

# Review of compliance

Mild Professional Homes Limited Yew Trees	
<b>Region:</b>	East
<b>Location address:</b>	12 The Street Kirby-Le-Soken Essex CO13 0EE
<b>Type of service:</b>	Long term conditions services  Hospital services for people with mental health needs, learning disabilities and problems with substance misuse  Rehabilitation services
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Yews Trees is an 11-bedded, mixed-gendered, low secure unit for adults who may have a mental disorder and learning disability. It provides accommodation to people may be detained under the Mental Health Act

	<p>1983.</p> <p>The location is registered to carry out the regulated activities of:</p> <ul style="list-style-type: none"><li>- Treatment of disease, disorder or injury</li><li>- Assessment or medical treatment for persons detained under the Mental Health Act 1983</li><li>- Diagnostic and screening procedures</li></ul>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Yew Trees was meeting all the essential standards of quality and safety inspected.**

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 23 August 2012, checked the provider's records, 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

Where people were unable to provide a verbal response or tell us verbally their experiences, for example as a result of their limited verbal communication or poor cognitive ability, we noted their non verbal cues and these indicated that people were generally relaxed and comfortable and found their experience at Yew Trees to be positive.

People told us that they were involved in deciding which activities they do and that they felt well looked after. They said that staff are interested in them and help them to understand their care plans and they had a copy of the plan in their room.

People also told us they got lots of information about their care and treatment and were asked for their opinions. They had regular access to an advocate. They also felt supported to attend college and other activities and would be comfortable in speaking with staff if they were unhappy about anything.

Three people told us they were looking forward to going to the air show on the day of our visit.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People told us they were satisfied with the level of care and support they received at Yew Trees.

People told us that they felt well looked after by the staff at Yew Trees. One person said

"The staff are very kind and look after us well".

People told us they could choose whether or not to join in activities and could spend time alone in their room pursuing their own interests if they preferred.

We spoke with three people about the care and support they received at Yew Trees. They all told us that they liked living there; one person said that "it's nicer than where I was before, they communicate with me and I am very happy here".

All of the people we spoke with knew about their care plans.

During the visit we observed staff as they helped people with everyday tasks; they were respectful and spoke appropriately.

People told us that they are happy at Yew Trees and that they are treated well. They are consulted by staff and feel looked after. They are happy with their medication. They all felt informed about their treatment and attended their Care programme approach (CPA) meetings. They are comfortable in raising any matters they are unhappy about.

We were told by some of the people of their trips and activities in the community and that they enjoy including shopping, theatre events an ice cream parlour and an air show. One person also has their own garden area which they enjoy spending time in.

The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People told us that they felt happy at Yew Trees and that they are well looked after by staff. They said that they would feel comfortable in complaining or talking to staff or the advocate if they were concerned about anything.

One person told us "I feel very safe here."

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained

We used a number of different methods to help us understand the experiences of people using the service, and these indicated that people were generally relaxed and comfortable and found their experience at Yew Trees to be positive.

People told us that they were happy with their rooms and found them comfortable.

The provider took account of complaints and comments to improve the service.

People told us that there if they had any concerns they would make them known to the appropriate person. Most people told us that they felt comfortable talking with the staff about any issues that they had and that the manager was also always available for them to talk to. One person said "I don't know what I would do without the manager.

## **What we found about the standards we reviewed and how well Yew Trees 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**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard.

People who use this service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 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

Where people were unable to provide a verbal response or tell us verbally their experiences, for example as a result of their limited verbal communication or poor cognitive ability, we noted their non verbal cues and these indicated that people were generally relaxed and comfortable and found their experience at Yew Trees to be positive.

People told us that they were involved in deciding which activities they do and that they felt well looked after. They said that staff are interested in them and help them to understand their care plans and they had a copy of the plan in their room.

People also told us they got lots of information about their care and treatment and were asked for their opinions. They had regular access to an advocate. They also felt supported to attend college and other activities and would be comfortable in speaking with staff if they were unhappy about anything.

Three people told us they were looking forward to going to the air show on the day of our visit.

#### Other evidence

On the day of our inspection 23 August 2012 people using the service and staff were observed interacting well. We saw evidence that meetings were held three times a week and were minuted where people discussed what activities they would like to do, if they had any concerns, what food they would like to have on the menu and what visits they would like to go on. The last meeting minuted was held on 22 August 2012. The activities log showed patient-directed activities were taking place. For example recent visits included the theatre, college, a nearby animal park, boating on a lake and a nearby air show.

An independent advocate attends Yew Trees every Friday. General patient information and contact details for the advocate were on display in the dining area, this is available in a pictorial format that could be easily understood by the people using the service.

Yew Trees carries out a patient survey twice a year and the results of the latest survey were also on display in the dining room area, in a format that could be easily understood by everybody.

We found, in general terms, that people's privacy and dignity was maintained and respected by care staff. Where people received assistance with personal care, this was undertaken in the privacy of their own room or bathroom, with the door shut.

The assessment documents of people who were most recently admitted to the home were reviewed at this inspection. These included an initial assessment of the person, which detailed the basic reasons why the person needed to move to a care setting and gave background to their previous history. There have been no new admissions since our last visit to the service in December 2011.

This information was supported by the service's own assessment. Additionally when we spoke to the people they told us they were involved in planning their care and their initial assessment.

We saw three care files that had signed records of their care programme approach (CPA) to evidence their participation and understanding of their care and detention under the Mental Health act 1983. Yew Trees has a newly-designed template for recording the CPA information and this had a designated space to demonstrate people's participation and consent with their treatment and care planning. Copies of this were also seen in people's rooms.

When we visited, we saw that information about the Mental Capacity Act 2005 and deprivation of liberty was available and all staff had received training on this within the last two years.

Each person's plan of care document stated where applicable whether they had the capacity to understand and/or contribute to particular activities. People or their representatives had overall all signed their care plans to show they were involved in it or not.

### **Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered

in relation to their care.

## 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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People told us they were satisfied with the level of care and support they received at Yew Trees.

People told us that they felt well looked after by the staff at Yew Trees. One person said "The staff are very kind and look after us well".

People told us they could choose whether or not to join in activities and could spend time alone in their room pursuing their own interests if they preferred.

We spoke with three people about the care and support they received at Yew Trees. They all told us that they liked living there; one person said that "it's nicer than where I was before, they communicate with me and I am very happy here".

All of the people we spoke with knew about their care plans.

During the visit we observed staff as they helped people with everyday tasks; they were respectful and spoke appropriately.

People told us that they are happy at Yew Trees and that they are treated well. They are consulted by staff and feel looked after. They are happy with their medication. They

all felt informed about their treatment and attended their CPA meetings. They are comfortable in raising any matters they are unhappy about.

We were told by some of the people of their trips and activities in the community and that they enjoy including shopping, theatre events an ice cream parlour and an air show. One person also has their own garden area which they enjoy spending time in.

### **Other evidence**

At our last inspection of this service on 13 December 2011 we identified that we had minor concerns with this outcome. This was because a range of vocational and leisure pursuits were enjoyed by people living at Yew Tress, although they were restricted by a lack of access to the kitchen and by potentially a lack of suitable transport. The service subsequently submitted an action plan to show how they would achieve compliance. It told us that two vehicles were now back in operation and that patients were supported to practice and maintain cookery skills at a purpose built training kitchen in a sister unit nearby, and that access would be supported by occupational risk assessment and support from staff in the kitchen.

At the time of this inspection visit on 23 August 2012 we noted that suitable transport was available and three people were being taken out to an air show by staff and were supervised on a one to one ratio. Access to the kitchen is restricted and appropriately risk assessed, due to it being a commercial kitchen however opportunities are facilitated so that people may participate in cooking activities under supervision at another facility.

We discussed the admissions and referrals procedure for Yew Trees with the registered manager. The manager explained that Yew Trees provided assessment and treatment for people with learning disabilities and a range of associated mental health problems. Initial referrals were discussed by a multi-disciplinary team (MDT) centrally, and referred to the local service if the referral seemed suitable and they had a vacancy.

Initial assessments were carried out by at least two professional staff, which normally included a qualified nurse and a doctor or consultant. We looked at the assessments for three people currently being treated. All contained detailed information on their current needs and some background information and showed the procedures had being followed. The manager told us there had been no new admissions in past year. They told us that discussions about discharge took place in multi-disciplinary reviews and Care Programme Approach (CPA) reviews. It was also confirmed that active discussions had taken place with people currently being treated at Yew Trees to ensure they were aware of all processes.

We looked at the care plans for three of the people currently being treated at Yew Trees. We found that they were written in a person centred way and showed the involvement of the person they related to. Each plan contained detailed information about the person and their needs, and an easy read section, which included 'what I like/dislike', 'what I like to wear', 'things I like staff to help with', 'things I am good at', 'what makes me happy/sad' and 'what are my goals'.

It has been noted at our previous inspections that people had a variety of communication needs and for one person; the care plan file had been largely pictorial. This person has since moved on from the service but showed that information they had been given, for example their rights under the Mental Health Act, was in an easy read

format and a communication passport was in place and could be made available for people with similar needs.

We spoke with two people about their care plans, and they both told us that they had been involved in these care plans and were able to talk to their named nurse about their care plan.

The service used the Care Programme Approach (CPA) format for all the care plan documentation as all of the people being treated apart from two informal patients, were detained under the 1983 Mental Health Act. The application of the CPA approach was multi-disciplinary which provided a consistent and equitable care planning system for each of the people being treated. The multi-disciplinary team reviewed the care plans at weekly meetings and in more detail once a month. A formal review was held six monthly. We looked at minutes from recent reviews. These showed that the meeting included the person themselves, families, care managers and the advocate.

All the people at Yew Trees had Health Action Plans (HAP's) and we saw these on the care plans we examined. They detailed the specific health aims and goals and the actions planned to meet these goals. Each patient had a plan to access a local GP and other health professionals, as required. There was evidence that people were involved in the health action plans, and all were in an easy read format.

The service provided psychology and speech and language services and individual treatment programmes were in place to meet identified needs which included behavioural and cognitive therapy.

People receiving support and treatment were encouraged to follow a healthy diet, and the HAP's included nutritional assessments, weight records and exercise routines. A choice of main meals was available. We were also told that they had a takeaway meal once a month and were able to choose what type of meal they had.

A range of regular activities were arranged and during the review we observed people getting ready to attend an air show, playing pool, socialising in lounge areas and listening to music. We were told that other regular activities include a social club, trips out to the cinema or to watch football, walking, shopping and meals out. As all but two of the people receiving support were detained under the 1983 Mental Health Act, this is restricted by the terms of their section 17 leave. This section provided people receiving treatment, leave from the service that they were detained in, subject to conditions and approval from their multi disciplinary team. A number of people receiving treatment at Yew Trees also attended college courses during the week.

We were also told that in the summer they used their garden; they had a trampoline and had a BBQ. Once a year they had a fun day in the garden.

The manager explained the service's philosophy for supporting people should they become anxious. They explained that each person had a detailed behavioural plan which showed how their behaviours might be triggered and should be managed. We observed this actively implemented with one person during our visit.

The care plans that we looked at all had management of aggression procedures that included individualised early warning signs, de-escalation interventions and diversion

therapies and medication treatment. They all contained very detailed risk assessments around all activities of daily living, general activities, trips out and environmental issues.

We examined accident and incident records which showed a significant number of incidents, and we were told these were all discussed in the weekly and monthly MDT and safeguarding meetings. A record of these meetings was seen in the care plans examined.

All staff received an initial four days training in restraint and de-escalation followed by an annual refresher course and the training log provided confirmed that this training was up to date. We spoke with two members of staff who confirmed that they had received this training, and how they used the de-escalation techniques to deal with any issues.

We were informed of the on-call arrangements, which give support staff access to management and medical support at all times of the day and night.

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## 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 provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People told us that they felt happy at Yew Trees and that they are well looked after by staff. They said that they would feel comfortable in complaining or talking to staff or the advocate if they were concerned about anything.

One person told us "I feel very safe here."

##### Other evidence

At our last inspection of this service on 13 December 2011 we identified that we had moderate concerns with this outcome. This was because although people being treated at Yew Trees felt that they were safe and protected from abuse, there were risks to their safety and well being. The accident and incident records were not monitored or analysed and incidents of abuse between people being treated at Yew Trees were not identified or responded to which would ensure that people were not being abused or at risk of abuse. The service subsequently submitted an action plan to show how they would achieve compliance. It told us that the registered manager would ensure incidents were monitored and analyzed. The service will also maintain a close relationship with the safeguarding team and will meet on a monthly basis regularly seeking advice where necessary.

At the time of this inspection visit on 23 August 2012 the manager was familiar with the

local authority guidance on safeguarding and provided us with a copy of the provider's safeguarding policy. They explained the procedures that followed in the event of a safeguarding incident. They also provided a copy of the provider's whistle blowing policy. The policies gave clear information on actions staff should take if they suspected abuse or had concerns.

The manager also told us that all staff received training as part of their induction, as well as annual refresher training and provided a copy of their training log matrix to support this. We discussed safeguarding with staff members, who all confirmed that they had received safeguarding training. They were also all aware of the whistle blowing procedure, and how they should report concerns.

All of the people at Yew Trees had a Mental Capacity Act assessments carried out in conjunction the team at Yew Trees and their consultant psychiatrist.

At the present time, seven out of nine of the people receiving treatment were detained under the Mental Health Act.

There had been one safeguarding alert made in the last year and we discussed this with the manager. The alert that had been made had been dealt with in accordance with the procedures in place. We also discussed procedures for reporting any allegations with the manager and staff members. The policy in place instructed staff to report to the local authority safeguarding team and to the CQC, and staff were all aware of this.

We also looked at accident and incident records for the past six months. These showed that incidents that could be safeguarding incidents were discussed on a monthly basis with the Local Authority and there was a record of any analysis or discussions with the local authority team.

We spoke with the manager about the restraints policy and procedures for the service. We discussed their policy for restraint and looked at their records of restraint over the past year. The procedures contained details of how the use of de-escalation, or restraint, should always be appropriate, reasonable, proportionate and justifiable. This was evidenced in the care plan files we examined. We saw detailed risk assessments and management guidelines to be followed by staff to identify triggers of challenging behaviours and how to de-escalate these quickly.

All staff received an initial four days training in restraint and de-escalation followed by an annual refresher course and the training log provided confirmed that this training was up to date. Training records indicated that all staff had received appropriate training in safeguarding and the use of restraint. Staff confirmed that they had this training in the past year. The training matrix also confirmed that this training had been completed in July 2012. We were also told that the person who provides the training also visits the service regularly to ensure that the staff were able to safely use the procedures learnt within the environment.

We examined accident and incident records for the past six months together with the restraint log. Procedures were in place whereby all incidents involving restraint were recorded in a restraint log. We found that this had been done consistently since our last visit in December 2011. The multi disciplinary team (MDT) review notes also noted the

use of restraint and what follow up action had been taken.

**Our judgement**

The provider was meeting this standard.

People who use this service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

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

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

### What we found

#### Our judgement

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

#### Our findings

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

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained

We used a number of different methods to help us understand the experiences of people using the service, and these indicated that people were generally relaxed and comfortable and found their experience at Yew Trees to be positive.

People told us that they were happy with their rooms and found them comfortable.

##### Other evidence

When we visited on 23 August 2012, we found the environment to be homely and comfortable overall. There were large TV and music facilities. The bedrooms are all single and provide adequate space for the recommended furnishings, including armchairs. The rooms were generally pleasantly laid out and had also been personalised. People are able to choose how they want their bedrooms decorated and furnished, which shows their involvement in creating their own personal space.

The service is well maintained and the decor was neutral and clean. The manager said that any areas that require attention were to be included in the annual renewal plans over the coming year.

Communal areas were light and spacious, with comfortable furnishings. Since the last inspection in December 2011 the environment has been redecorated throughout and flooring was in the process of being replaced in one en suite bathroom. The majority of

areas were seen to be clean and tidy.

Environmental audits and risk assessments are carried out and there is a preventative maintenance plan in place. Ligature audits are undertaken in the environment, so that risks of self harm are minimised.

All of the bed rooms are en-suite with lockable space for personal belongings. The women's bedroom area is up stairs and there is a locked door between this and the male bedroom area, which is down stairs. The provider is still to start work on installing a female bathroom downstairs, so that females do not have to go to their own rooms to use the toilet during the day.

There is one dining area that has a large table which also doubles up as an activity table. There are two communal areas one of which has a television and the other which is used a de-escalation area, for patients who are unsettled. There is also a conservatory which has some soft furnishings, a pool table and a television.

Yew Trees has two maintenance staff on site that will and will ensure that the unit is maintained at an acceptable standard. Overall, the impression is of a homely environment where people are comfortable.

#### **Our judgement**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

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

We spoke with people using the service but their feedback did not relate to this standard.

##### Other evidence

The information shown to us indicated that staff at the service generally had positive training opportunities and we were told they had kept up to date in core areas such as moving and handling, fire safety and health and safety. Every new member of staff undergoes a programme of induction. After completing induction staff start their probation period, which lasts three months and progress is reviewed at monthly intervals. Mandatory training is also undertaken during the probation period. Newly qualified nurses undertake a preceptorship programme. Staff told us they were supported to undertake training and develop skills. We saw that the service had access to resources to facilitate this.

The manager explained arrangements that were in place for new staff to 'shadow' an established member of staff to ensure that they gained the experience they needed and got to know people's needs. They also told us of the initial induction training undertaken, covering important core areas such as safeguarding, fire safety, and moving and handling. Staff records we viewed showed that staff overall had undertaken training relevant to their role.

The staff records we viewed also showed that supervision processes were in place. All staff are allocated a supervisor who carries out two monthly supervisions. Each member of staff has an annual appraisal. Staff told us that they felt supported.

The service had a friendly atmosphere and it was clear from observations that the manager, senior team and staff generally all got on well, and that the management team provided good support to staff. Yew Trees has copies of each professional code of conduct. The unit's training matrix shows 100% compliance with mandatory training and induction.

**Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

The provider took account of complaints and comments to improve the service.

Most people told us that they felt comfortable talking with the staff about any issues that they had and that the manager was also always available for them to talk to. One person said "I don't know what I would do without the manager."

People told us that there if they had any concerns they would make them known to the appropriate person. Most people told us that they felt comfortable talking with the staff about any issues that they had and that the manager was also always available for them to talk to.

##### Other evidence

At our visit on 23 August 2012, the service had a manager who was registered with us as required by law.

Information we received from the manager during this inspection told us that there was a structured quality assurance model that started with a series of self assessment audits that are done within the home. Audits were conducted in many areas of the service including medication, care planning, infection control, environment, incident and accidents, restraint and safety. An action plan was then developed to ensure any areas identified for service improvement are recorded and followed up monthly.

We were told and saw that information on complaints received, incidents and

safeguarding alerts are scrutinised and trends identified to help drive improvements. We were informed that people using the service, their relatives and staff are encouraged to voice their opinions about the service through meetings and staff meetings. People we spoke with told us that they were able to raise issues direct with senior staff. We were informed that resident and relative surveys and staff surveys are distributed annually and a report produced to ensure action is taken to improve the service. We saw minuted evidence to show that meetings were held.

People receive a full assessment prior to admission and this continues post-admission. An independent care plan and risk assessment is devised and reviewed on a monthly basis or depending on the service user's needs. A care planning meeting is organised for every other month with involvement of all the multidisciplinary team and other external agencies. A care programme approach meeting is organised every six months with full report from all the multidisciplinary team and community team.

All detained service users are read their rights on a monthly basis depending on their capacity to understand their rights. Section 17 leave is granted as per need and reviewed on a monthly basis to ensure patients are well enough to go on leave and will be safe to go into the community.

All staff undertake pre-employment checks prior to starting work with the provider. Professional licences to practise and Criminal Records Bureau (CRB) disclosures are monitored by the provider's human resources department. Environmental risk assessments are reviewed regularly and updated as necessary.

The service had processes in place to collate the information, identify the service's strengths and weaknesses and plan the actions required to improve the experiences of people using the service and ensure continued improvement in the areas identified.

### **Our judgement**

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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