

Review of compliance

<p>Raphael Medical Centre Limited The Raphael Medical Centre</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>Hollenden Park, Coldharbour Lane Hildenborough Tonbridge Kent TN11 9LE</p>
<p>Type of service:</p>	<p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Rehabilitation services</p> <p>Long term conditions services</p>
<p>Date of Publication:</p>	<p>November 2011</p>
<p>Overview of the service:</p>	<p>The Raphael Medical Centre consists of a main building and two other units that provide care and treatment to adults with neurological diseases and acquired brain injury.</p>

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

Our current overall judgement

The Raphael Medical Centre was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We visited the main centre and the other two residential units. The cancer care clinic was not open on the day that we visited. We spoke with some people living at the hospital either individually or whilst they were with others.

We observed that people were comfortable in the presence of staff, and that staff were respectful towards them. One person using the service told us that staff worked together as a team to make sure that people received holistic care and treatment. A relative said that the hospital communicated well, that "I think the people here (staff) are fantastic" and "communication is brilliant".

We saw on people's personal records that their needs had been fully assessed by the service before they were admitted. One person we spoke with commented that the staff who had completed the assessments were thorough and helpful in giving information about the service.

People said that staff were kind and understood their needs. One person using the service said "There is so much team work here ". They said that staff respected and listened to them, and that they were given choices. They told us that staff understood that on some days they may not feel up to attending therapy sessions, and staff always gave the encouragement that people needed.

What we found about the standards we reviewed and how well The Raphael Medical Centre 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

People using the service can be sure that they and their representatives will be involved in planning the service they can expect to receive. People using the service can be sure that they are treated with respect and dignity.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

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

People living at the service receive the care, treatment and support that they need and that their needs are reviewed. However, the service does not always demonstrate that it makes sure that people or their representatives are made fully aware of any changes to their personal information.

Overall, we found that improvements are needed for this essential standard.

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

Staff are aware of their responsibilities in keeping people safe and the service has procedures in place to safeguard the people it cares for.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

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

People are supported by staff who receive the training that they need to enable them to effectively carry out their roles.

Overall, we found that The Raphael Medical Centre was meeting this essential 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 registered provider has systems in place to monitor the quality of the service.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

People we spoke with told us that staff treated people with respect and dignity, and that they were encouraged to maintain or regain as much independence as they could.

Other evidence

We looked at some individual care, treatment and support plans on each of the units we visited. A new care plan system had been introduced this year. The new system made information easier for staff to access as it combined information from each professional working with the person in one document.

Where it had been identified that people might be unable to make decisions, or a particular decision about a significant aspect of their care, Mental Capacity Act Assessments had been completed for them. We also saw that Best Interests meetings had taken place for people who did not have the capacity to make significant decisions about their care

The information in the care plans showed that before people were admitted comprehensive needs assessments had taken place involving the person, professionals from other services, and relatives in the process. The assessments included information on personal backgrounds and interests as well as about the care

and treatment that people needed.

Our judgement

People using the service can be sure that they and their representatives will be involved in planning the service they can expect to receive. People using the service can be sure that they are treated with respect and dignity.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We were able to see from care plans that people were receiving the care and support that had been identified as being required when their pre admission assessments took place.

A person using the service confirmed that they were being supported in the way that they preferred and that the care and treatment they received was centred around them as a person.

A visitor told us that they were very impressed by the service and that their relative had made progress that other services had felt would not be possible.

Other evidence

People's care plans reflected the highly individualised support that they were given and recorded the progress they made towards their goals. We saw from the individual care plans that we read on each unit that as far as possible the information had been developed with the person using the service, or their representative. The information gave clear guidance to staff about how to care for people as well as about people's past and present lives, interests and backgrounds.

The needs of people using the Special Care Unit were well documented in their care plans which information included a Care Plan Approach (C.P.A) document. The document is used by services that support people with mental health needs, and is designed make sure that people's support and treatment needs and personal goals are recorded. The Care Plan Approach documents that we read at the unit stated how people could expect to be supported to achieve goals. The unit aims to increase

people's independence so that if possible they can move to less supported accommodation in the community. People or their representatives are involved in the development of the plans and sign that they agree with them. The most recent Care Plan Agreement on one of the care plans that we read had been signed by a senior member of staff, although it had not been signed by the person using the service or a relative on their behalf, so we could not be sure that they had given agreement to the content. The Mental Capacity Act assessment and current Care Plan Agreement that had been completed for another person on the unit had both not been signed by a them or a representative.

The service demonstrated that it recorded and made provision for people's cultural needs. Staff who spoke the same language as a person on one of the units were made available on as many shifts as possible to help the person to communicate with staff, and a list of key words for other staff to refer to had been produced for them to use when working with the person. Staff demonstrated that when people were unable to verbally communicate that they understood their signs, gestures and other communication methods.

Individual risk assessments had been completed for each person and described action that staff needed to take to avoid risks to people. Moving and handling assessments were in place for people needing this support clearly describing how many staff were needed to assist them safely with activities such as bathing, showering and getting in and out of bed.

Each person using the service had a care coordinator who was responsible for the reviewing and coordination of their care. We saw that information such as risk assessments and care plans had been regularly reviewed. One person told us that their care was reviewed every three weeks, and that they were involved in the reviews. We saw examples of the recording of reviews that had been attended by relatives.

Our judgement

People living at the service receive the care, treatment and support that they need and that their needs are reviewed. However, the service does not always demonstrate that it makes sure that people or their representatives are made fully aware of any changes to their personal information.

Overall, we found that improvements are needed for this essential standard.

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

A person we spoke with told us they felt that "I am in a safe environment" and that the service made sure care was given safely. A visitor said that they felt their relative was well cared for and that their treatment was given in a safe way.

Other evidence

The hospital uses the Kent and Medway Multi Agency Safeguarding procedure as the procedure for it's staff to follow. As the hospital provides a service to people from other authorities it was also familiar with the safeguarding procedures of those areas.

Staff we spoke with were aware of the safeguarding procedure and told us they would know who to go to if they suspected abuse. We saw certificates in staff files that confirmed they had completed safeguarding training. Staff told us that the training is very regularly refreshed and they were confident that they would know who to report any suspected abuse to.

Staff files contained the necessary recruitment information including Criminal Records Bureau checks and checks that nurses employed had kept up their registration with the Royal College of Nursing.

Our judgement

Staff are aware of their responsibilities in keeping people safe and the service has procedures in place to safeguard the people it cares for.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

We did not speak directly to people about this outcome. We did receive some complimentary comments about staff during the visit from people living at or visiting the service. These included that staff were understanding, they had time for people, they worked well together as a team, and they understood individual needs.

Other evidence

There is a clear staffing structure on each unit with clinical team leaders who have nursing qualifications overseeing the staff teams. We spoke with staff working on each unit, they told us that that the service had provided them with the mandatory training they were required to complete, and that the training was regularly renewed. In addition each month training sessions were provided that they were required by the service to attend. We saw that the topics for October 2011 were Confidentiality and Data Protection, and risk assessment. The training was provided in the daytime and evening and on different dates so that all staff could attend. We read some staff files and saw that certificates were in place that confirmed staff had the attended mandatory and other training. Staff told us that they had opportunities to attend external courses or workshops and the service also training provided training about the holistic therapies and approaches to care that it provided.

Staff told us they felt well supported by senior staff and the management of the service, and that they had regular supervision and annual appraisals. Staff meetings were held quarterly, staff said they found them useful.

Staff we spoke with on each unit were knowledgeable about people's needs and appeared genuinely pleased to report the progress that people had made and improvements in their conditions.

Our judgement

People are supported by staff who receive the training that they need to enable them to effectively carry out their roles.

Overall, we found that The Raphael Medical Centre was meeting this essential 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 did not speak directly to people about this outcome.

A visitor told us that staff always had time to listen to them, and they were confident that if they had any concerns they would be addressed.

Other evidence

A member of staff told us that staff meetings are held regularly and that suggestions for improving the service were taken seriously by the organisation. Staff confirmed that staff meetings were held and that the service gathered their views in annual surveys.

They told us that their views were acted upon, an example they gave was that they had requested more staff lockers and they were provided.

People using the service receive six monthly quality assurance surveys so that they can give their views on it. We saw the collated responses to the most recent patient survey, which showed that overall people were very satisfied with the service.

Internal audits such as of Health and Safety take place. We saw information relating to a range of Health and Safety checks and audits that took place and that they were thoroughly recorded. A recent Health and Safety audit had identified the need for reducing the speed limit on the drive and for some new fire doors. Staff told us that people's personal information such as that in care plans was regularly audited.

The service supports relatives and offers them opportunities to comment on it. There is

a family support group which meets every two months, meetings include a speaker and topics have included Advocacy and the Mental Capacity Act.

Our judgement

The registered provider has systems in place to monitor the quality of the service.

Overall, we found that The Raphael Medical Centre was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People living at the service receive the care, treatment and support that they need and needs are reviewed. However, the service does not always demonstrate that it makes sure that people or their representatives are made fully aware of any changes to their personal information.</p> <p>Overall, we found that improvements are needed for this essential standard.</p>	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People living at the service receive the care, treatment and support that they need and needs are reviewed. However, the service does not always demonstrate that it makes sure that people or their representatives are made fully aware of any changes to their personal information.</p> <p>Overall, we found that improvements are needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services

	<p>Why we have concerns:</p> <p>People living at the service receive the care, treatment and support that they need and needs are reviewed. However, the service does not always demonstrate that it makes sure that people or their representatives are made fully aware of any changes to their personal information.</p> <p>Overall, we found that improvements are needed for this essential standard.</p>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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