an emergency, to ensure it was in working order and available when needed.

The Mental Health Act Commissioners, who visited this service, on 21 February 2012, identified that the Consent to Treatment Procedures, for people who had been detained under the Mental Health Act 1983, had been good, the majority of patients had consented to the medication they received.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We reviewed the recruitment and training records for four members of staff. This enabled us to confirm that appropriate checks were undertaken before staff began work. These included ensuring people had an up to date criminal records check and appropriate references had been obtained. There were systems in place to check the professional qualifications of staff and ensure that these had been renewed, with their professional bodies, as required.

We noted that new staff completed an induction programme to ensure they had the training and skills required to implement the provider's policies and procedures and to work safely.

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

We identified that there was a training plan in place that ensured staff received the regular training and updates they needed to work safely.

The staff we spoke with confirmed that they received regular supervision to discuss their performance and training needs.

We noted that staff had regular discussions, regarding the care and treatment they were providing to individual people. This ensured that a consistent approach within the multi-disciplinary staff team was maintained.

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.
And/or
The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We identified that the provider had systems in place to review all aspects of the service and provide reports to the company directors to ensure people were accountable for the service provided and could make any adjustments needed to maintain standards. These included audits of clinical outcomes to monitor the effectiveness of the treatment and therapies that had been provided.

We noted that people who used the service and staff were asked for their views about their care and treatment and these 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 individual therapeutic sessions. People's views had also been considered during reviews with their commissioning authorities and Mental Health Review Tribunal sessions. The Mental Health Act Commissioners reported that people were regularly reminded about their rights.

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.

We noted that there was a data base for recording accidents and incidents. It recorded them according to type and enabled the management team to learn from incidents and investigations that took place, to identify any trends or concerns that needed further action. For example incidents effecting one individual were discussed with their commissioning authority so that further plans could be made.

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 moths.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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