

# Review of compliance

Riverside Health Care Cheswold Park Hospital	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Cheswold Lane Doncaster South Yorkshire DN5 8AR
<b>Type of service:</b>	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Cheswold Park Hospital is a 96 bed secure psychiatric hospital in Doncaster. The hospital treats men with learning disabilities, personality disorders and other mental health needs. The hospital is comprised of eight wards, of which four are currently designated medium secure and four are low secure.

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

## Our current overall judgement

**Cheswold Park Hospital was not meeting one or more essential standards. Action is needed.**

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 to check whether Cheswold Park Hospital had taken action in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 10 - Safety and suitability of premises
- Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 September 2012, talked to staff and talked to people who use services.

### What people told us

We visited two wards and we spoke with four patients. The patients we spoke with gave positive feedback about their experiences of the hospital. They praised the staff and said they were treated well.

### What we found about the standards we reviewed and how well Cheswold Park Hospital was meeting them

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

The provider was meeting this standard. People experienced care, treatment and support that met their individual needs and protected their rights.

#### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was compliant with this outcome. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The provider had put in place an action plan to improve two seclusion rooms and to further reduce the risk of patients gaining access to the hospital roof.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was meeting this standard. People were protected from the risk of unsafe or inappropriate care and treatment. Seclusion records were accurate and fit for purpose.

**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 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 they were treated with respect and were consulted and involved in decisions about their care. One of the four patients we spoke with said they had experienced being secluded. They said they understood why this had happened and that the staff treated them appropriately during their period of seclusion.

We asked patients if they had access to health care services and if they had been able to see a GP if they were unwell. They all said that they had. One patient said they had to wait a day or two for a GP appointment, when they had had minor ailments.

##### Other evidence

Our inspection of 1 August 2012 found instances when the policy and practice in the hospital was not in line with good practice guidance, with reference to the guidance regarding the short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. At our inspection of 13 August 2012 we saw evidence that the policy and procedure regarding seclusion was under review in relation to how patients were assessed and treated whilst asleep at night. We also noted that improvement in the way records of seclusion were kept provided a clear picture that good practice guidance was followed regarding seclusion.

We spoke with a unit manager who told us the seclusion policy had been reviewed and was part of the reading list for staff. They said a mental health awareness course was to be undertaken by staff in October 2012. This was to cover risk assessments, symptoms, behaviour, care plans and documentation. They added that further training

was planned for staff regarding good record keeping and was to be provided in November.

The unit manager explained seclusion procedures. They said that staff used de-escalation techniques in the first instance. They said seclusion was used as a last resort. If a patient was secluded they were observed and observations were recorded every 15 minutes. They said a nursing assessment was undertaken by two qualified nurses after two hours. One nurse was independent (they would not have been involved in seclusion process). Every four hours the patient was seen by a doctor. If the seclusion lasted for 24 hours, a multi-disciplinary team (MDT) meeting was held.

We spoke with a senior nursing assistant, who was also able to explain the seclusion process to us. They told us they acted as a 'buddy' for new starters and agency staff. They said they would ensure staff were confident to undertake observations of patients in seclusion. They added that new staff would not observe patients in seclusion for more than an hour and if there were any concerns they would contact the ward for assistance.

Since the last inspection we received information of concern regarding the access patients had to primary care services. Primary care refers to services provided by GP practices, dental practices, community pharmacies and high street optometrists. The main concern we were told about was that there was not sufficient access to GP appointments for patients in the hospital. The person who contacted us also included other concerns about the hospital's arrangements for health care in emergencies and outside of office hours.

We spoke with two unit managers about what access patients had to health care services. Both said there were no problems in accessing GP appointments when patients were physically unwell. We discussed access to primary care with the hospital director and the director of nursing. They explained that the hospital had a contract with local GPs to provide regular GP surgeries within the hospital. There were also practice nurses available for advice. We met one of the practice nurses who explained their role and the training they had undertaken. They explained the health care services available, including several resources provided by the hospital and those provided by the contracted GPs. They also explained the health checks undertaken for patients when they were admitted and undertaken on a regular basis.

We discussed access to primary care with a manager commissioning places at the hospital for the Secure & Specialist Mental Health Commissioning team for the north of England. They told us they had no concerns regarding this aspect of the service available to patients.

### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their individual needs and protected their rights.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

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

We did speak with patients during the inspection, but this did not include discussion related to this outcome area.

##### Other evidence

Our inspection of 1 August 2012 found that two seclusion rooms were not provided in line with good practice guidance. There also remained issues with the roof edge, which, due to the building height, presents a risk. We issued a compliance action which required the provider to produce an action plan regarding how they would ensure they became compliant with this outcome. At our inspection of 13 August 2012 the management team provided us with a copy of the action plan and explained the planned improvements, in both the long and short term.

##### Our judgement

The provider was compliant with this outcome. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The provider had put in place an action plan to improve two seclusion rooms and to further reduce the risk of patients gaining access to the hospital roof.



## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

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

We did speak with patients during the inspection, but this did not include the accuracy of their written records.

##### Other evidence

Our inspection of 1 August 2012 found that there were significant gaps in some of the seclusion records. We issued a warning notice which required the provider to ensure they became compliant with this outcome. The provider wrote to us and told us how they had ensured that seclusion records were improved and audited. At our inspection of 13 September 2012 we found the seclusion records were accurate and fit for purpose. They were clearly written and sufficiently detailed. The format had been improved to provide a clear picture of the care and treatment provided to patients whilst they were being nursed in seclusion. This included information about food and drinks offered and provided to patients. There was evidence that the records were properly reviewed by the management team and any issues regarding the seclusion or the way it was recorded were followed up and addressed.

We spoke with a unit manager who told us the seclusion policy had been reviewed and was part of the reading list for staff. They told us that at recent staff handovers and meetings, staff had been reminded of the importance of good record keeping regarding observations and assessments during seclusion.

**Our judgement**

The provider was meeting this standard. People were protected from the risk of unsafe or inappropriate care and treatment. Seclusion records were accurate and fit for purpose.

# 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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