

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cambian - Storthfield House Hospital

Storth Lane, Normanton, Alfreton, DE55 3AA

Tel: 01773515600

Date of Inspection: 29 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cambian Healthcare Limited
Registered Manager	Mr. Charles Stima
Overview of the service	Storthfield House is an independent hospital service registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment or medical treatment of persons detained under the Mental Health Act 1983 for up to 22 people, male only, under the age of 65 years.
Type of services	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with four people using the service, three members of staff and the management team during the visit. We spoke with four visiting professionals by telephone following the visit and received written feedback from another.

People expressed their views and were involved in making decisions about their care and treatment. They told us that they liked using the service. One person said they liked the staff and confirmed that they were treated respectfully. One person told us that a request for specific cultural food had been accommodated.

People we spoke with were positive about the care that they received and praised the staff. They were able to tell us how they had improved since using the service. One person told us "it's pretty good here" and another said they were happy with the support provided and described it as "absolutely fine". The people we spoke with confirmed that their activity plan occurred as planned and one person told us activities were "never cancelled".

People told us they liked the staff and that they listened and were helpful. One person described them as "very good".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. They told us that they liked using the service. One person said they liked the staff and confirmed that they were treated respectfully. Another told us they attended weekly meetings to discuss the service and were involved in discussions about their care. All the people we spoke with told us they could talk to staff if they were worried and were confident that any problems they had would be listened to. One person told us that a request for specific cultural food had been accommodated.

Peoples' diversity, values and human rights were respected. We observed staff interactions with people and saw that these were friendly and relaxed. We saw written information from the service that told us additional efforts had been made to establish people's different cultural needs such as incorporating additional information into the admission assessment and establishing an equality and diversity lead in the staff group. The service had a multi faith room that people could access when they wished and the manager told us they had also arranged visits to places of worship, such as a mosque.

We looked at two people's care records. We saw that both had signed an agreement to the service. We received information from the Mental Health Act Commissioner following their visit in July 2012, which noted that records were well organised and that people were encouraged to express their preferences and interests.

We saw that an advance decision agreement was available in one record but that the person had declined to complete it.

We saw that an advocate from an external organisation visited the service weekly and assisted service users to express their opinions about the service and make representations to the management if they had any concerns.

A visiting professional told us the service was "welcoming" and that staff were "respectful and courteous", another described the service as "amenable" and a third described the reception they received from staff as "among the best" of the services they were involved

with.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

People we spoke with were positive about the care that they received and praised the staff. They were able to tell us how they had improved since using the service. One person told us "it's pretty good here" and another said they were happy with the support provided and described it as "absolutely fine". People told us they mostly like the food although one person described it as "hit and miss" and another as "very good but sometimes bland". The people we spoke with confirmed that their activity plan occurred as planned and one person told us activities were "never cancelled".

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Staff we spoke with knew people's individual needs and the information they gave us corresponded with the relevant care plan. We looked at two people's care records and both contained a comprehensive care plan and a range of risk assessments covering personal issues and behaviours and activities out in the community. We saw that the record was personalised and took into account individual preferences and needs.

We saw records that showed a range of activities took place that were matched to people's needs. Information we received from the Mental Health Act Commissioner on their visit in July 2012 showed us that one person said activity programmes were produced "with you, not for you".

We saw that multi disciplinary clinical meetings took place and records included evidence of these meetings and the decisions reached. A visiting professional described the communication in these meetings as "excellent". The Mental Health Act Commissioner saw that for those patients detained under the Mental Health Act all paper work was correct and demonstrated that the detentions appeared to be lawful. The records also showed that people had physical health checks with opticians and dentists and that they were registered with a local GP practice.

Visiting professionals gave positive feedback about the service; one told us that Storthfield House was "absolutely the best placement", another told us they could "only sing their praises" and a third said staff interactions were "appropriate and professional" and a fourth described staff as "very helpful".

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

Our judgement

The provider was meeting this standard.

People who use the 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.

Reasons for our judgement

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. They told us they felt safe and secure. We saw that the service had a comprehensive policy on safeguarding adults at risk and whistle blowing. Staff we spoke with were knowledgeable about what to do if they suspected abuse was occurring. They were able to describe what to do and told us they knew to report any allegations of abuse to the manager. One staff member told us there was a dedicated phone line for them to ring. However, the provider should note that some staff were hesitant when asked who they could contact outside the employing agency. This meant there was the potential for suspicions of abuse to be unreported.

Staff confirmed that they had undertaken training in safeguarding adults at risk and records we saw confirmed that this had occurred in 2012. The record identified those staff requiring refresher training.

We also saw that training in safe restraint techniques had occurred in 2012 and staff we spoke with confirmed that this occurred annually. They also confirmed that they felt confident in dealing with any potential incidents.

Records showed us that incidents and allegations of abuse were recorded and that appropriate action had been taken to resolve them.

Two visiting professional told us they had "no cause for concern" about the service and another told us the service responded quickly to incidents.

We saw information from the Local Authority confirming the service had achieved five stars for food safety practices in July 2012.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in relation to the recording of medicine and they were handled appropriately. People we spoke with told us they received their medication as prescribed and those who self medicated were able to describe how this was checked and we saw they had secure storage for their medicines in their room.

We examined four medication administration record (MAR) charts currently in use and found that these were in good order. However, the provider should note that charts were handwritten with no counter signature to ensure accuracy. This meant there was the potential for errors to occur.

We saw that there were signed agreements in place for people who were self medicating and an assessment of their competency to do this had been undertaken.

We examined two people's MAR charts against the medication available. This told us that MAR charts were completed accurately, with signatures for administered medication. We saw that essential and 'as required' medication was available as prescribed.

We saw that audits of medication were undertaken on a monthly basis, which meant the service had a process for checking whether or not errors occurred.

We checked controlled drugs records and found that the amount of drugs held corresponded accurately with the record. We saw there was appropriate storage for controlled drugs but the provider should note that the storage space was inadequate for the number of drugs in use. This meant that some drugs were not stored as securely as required.

We saw that the storage of medicines was satisfactory and a random stock check showed that medicines were within their expiry dates and that refrigerator temperatures were recorded on a daily basis. We were told that a new refrigerator had been supplied following the identification of temperature control problems. We also saw that medicines to be returned to the pharmacy were stored securely.

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

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.

Reasons for our judgement

People told us they liked the staff and that they listened and were helpful. One person described them as "very good".

Staff received appropriate professional development. We spoke with three staff who confirmed regular training took place and that this provided them with the essential information and skills to do the job. One staff member told us they had received some specialist training and all three confirmed that health and safety training was up to date. We saw records that confirmed this. The provider had an online training programme called active care that covered issues related to the needs of the service user group and we saw records that courses on sensory awareness, the Mental Health Act and Mental Capacity Act had occurred in 2012. One member of staff told us they were booked onto an alcohol awareness course.

All three staff confirmed that they received satisfactory support and told us that courses related to keeping people safe, such as managing violence and aggression, occurred on an annual basis and that there were de-briefing sessions if any incidents took place. They told us they received supervision and that this was useful. One person described their supervision as "very good". We saw two staff records that confirmed this occurred, although the frequency of sessions varied from monthly to three monthly. One person described their induction as "quite helpful".

One visiting professional told us they "couldn't fault the staff" and another said they had a "good working knowledge" of people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People using the service told us they could make their views known at weekly meetings and that they found the staff and manager approachable. They told us suggestions they had made had been acted on and that they were asked for their opinions about the service.

The manager told us people were asked for their opinion of the service in care reviews, weekly meetings, had access to an external advocate to assist them in raising issues and had surveys to provide feedback on the service. The surveys covered areas such as the environment and living conditions, catering and care planning and treatment. We saw the results of a survey undertaken in May 2012 that showed feedback was positive; comments included "Storthfield is a homely hospital" and "enjoyable and delicious" in relation to the food. The overall rating gave the service a minimum of seven out of ten and five people rated it ten out of ten. We also saw records that showed meetings took place each week to discuss the service.

We saw written evidence that a range of audits were undertaken; for example, we saw records that showed audits of infection control, health and safety and clinical audits that included medication issues occurred monthly. We also saw records of a clinical governance meeting that occurred in July 2012 and covered areas such as risk management, complaints and the patient experience.

We saw feedback from other professionals and relatives received in 2012 that was positive with comments such as "impressed", "grateful for all the support and care" and "therapy input showing good results".

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People we spoke with told us they knew how to make a complaint and were confident that the management would take their concerns seriously. The service had a comprehensive complaints procedure available, which was also available in simple language and pictures to aid understanding.

People's complaints were fully investigated and resolved where possible to their satisfaction. We looked at the complaints records and this showed us that there were written records of complaints received and what action had been taken to address them. We looked at the three most recent complaints and saw that these had been resolved satisfactorily.

A visiting professional we spoke with described the manager as "brilliant" and said people using the service were listened to and any concerns were addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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