### Partnerships in Care Limited
The Dene

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<th>Region:</th>
<th>South East</th>
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| **Location address:** | Gatehouse Lane  
Teaching Green  
Hassocks  
West Sussex  
BN6 9LE |
| **Type of service:** | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse |
| **Date of Publication:** | January 2012 |
| **Overview of the service:** | The Dene is a modern purpose-built hospital which provides care for women with mental health needs in conditions of medium and low security, and has a low security unit for men. The provider is Partnerships in Care Limited, for whom the nominated individual is Steven Woolgar. The |
registered manager is Ms. Kim Hill.
Our current overall judgement

The Dene was not meeting one or more essential standards.
Improvements are 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 because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 08 - Cleanliness and infection control
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 November 2011, checked the provider’s records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

Residents generally felt safe and well cared for, and that consultations such as the recent meeting on smoking breaks had been helpful.

People felt staff worked hard but that at times there weren’t enough staff, which impacted on them and what they could and couldn’t do.

Privacy and dignity issues raised by residents included lack of access to their bedrooms during the day, food being cold and a lack of menu choice, and having to get up in the morning earlier than they would want to.

What we found about the standards we reviewed and how well The Dene 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 were involved in the decisions about the care provided. Some aspects of the care routine on wards was not always based on their individual needs and preferences, although this is sometimes due to the need to balance rights with risks to safety. People who used the service were treated with respect.

Overall, we found that The Dene was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The planning and delivery of care was generally meeting the needs of people being supported and ensuring their welfare and safety.

Overall, we found that The Dene was meeting this essential standard.

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

People using the service felt safe. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred.

Overall, we found that The Dene was meeting this essential standard.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

People are being protected against identifiable risks of the spread of infection.

Overall, we found that The Dene was meeting this essential standard.

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

There was evidence that there were not at all times sufficient numbers of suitably qualified, skilled and experienced staff to safeguard the health, safety and welfare of service users.

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

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

The service had systems in place to ensure staff received the necessary training and and some of the support they need to care for people who use the service.

Staff are however not always receiving regular supervision and appraisals to support them in their role.

Overall, we found that The Dene was meeting this essential standard but, to maintain this, we suggested that some
improvements were made.

**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 provider had generally ensured that people who use the service were safe, and that the quality of care provision was monitored and improvements were made when concerns were raised.

Overall, we found that The Dene was meeting this essential standard.

**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. 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
There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We spoke to seven patients on Michael Shepherd and Helen Keller wards.

People told us that they were generally treated with respect, but patients on Helen Keller ward raised the following issues.

"If you're really poorly you can't stay in your room, you have to do things. I'm woken up at 6.30 or 7 a.m. every day – have shower, then medication at 8am. There was more choice in prison".

"We get called at 6.30 am – have to shower before night staff go off at 8 am. Some woken up at 7 am. Don't even get a lie-in at the weekend. Feel you can't rest, on the go all the time. Some good groups. You have to do 2 groups a day in order to get ground leave".

"They didn't have enough staff to cope with self harm, so rooms get closed during the day".

Other evidence
Community meetings held each morning were said by staff and people living at The
Dene to provide an opportunity for people to contribute to how the service was being run.

On Helen Keller ward this included an extended community meeting on Thursdays.

A meeting to discuss management of smoking breaks for residents was held on 25/11/11 and extended and clearer arrangements for this were agreed with people.

The record of the Clinical Governance meeting on 9/11/11 noted that people living at The Dene had been involved in the recruitment of occupational therapists, and would be involved in the recruitment process for a deputy charge nurse.

Depending on the current risk assessment for the person, some levels of observation will include some intrusive observation – for example voice contact when the person is in the toilet. However, care records sampled indicated that risk levels are regularly reviewed and adjusted accordingly.

Asked about how privacy and dignity is addressed on the wards, staff advised us that all people accommodated on the wards have their own bedrooms with en-suite facilities, and that there was a quiet room and one-to-one sessions for people who wished to discuss issues of a sensitive nature.

Documents we sampled as part of the inspection included recent visits by Mental Health Act commissioners.

The feedback given to the commissioners after the report of their visit to Michael Shepherd ward on 1/9/11 was that action was being taken on the availability of information to patients on their rights, on evidence of discussion of consent issues for patients, and provision of a lockable storage space for each patient.

**Our judgement**

People were involved in the decisions about the care provided. Some aspects of the care routine on wards was not always based on their individual needs and preferences, although this is sometimes due to the need to balance rights with risks to safety. People who used the service were treated with respect.

Overall, we found that The Dene was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
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

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<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<tr>
<td>We spoke with seven patients on Michael Shepherd and Helen Keller wards.</td>
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<tr>
<td>Patients we spoke to on Helen Keller ward generally felt that they were being helped to achieve better mental health.</td>
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<tr>
<td>Comments from people on Helen Keller ward who we talked to included –</td>
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<tr>
<td>&quot;Things are more settled on this ward, people are out to get better. At the meetings in the morning, problems get aired. I find staff all very nice, always willing to talk to you, but they've got too much work to do&quot;.</td>
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<tr>
<td>&quot;There are some good groups. You have to do 2 groups a day in order to get ground leave&quot;.</td>
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<tr>
<td>&quot;I was close to going to Rampton, but they changed my medication which sorted it out. They've told me they will move me to low secure after I've done some trauma work about my past. I start on this on Wednesday with the psychologist&quot;.</td>
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<tr>
<td>&quot;Food comes and goes. I'm on the patients' council – we're starting to do different meals, and ask people what meals they'd like. Food becomes cold because the chef serves it up before people are ready&quot;.</td>
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Other evidence
A new risk assessment and monitoring system had been put in place to manage incidents at the service, and the director of Nursing advised us that this had contributed to there being fewer incidents of self-harm recorded.

In care plans we sampled, we noted that risk assessment levels were being regularly reviewed. For example, one person was risk assessed as red on 14/10/11, and this was adjusted after review to amber on 8/11/11.

The 'Recovery Star' model is in place, which assists people in assessing their own progress and having goals to work towards.

The Mental Health Act commissioners visit to Michael Shepherd ward had asked that the involvement of the resident in CPA reviews be better evidenced. The Dene advised us that they action they would take on this was "patient involvement in care planning to be reviewed by medical director".

In one of the CPA reviews we sampled the main part of the report did not refer often to the views of the resident, and in a small box at the end of the form the patient had written that they believed half of the report to be untrue.

Four members of staff from Michael Shepherd and Helen Keller wards and four patients we talked from Helen Keller ward told us they believed that a lack of availability of staff was having an impact on the support and care being provided.

No staff or patients who we talked to said that staff numbers were sufficient.

A member of staff told us "the ladies become restless when they can't get out (due to lack of staff). We try to get them out for a walk at least twice a day".

A member of staff we spoke to that in the past "staff would be allocated patients throughout the day – would spend time with them and were then able to record a true reflection of their feelings". They said that due to lack of 1-1 time now with people that staff were writing up daily notes on the person without having talked to them.

We spoke to a member of staff who thought that there was recent improvement with the meals, in that portion sizes were now bigger and the quality of food was better.

One member of staff thought that people were bored because there was a lack of things to do, and that activities provided such as "bingo and card making week to week" could be improved upon.

On the day of our visit a ‘Health Fair and Carers' Day' was being held, and three people we talked to on Michael Shepherd ward had attended that, one person saying they'd had a massage and a 'smoothie' drink there.

**Our judgement**
The planning and delivery of care was generally meeting the needs of people being supported and ensuring their welfare and safety.

Overall, we found that The Dene was meeting 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

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<tr>
<td>People we talked to said they felt safe in the hospital.</td>
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<tr>
<td>One person said to us &quot;we hardly argue on this ward, people get on. There's a good atmosphere. People support each other and staff. If you complain people do something about it&quot;.</td>
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<tr>
<td>We sampled six recent incident reports, one of which referred to use of restraint. Ward staff advised us that more detailed records on how the restraint was carried out are not kept.</td>
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<td>We sampled the record of the Clinical governance meeting dated 3/11/11 which noted no local safeguarding issues.</td>
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<td>The service has continued to advise CQC of safeguarding incidents, which often relate to incidents between people living on the wards, and have advised us of the action taken.</td>
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<td>The local authority have confirmed to us that they are provided with reports of incidents and safeguarding referrals by The Dene.</td>
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<tr>
<td>The Dene has advised us that the development of their Red/Amber/Green ongoing risk assessment and support levels approach has led to a decrease in incidents of self harming.</td>
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harm.

**Our judgement**
People using the service felt safe. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred.

Overall, we found that The Dene was meeting this essential standard.
Outcome 08: Cleanliness and infection control

What the outcome says
Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement
The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Residents we talked to had no concerns about the cleanliness of the environment.

Other evidence
The director of Nursing said that staff were expected to undertake infection control training annually, and that nurse leads for infection control are undertaking infection control audits.

We sampled infection control audit records, which indicated that a range of audits in line with The Health and Social Care Act 2008 ‘Code of Practice on the prevention and control of infections and related guidance’ are being carried out.

We sampled the reports of the Infection Prevention Control Committee Meetings held on 10/11/11 and 20/6/11, and these provided updates on issues such as mattress, pillows and quilts audits, hand hygiene, and MRSA guidance. An audit on mattresses, pillows and quilts had been carried out in May 2011, and identified numbers of replacements needed.

The service has audit tools for hand hygiene, and a workbook for staff entitled ‘Preventing Healthcare Associated Infection’. Ward cleanliness checklists are being regularly completed.

Our judgement
People are being protected against identifiable risks of the spread of infection.

Overall, we found that The Dene was meeting this essential standard.
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
There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke with seven patients on Michael Shepherd and Helen Keller wards. Comments from people on Helen Keller ward who we talked to included –

"Some nurses are OK. If you want a 1-1 with them sometimes you have it, sometimes not so it escalates and you end up in seclusion. Sometimes when staff are borrowed (by other wards) you miss out on walks".

"Staff have got too much work to do. A lot of them go without their breaks to make sure you get out. Night staff are excellent, I struggle with nights. On the other ward they would have totally ignored you".

"When we have a full team of staff another ward rings up and takes our staff away. They'll leave us with bank or agency members of staff who don't know you and that's what makes it so difficult".

Other evidence
We discussed with the director of Nursing concerns raised with us in October 2011 that there was a lack of nursing staff and support staff at The Dene. The complainant alleged that due to social worker vacancies at The Dene that there was a delay in providing tribunal reports and in arranging home leave for people detained at The Dene.

The Mental Health Act commissioner's report of a visit to Amy Johnson ward on 22/3/11
had also noted that there was a lack of approved Mental Health Act practitioner reports for four patients.

The director of Nursing advised us that all social worker vacancies had been appointed to and that one person would be commencing on 5/12/11 and two more in January 2012. She acknowledged that there had been some delays in providing tribunal reports, but that community social work teams had been contributing to the report process.

The manager for Mental Health Act compliance at The Dene also believed that tribunal reports were "fairly up to date".

It was the view of the director of Nursing that home leave arrangements had not been significantly affected by the social worker vacancies.

Ward staff we spoke to advised us that occupational therapists are usually involved in arranging home leave.

We sampled the hospital's advocacy service quarterly review for July to September 2011 which indicated that a consistent issue was a "perceived lack of staff".

One patient told us that due to lack of staff cover "staff are missing their breaks so they get stressed. And when other people play up they miss their breaks. We don't get out due to lack of staff".

Nursing staff who we talked to advised us that at community meetings people living at The Dene had raised issues of not being able to go out at times – for example for smoking breaks – due to shortage of staff.

A member of staff told us "we work with a skeleton staff. Staff are taken from this ward to cover other wards, so we're left with two staff. Most of the time we don't get breaks especially at weekends. Staff need to cover 1-1 observations, leave, breaks, and medication rounds. Patients have less opportunity for doing things. Three wards today are operating on one RMN. The manager will cover my break if he can. I find it quite draining. I don't feel safe to take patients on smoking breaks on my own".

During the short periods we spent in two ward offices on the day of our visit we noted that there was a call to each ward from another ward asking for staff cover, which in each case the ward was unable to provide.

Nursing staff told us that there are bank staff who can be called on to cover if other wards are not able to provide cover staff.

A member of staff told us that when they cover a ward they're not usually assigned to they are not given time to look at the care plans for the people on the ward, but expected to immediately start doing tasks.

We discussed with the director of Nursing how managers are monitoring staffing levels on the wards. We were shown a copy of a staffing sheet which records staffing numbers on each ward and the one to one observations in place on each ward.
The director of Nursing said that with reference to the issue of people on the ward wanting to go outside more often that the teams were not short staffed but that nurses were busy with other nursing tasks and that at a meeting with people living at The Dene that this had been explained.

The registered manager Kim Hill commented on staffing levels as follows in an email to the Commission on 6th December 2011:

"Within each of the hospitals within Partnerships in Care we have an agreed Core Rota. It is rare that we operate this Core Rota though as we bring in additional staff over and above these numbers to support the patients who require closer observations due to their level of stress/presentation.

The Core Rotas at The Dene are not dissimilar to other sites. The Lead Nurses review each ward on a daily basis with the Nurse in Charge to ensure they have adequate cover to maintain a safe environment. The staffing establishments within the non-nursing departments are also akin to the arrangements at other sites across the organisation.

We have recently implemented a new risk management tool, which has an impact on our nursing numbers and I am aware that you discussed this with the team on the day. This has reduced the level of incidents significantly across the site and goes to demonstrate that we are operating safely".

A CQC colleague carried out a Mental Health Act commissioner visit to Helen Keller ward at The Dene on 6th December 2011 where four residents spoke to us and we reviewed three sets of nursing care records. Our colleague wrote to advise us as follows -

"I am a little concerned that the managers are of the view that the nursing staffing levels are sufficient. This is not the experience of patients and this was the strongest feedback I got from patients. This also was raised by the Advocate and the Patients Council. Patients regularly are not able to use ground leave because of lack of staff".

Our judgement
There was evidence that there were not at all times sufficient numbers of suitably qualified, skilled and experienced staff to safeguard the health, safety and welfare of service users.

Overall, we found that improvements were needed for 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
There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
One resident told us "even when staff are poorly they come in, so I think they care for us. I was struggling after my nan died, I was on 1-1 (observation) and the manager came in from home to support me. Staff are very caring".

Other evidence
The director of Nursing told us that improvements to the service in the past year had included establishing a competency framework for all staff, which included addressing issues of staff development and promotion.

A member of staff we talked to said that staff meetings on their ward were usually about an hour in length, and there were meetings for healthcare workers, meetings for nurses, and joint meetings. The meetings would discuss how things could be improved and come up with solutions.

A member of staff we spoke to said that they had found recent induction training useful, as well the training provided in self harming and personality disorder, and it had given them a different outlook on some of the issues.

One member of staff said that although they received training in 'breakaway' techniques, in the Mental Health Act and mandatory training they would like more training which would assist their development as a worker and learn new ways of working.

The company has put on record that they expect all their staff "to receive regular
supervision. This involves 1:1 sessions with an identified facilitator. This is also supported by additional mechanisms that include the appraisals, reflective practice and informal sessions”.

A nursing member of staff we spoke to told that that there were arrangements for clinical and managerial supervision, although the last clinical supervision 1-1 they had received had been in May 2011, and that a timetable for supervisions was still being organised.

A member of staff we spoke to said that they had responsibility for providing supervision for two members of staff, and in the past month had provide 1-1 supervision and induction support for one of them, and that a supervision was arranged for the following week

We spoke to one member of staff who had worked at the hospital for over a year. They told us that they had received one supervision and no annual appraisal in that time, and that there had been two other occasions when because of other pressures such as shortages of staff very brief supervisions had been held.

An undated graph titled ‘Q2 2011 Supervision Compliance’ indicated that around one third of nursing staff had not received a frequency of supervisions which the hospital deemed to be compliant.

The registered manager Kim Hill commented on staff supervision provision as follows in an email to the Commission on 6th December 2011:

"Supervision is often difficult to implement in a consistent and robust fashion, particularly with the nursing team. We, therefore, have in place a range of reflective practice groups as well as 1:1 supervision plans.

Please find details with regard to our supervision compliance from the last two quarters. We continue to encourage all staff to utilise the supervision arrangements we have in place and you will notice there has been a marked increase in uptake since the previous quarter”.

**Our judgement**

The service had systems in place to ensure staff received the necessary training and and some of the support they need to care for people who use the service.

Staff are however not always receiving regular supervision and appraisals to support them in their role.

Overall, we found that The Dene was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
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 to said that community meetings and residents participating in the Patients' Council had been helpful in encouraging people living at The Dene to give their views on the quality of service provision.

Other evidence
The director of Nursing told us that the main improvements to the service in the past year had included involving people detained more in the running of the service – for example through Health Promotion initiatives, and the Patient Council.

Registered manager Kim Hill advised us that the views of residents are obtained through patient community meetings on each ward, patient surveys, patient exit interviews, and focused work groups.

The 'What I think of where I live' questionnaire audit report for 2nd quarter 2011 told us that a high number of people were unhappy with the food, said they didn't get enough fresh air, and that living there was stressful and noisy. It was reported that 79% of people felt their bedrooms were safe, while 59% of people didn't enjoy spending time in the lounge.

The service's action plan to address issues raised in the audit were discussing the results of the audits at the patients' forum, carrying out a food survey, and patients being encouraged to personalise their rooms.
A meeting to discuss management of smoking breaks for people was held on 25/11/11 and extended and clearer arrangements for this were agreed with people.

We sampled the record of the Patients Council meeting dated 14/11/11, which indicated that issues such as staff use of mobile phones, kitchen access in the evenings, and more integration of men and women patients which had previously been raised had been addressed.

A new risk assessment and monitoring system has been put in place to manage incidents at the service, and the director of Nursing advised us that this had contributed to there being fewer incidents of self-harm recorded.

We were advised that an award was won for their new risk assessment system in the Health Services Journal Awards for 2011.

We also sampled the report of an 'Audit of high dose antipsychotic prescribing' carried out by a pharmacy service on 1/11/11, which indicated that no person had received cumulative doses above NF levels of safety.

We discussed with the registered manager on 23/12/11 the evidence concerning staffing arrangements, and were advised that a review of staffing levels would be carried out.

**Our judgement**

The provider had generally ensured that people who use the service were safe, and that the quality of care provision was monitored and improvements were made when concerns were raised.

Overall, we found that The Dene was meeting this essential standard.
**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.

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<th>Regulated activity</th>
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<th>Outcome</th>
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<tbody>
<tr>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
<td>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 01: Respecting and involving people who use services</td>
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**Why we have concerns:**
Some aspects of the care routine on wards was not always based on individual needs and preferences, although this is sometimes due to the need to balance rights with risks to safety.

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<td>Diagnostic and screening procedures</td>
<td>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<td>Treatment of disease, disorder or injury</td>
<td>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<td>Diagnostic and screening procedures</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting staff</td>
</tr>
<tr>
<td><strong>Why we have concerns:</strong></td>
<td>Staff are not always receiving regular supervision and appraisals to support them in their role.</td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting staff</td>
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<td></td>
</tr>
</tbody>
</table>

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 14 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.
Compliance actions

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
<td>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 13: Staffing</td>
</tr>
<tr>
<td>How the regulation is not being met:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was evidence that there were not at all times sufficient numbers of suitably qualified, skilled and experienced staff to safeguard the health, safety and welfare of service users.</td>
<td></td>
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</table>

The provider must send CQC a report that says what action they are going to take to achieve 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 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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

<table>
<thead>
<tr>
<th><strong>Document purpose</strong></th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author</strong></td>
<td>Care Quality Commission</td>
</tr>
<tr>
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<td>The general public</td>
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<thead>
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<tbody>
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<td><strong>Email address</strong></td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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