Review of compliance

Making Space Monet Lodge	
Region:	North West
Location address:	65 Cavendish Road Withington Manchester Greater Manchester M20 1JG
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Date of Publication:	February 2012
Overview of the service:	Monet Lodge provides care and treatment to people with organic brain disorder with associated challenging behaviour, who may be liable to be detained under the Mental Health Act 1983. It is in the grounds of a care home. The hospital has purpose built ground

	floor accommodation. All bedrooms have en suite facilities. There are gardens accessible from the hospital. There is car parking next to the hospital and disabled parking spaces are provided.

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

Our current overall judgement

Monet Lodge was meeting all the essential standards of quality and safety.

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, carried out a visit on 13 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke to people who use services and their families when we visited. People were very positive about the quality of care provided at the hospital. Relatives were very happy with how their family were looked after. Comments included: "I like it here. It's very,very nice. No complaints." "It's brilliant."

People were very positive about staff. They told us:"They're all nice people. Let you do what you want to do."

What we found about the standards we reviewed and how well Monet Lodge was meeting them

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

People using this service can be confident that their human rights are respected because the service has effective procedures in place to assess capacity to consent and what to do if people cannot consent. These procedures are monitored and reviewed.

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

People using this service receive effective, safe and appropriate care.

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

human rights

People using this service are protected from abuse and the risk of abuse and their human rights are respected and upheld.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People using this service are safe and have their needs met by sufficient numbers of appropriate staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People using this service receive safe quality care and treatment because there is effective decision making and management of risks.

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 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

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
We spoke to some of the people who use services. They told us that they were allowed to choose what they do. Not all the people who use services were able or wanted to speak to us. We also spoke to family members who told us that they felt very involved in their relative's care. They were invited to meetings to discuss decisions affecting their relative.

Other evidence
The hospital looks after patients who are detained under the Mental Health Act and informal patients, who are not detained. We reviewed five sets of records and found that capacity was assessed and recorded regularly.

There were clear procedures in place, and we saw evidence to show these were followed in practice, for people who were unable to give consent for their care and treatment.

Patients at the hospital had access to advocacy support from Rethink. We saw evidence that the hospital also referred people to be supported by the Independent Mental Capacity Advocate service. Staff told us that if there was a change in a person's condition, then capacity would be reassessed. Capacity assessments were detailed and supported by regular assessments of the patient's mental state.

Where people lacked capacity and were not detained under the Mental Health Act, we saw evidence of best interest meetings being held to ensure their rights were protected.

Following the last visit of the Mental Health Act commissioner, the service had put in place arrangements to ensure that the outcome of the second opinion approved doctor (SOAD) was discussed with patients. There had been no visit from a SOAD since the new arrangements.

We observed how people were cared for. Staff treated patients with respect. They explained to people what they were going to do before they started. If people refused care, they respected their wishes. People were offered choices where possible and their decisions were respected.

Staff told us how they supported people to have as much choice as they were able. Patients had personal support plans which identified their preferences.

Our judgement
People using this service can be confident that their human rights are respected because the service has effective procedures in place to assess capacity to consent and what to do if people cannot consent. These procedures are monitored and reviewed.

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
We spoke to people who use services. Not all the people who use services were able or willing to speak to us. We also spoke to family members of people who use services. Everyone we spoke to was very positive about the care at the hospital. Comments included, "I like it here. They're all very nice." "It's brilliant here."

Other evidence
Many of the people who use services were unable to tell us about their experience of care. We observed how people were cared for and found that staff were warm and respectful when they spoke to people. Staff explained to patients what they were doing. If the person refused care, they respected their wishes. They allowed people time to respond and tried different approaches when needed. Staff were busy but did not appear to rush people who use services.

We looked at five care plans. They contained risk assessments which were updated following incidents. Care plans described fully how people should be cared for and reflected the preferences of the patients and their current needs.

Care plans were reviewed regularly to ensure they were kept up to date. We also looked at a selection of person centred plans which each person had in their room. These plans were in easy read format and contained personalised information of how the person needed to be cared for.

Where incidents had occurred, they were recorded thoroughly. Analysis of events was

undertaken at an individual level with antecedent, behaviour and consequence (ABC) charts and at service level. The service had analysed the incidents and identified times and the location in the hospital where most incidents had happened. They had then put actions in place to address this and there had been a reduction in the number of incidents. This is an example of best practice.

Our judgement
People using this service receive effective, safe and appropriate care.

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
The people who use services that we spoke to did not comment on this outcome. The relatives of patients told us that they felt confident that if they raised concerns with staff, they would be acted upon.

Other evidence
The hospital provided training to staff to ensure that they understand the signs of abuse and what to do if they suspect abuse. We spoke to three staff who were all able to identify the signs of abuse and the correct actions to take.
The provider has also set up a dedicated phone number for staff to raise any concerns.

Care plans identified those people who were vulnerable to abuse and actions to take to reduce the risk.

The service has reported incidents to the local authority and worked collaboratively with other services.

The staff we spoke to told us how they support patients to make choices where possible. When we observed people being cared for, we saw that staff offered people choices in an appropriate manner.

Our judgement
People using this service are protected from abuse and the risk of abuse and their human rights are respected and upheld.

Outcome 13:
Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
The people who use services told us that they liked it at the hospital. Patient's relatives were very positive about all the staff.

Other evidence
We checked how many staff were on the rota when we visited. The rotas showed that the majority of staff were permanent or regular bank staff, employed by Making Space, which owns the hospital. The registered manager told us that agency staff were used rarely and usually for a specific reason such as a patient needing constant observation. The registered manager said that where possible they try to use regular staff.

When we observed people being care for, we saw that staff were busy but did not appear rushed. Patients recognised staff and knew their names. Staff appeared to have the knowledge and skills to meet the needs of the patients. Patients were attended to quickly when they needed help.

The staff we spoke to told us that there were enough staff. Staff told us how they would orientate agency staff to the hospital and explain emergency procedures to them. Staff said that if agency staff were providing close observations, they would tell them about the individual and any preferences they had.

Our judgement
People using this service are safe and have their needs met by sufficient numbers of appropriate staff.

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
The people we spoke to did not comment on this outcome.

Other evidence
There was an audit programme in place which gathered information about the quality and safety if the care provided. Where gaps were identified, we saw evidence of actions to address the gaps.

There is a programme of regular visits by the provider to check on the quality of service being provided. Reports from these visits are provided to the CQC. These reports make recommendations, for which we saw evidence of actions being taken.

The systems for analysing incidents was an example of best practice (see Outcome 4). Complaints were recorded and investigated effectively. There was evidence that findings were used to develop and improve practice.

Our judgement
People using this service receive safe quality care and treatment because there is effective decision making and management of risks.

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
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