

Review of compliance

Oldercare (Haslemere) Limited
St Magnus Hospital & Rosemary Park Nursing
Home

Region:	South East
Location address:	Marley Lane Marley Common Haslemere Surrey GU27 3PX
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Care home service with nursing
Date of Publication:	July 2011
Overview of the service:	The service is registered to provide Accommodation to persons who require nursing or personal care, Assessment or medical treatment for persons detained under the Mental Health Act 1983,

	<p>Diagnostic and screening procedures and Treatment of disease, disorder or injury. The registered provider is Oldercare (Haslemere) Limited and the Nominated Individual is Jo Randall.</p>
--	---

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

Our current overall judgement

St Magnus Hospital & Rosemary Park Nursing Home 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, reviewed information from stakeholders and talked to people who use services.

What people told us

This visit looked at the outcome areas in St Magnus Hospital and we spoke to people who were accommodated at St Magnus Hospital. We looked at each of the 4 wards in the hospital, which included New Park House, which opened 3 weeks before our visit

We spoke to people and they told us that they were treated well by the staff. They said that the staff ask them if they want any support and that there was always someone around to help.

One person described staff as respectful and polite and said that he can ask for support if he needs it. Another person told us that he knew what medication he was taking and knew that he could refuse to take his medication but understood the procedures that would follow his refusal. Another person said that he had been given an award for his art work, which was displayed in the communal area.

People told us that they were able to make their own decisions about what activities they would like to take part in. One person said that he would like to have more books and suggested that a mobile library visits. Another person told us that he likes to do crosswords and said that staff supports him with this.

People told us that they liked St Magnus and said the environment was first class. One person said how much he liked his room and that he had everything he needed.

We spoke with staff during the visit and they told us that staffing levels were sufficient to

meet people's needs. Staff also told us that they talk to people about the support and assistance they are giving and that there are good handovers at the beginning of each shift.

We also spoke to the family liaison officer and she told us the staff are very good and commented "this place is amazing". She said that staff are knowledgeable and well trained and that patients are asked about everything and are treated with dignity and their privacy is respected.

What we found about the standards we reviewed and how well St Magnus Hospital & Rosemary Park Nursing Home 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 are treated with respect and dignity and their individual choices and preferences acknowledged in how they are supported and how they spend their time.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their views and wishes were taken into consideration.

Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

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

The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care planning process.

Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

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 service has systems in place to monitor the quality of service that people receive.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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. Any regulatory decision that CQC takes 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 said that they are able to make decisions about how they spend their time, about the times of getting up and going to bed and about where to spend their time. One person told us "I can do things myself but I am asked about the support I need"

Other evidence

All wards have people subject to the Mental Health Act (MHA) 1983 and all people accommodated at St Magnus Hospital are male. People have a range of mental health needs and the service aims to play a part in rehabilitating people by working with the responsible funding health trusts.

All of the wards we visited were spacious, well equipped and secure with high quality furnishings and fittings. Each person had a key fob, which was programmed to allow individual access to people's own room and the key fobs could also be programmed to restrict access to certain areas if required.

We observed staff supporting people and staff were seen to treat people with dignity and respect. People were called by their preferred name and people were able to dress in their own clothes.

We saw notice boards in all wards and these gave people information about their rights under the MHA and gave details of advocacy services available to them. The manager told us that an independent advocacy service visits the hospital each week to cover the advocacy needs for all people both detained and informal. Care records showed that people were informed of their rights under the MHA on a regular basis

Although wards were secure with locked doors, informal patients have the right to leave at any time and we saw notices on locked ward doors informing them of this right.

We spoke to staff who told us that it was important that each person should be treated individually. They said that they always treat people with dignity and respect.

Our judgement

People are treated with respect and dignity and their individual choices and preferences acknowledged in how they are supported and how they spend their time.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that staff speak to them about their care needs when they are being supported and people said that they are in agreement with the care they receive. One person told us that he keeps his own record in a diary.

Other evidence

We looked at records for 4 people. Each had an assessment of capacity regarding treatment under the Mental Health Act.

We observed staff supporting people and staff were seen to consult people. We saw staff encouraging people to go to their rooms so that they could be supported in private and we observed staff asking people if they would like to go out for a walk in the grounds.

We were told by the manager and staff that verbal consent was obtained before any treatment or support was given. However when we looked at care records there was little or no recording of consent to care and treatment.

In Sycamore ward all bedrooms had viewing panels and the general manager explained that this was to assist staff to make observations for people who had recently been admitted. He told us that the observation screens could be closed on the inside of

the room by the individual patient, but if this was closed staff would need to open the door every time they had to undertake observations. Whilst it was acknowledged that this observation may be necessary, there was no record that this had been discussed with the individual people concerned, or, if this had been agreed with the person. We also noted that this was the case for a decision recorded in a Multi Disciplinary Team (MDT) meeting that someone's choice of where to spend his time was being restricted. The MDT review for this person stated that to improve the person's sleep pattern at night he should not be allowed to sleep during the day. However there was no care plan for this and no information about whether the person had been involved in this decision.

Care plans we viewed gave details of the support people needed but it was not clear if people were involved in the compilation of the plan and that they had given consent to the support details in the plan.

We saw in one person's plan a consent form for the use of the persons photograph, this was clear and was signed by the person concerned. This type of consent was not followed through on other support plans.

We spoke to staff who told us that they always seek consent before offering any support. Staff explained that if a person refused support they would leave them for a short while and then go back and try again. They said they would explain the reasons and benefit of receiving the support but if the person still refused they would respect their decision. Staff told us that they would record the refusal in the person's care notes and report the refusal to the manager.

The manager told us that if a person refused support then they would have to make a judgement on the implications of the refusal. He said that this judgement would depend on the possible impact on not receiving the treatment and the conditions of their admittance to St Magnus. He went on to say that it may be that the person's decision would be fully respected or it may be that a MDT meeting would need to be called to act in the person's best interest.

Our judgement

The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their views and wishes were taken into consideration.

Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.

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

People told us that they were aware that they had a plan of care. One person told us that he had a copy of his care plan in his room and another said he was aware of the contents of his care plan and was in agreement with it. Another person told us that he was attending a Care Programme Approach meeting where his needs and future plans would be discussed.

Other evidence

We looked at care records for 4 people. These included a photograph of the person with admission details, including the relevant section of the MHA that the person was subject to and information from the person's previous placement. We saw that an assessment had been carried out and recorded following admission; including an admission risk assessment. Details of any relevant criminal convictions were recorded. Mental health needs were recorded and daily records showed that these were regularly reviewed at the hospital's MDT meetings. Mental health assessments were recorded as well as psychology assessments undertaken by one of the Hospitals psychologists. There were records of people having one to one sessions with the psychologist as well as neuropsychological assessment reports.

Risks to the person were clearly highlighted by the use of a colour coded label and the service has a security scale rating for each person. Risk assessments were also recorded regarding the hospital's environment so that people are protected. Records showed that people had regular reviews under the Care Programme Approach as advised by legislation to discuss future arrangements for individual people.

We saw that individual people's health care needs were addressed by appointments with a dentist, podiatrist and optician. The hospital has its own occupational therapy and speech therapy services. We saw an occupation therapy report for one person and also saw that risk assessments had been carried out for falls, moving and handling, nutrition, and the risk of pressure areas. Records showed that physical health checks were carried out and health checks such as blood pressure and cardiology were monitored

Individual care plans we looked at included information about; personal hygiene, swallowing, oral care, behaviour, structured activities and sleep. Care plans were a mixture of bullet points about what the person's care needs were and plans about what support the person needed. Although care needs had been identified the care plans did not always give staff information on what actual support was required nor did they give details on how this support should be given. There was no clear evidence that people had been involved in their plans compilation. For example one person's care plan stated that the person should be supported with personal hygiene but the plan did not give information about what actual support was required. We saw that care plans had a space for people to sign but were blank in most cases. The MHA commissioner's report dated August 2010 found no evidence of patient involvement in the formulation of care plans

We spoke to staff and asked them about the information contained in care plans and they told us that they felt that the information was sufficient. They said that people's mood changed all the time and how a person was supported on one day may be different the next. All care plans had a monthly MDT review and this was a report on how the person had been the previous month and this report was a summary of the care notes in a report format.

Each ward had an activities folder and this was completed each day and detailed what activities had taken place. Activities included, walks in the grounds, art therapy, music therapy, cards, TV, music, games, gardening, trips out, shopping and discussions groups. We were told by the manager that one person is supported to go to London once a fortnight to visit his wife.

We saw people reading papers, watching TV and accessing the secure garden. As we arrived at St Magnus we saw staff supporting people who were enjoying a walk in the grounds.

We observed people playing board games with staff and we overheard one person asking a staff member his name. We observed that some staff did not have a name badge and that some staff had their name badge on their hip and people were not able to see this.

Our judgement

The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care planning process.

Our judgement is that St Magnus Hospital is compliant with this outcome and

associated regulations however improvements are needed to ensure compliance is maintained.

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

People we spoke with told us that they have regular meetings and one person told us that he is the chair of the Forum committee. He said he raises subjects on other patient's behalf and he said he had requested a barbecue and snooker table for the use of patients and both had been provided.

Other evidence

The hospital has a Clinical Governance manager who is responsible for quality assurance. He told us that he gathers a range of information and is responsible for completing a number of audits and reports and these are sent to various stakeholders. Reports included; accidents and incident reports, patient involvement and empowerment report, complaints report, report for forensic mental health service, family satisfaction survey patient survey and staff survey.

We saw copies of these reports and the surveys from patient's staff and relatives were all generally positive.

The service employs a family liaison person and we spoke to her and she explained that her role was not only to support families but also patients. She told us that she was able to support relatives as she understood their concerns and anxiety. She told us that she publishes a quarterly newsletter and also hold regular relatives meetings. She told us that the newsletter and its contents are driven by the relatives and that the organisation encourages and supports her to be independent in her role. She told us that she would support anyone to make a complaint or raise concerns and is able to

offer support for relatives to put their views forward.

Staff we spoke with confirmed that they take part in regular staff meetings and said that they receive regular supervision.

Our judgement

The service has systems in place to monitor the quality of service that people receive.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>Why we have concerns:</p> <p>The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their views and wishes were taken into consideration.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>Why we have concerns:</p> <p>The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their</p>	

	<p>views and wishes were taken into consideration.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>	
<p>Diagnostic and screening procedures</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>Why we have concerns:</p> <p>The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their views and wishes were taken into consideration.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>	
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>Why we have concerns:</p> <p>The hospital has systems for assessing the capacity of people regarding treatment under the Mental Health Act and there were informal methods for consulting people and gaining their consent to care and treatment. However, records did not always show that people were giving consent about the care and treatment that was being given. Where decisions were made on behalf of people it was not always clear if people had been involved in the decision making process or if their views and wishes were taken into consideration.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>	

Accommodation for persons who require nursing or personal care	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>The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care planning process.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</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>The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care planning process.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>		
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>The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care</p>		

	<p>planning process.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</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>The service has a care planning system to support people with their health, personal and social care needs however this did not always identify all the necessary detail for staff to provide the care and support that people may need. Care plans did not always evidence that people were involved in the care planning process.</p> <p>Our judgement is that St Magnus Hospital is compliant with this outcome and associated regulations however improvements are needed to ensure compliance is maintained.</p>	

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 within 14 days of this report being received.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA