

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

Edith Shaw Hospital - Leek

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Tel: 01538384082

Date of Inspection: 07 October 2013

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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
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	John Munroe Hospital Limited
Registered Manager	Mr. Andrew Robert Baker
Overview of the service	Edith Shaw Hospital is an independent mental health hospital, that provides care for up to 13 women who have enduring mental health needs. People using the service may be detained for treatment under the Mental Health Act 1983.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
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 7 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with six people who used the service, six members of staff and the registered manager. People who used the service told us they were happy with the care. One person told us, "I love it here, it's like a holiday camp". Another person told us, "The care is very good here. I think the staff are very good".

People told us they were involved in making choices about their care and treatment, and we observed staff responding to and respecting people's choices.

We saw that staff received appropriate training to enable them to meet people's individual needs and provide compassionate care in a responsive and timely manner.

People told us they received their medicines as prescribed, and we saw that only suitably qualified and trained staff supported people to take their medicines.

We saw that people's care was assessed and planned for, but people's care records did not always demonstrate that people's health and medication needs were met as planned for.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

People were treated with respect and their privacy was promoted.

Reasons for our judgement

People told us they were treated with respect and we saw that people's independence was promoted. One person told us, "The staff are all very good to me and they only help me when I need it". People also told us that the staff respected their privacy. One person said, "They (the staff) always tap on my bedroom door before they come in, but I can lock my door if I want to". This meant that people felt they were treated with respect and their need for privacy was respected.

During our inspection, we observed staff asking people if they wanted to go for a drive out in the minibus and we saw people being offered a choice of meals. We saw that people were encouraged to make their own choices and staff respected people's decisions. People told us they could choose what meals they ate and what activities they participated in. One person told us that they had been asked if they would like to go on a planned trip to Blackpool. They said, "We talked about it at a meeting yesterday, and now I have been given a letter about it because I want to go". This meant that people who used the service were involved in making decisions about their care and treatment.

Care records showed that people had been encouraged to sign their support plans to confirm they understood the agreed plans and actions. People also had copies of their support plans and other recovery focussed information in their bedrooms. One person showed us their support plan in their bedroom. They said, "It's got all the things about me in it". This meant that staff involved people in the planning of their care and people had access to their support plans.

People told us they felt involved in the running of the home. One person said, "We have meetings where we talk about activities, the environment, meals and the care, and we are asked if we want to do more or do less". We asked a member of staff how they used the information gained from the meetings. They told us, "I try and accommodate people's

ideas and I look to see how we can implement them". This meant that people were involved in reviewing the quality of the service and staff were responsive to people's feedback.

We saw that staff considered and addressed people's cultural needs. Staff told us about the actions they had recently taken to ensure that a new patient's cultural and linguistic needs were met. One staff member said, "We requested an interpreter, so we could find out more about X. It's led us to request spiritual assistance at X's request". Another staff member told us, "We have made sure that X now has access to culturally appropriate clothes. X really likes them". This meant that staff were responsive to people's cultural and linguistic needs.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Through a process called 'pathway tracking' we looked at three people's care records, observed the care they received and where appropriate we spoke with the people about their care. We also spoke with the staff about how they provided support. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

Care records were personalised for each individual and contained information about people's needs and behaviours. We saw that people had received an assessment to identify the support they required. Staff told us about people's needs and how they kept people safe. We saw that people's care records contained plans of care, risk assessments and risk management plans to enable them to participate in activities both at the home and within the community. Where appropriate, these plans focussed on promoting people's independence.

During our inspection, we saw positive interactions between staff and the people who used the service, and we saw that people were treated in a professional, compassionate and caring manner. We saw that people received care and support in a timely manner and in accordance with their support plans.

People told us they were encouraged to participate in activities both at the home and in the community. One person said, "I play dominoes and cards and the staff take me shopping. I go out in the minibus every week too". During our inspection, we observed staff helping people to engage in activities on an individual and group basis. Activities we observed included; pampering, playing dominoes and accessing the community. This meant that activities were provided to promote people's physical and mental wellbeing.

Care records showed that people had access to health and social care professionals, such as general practitioners and dentists. During our inspection, we observed staff respond to a person's complaint of toothache by making an appointment for the person to visit the dentist. This meant that people's routine health and wellbeing needs were addressed and managed.

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

We looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed.

Medicines were stored securely. Some medicines were temperature sensitive and were required to be stored within a recommended temperature range, to ensure their safety and effectiveness. We saw that temperature monitoring was being completed regularly. This meant that effective systems were in place for the safe storage of medicines.

Some people who used the service required controlled medicines. Controlled medicines are medicines that are controlled under legislation to ensure that they are not misused. We completed an audit of the controlled medicines stored at the home, which showed that there was an effective system in place for the storage and recording of controlled medicines.

Suitably qualified and trained nurses were responsible for the administration of medicines at the hospital. The provider had a system in place to ensure that staff had completed the required training. This meant that people were supported to take their medicines by qualified nursing staff. The provider may wish to not that no formal competency checks were completed by managers to identify if the nursing staff had understood the training they received.

People told us they received their medicines as prescribed and when they needed them. One person told us, "I always get my medicines on time". During our inspection, we observed three people receiving their prescribed medicines. The medicines were administered by a suitably trained member of staff in a caring and professional manner.

Some people needed 'as required' medicines. We asked a nurse when they would give three people their 'as required' medicines. The nurse told us about the three people's behaviours and when each 'as required' medicine would be used. This meant that the nurse understood people's medication and treatment plans.

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

Staff told us they enjoyed working at the hospital. One staff member said, "It's quite a nice place to work". Another staff member said, "We've got a really good team here". Staff also told us that they felt supported by the manager. One staff member told us, "If I had a problem, I would go to the manager and they would find somewhere for us to talk and whatever was wrong would get sorted". Another staff member told us, "The nurses and the manager are all approachable". This meant that staff working at the hospital felt supported.

We spoke with five members of staff about their training. Staff told us they received a variety of training. This included; moving and handling, health and safety, safeguarding adults and the prevention and management of falls. Specialist training specific to the setting was also offered. This included; the management of actual or potential aggression and person centred planning. One staff member we spoke with was employed as a 'bank worker'. This meant they were asked to work on an 'as required' basis. We saw that they had completed the same training that the regular staff had completed. This meant that all staff received appropriate professional development to enable them to meet people's needs.

We also saw that additional training could be requested by staff. One staff member told us how they had applied to complete some specialised sensory training. This meant that staff were able to request additional training to enable them to develop both personally and professionally.

Staff told us they received regular supervision and appraisals. One staff member told us, "We have supervision every six to eight weeks". Supervision records that we looked at confirmed that regular supervision was completed. This meant that the staff's performance and development needs were regularly assessed and monitored.

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.

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

Reasons for our judgement

People who used the service told us that their feedback was sought and staff told us how they acted upon people's feedback to improve the care and treatment provided. The provider may wish to note that the changes made to care and treatment were not always clearly communicated back to the people who used the service. This meant that people were not always aware that changes and improvements had been made as a result of their feedback.

The registered manager showed us completed audits which had been used to assess and monitor the quality of care at the hospital. These audits covered; infection control, controlled drugs, medication, legal compliance and the environment. All the audits contained appropriate action plans which had been developed to improve quality. This meant that where concerns with quality had been identified, appropriate action had been taken to improve the quality of care.

We saw that incidents and accidents were recorded and managed appropriately, and there was evidence that learning occurred following incidents, so that the risk of further incidents was reduced.

Risk assessments were in place and were reviewed to protect people who used, visited or worked at the service. Regular assessment and monitoring of fire alarms, lighting and electrical appliances were completed. This meant that risks were assessed and managed to keep people safe.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Electronic and paper care records were kept detailing people's assessments, support plans and treatments. Paper care records were stored in a locked office and/or in people's locked bedrooms. Electronic records could only be accessed by people with individualised and private usernames and passwords. This meant that people's personal information was stored securely.

As part of our pathway tracking process, we looked at the care records of three people. One person's support plan recorded that they needed to be weighed weekly. We checked the person's care records for a four month period and saw that the person's weight had only been recorded on two occasions. We asked the nurse in charge why weekly weights had not been recorded. They told us, "X is compliant with food and drink and has a healthy BMI, so there is no need to weigh weekly". They also said, "We adopted the care plan from Y (patients' previous hospital). It needs revising to monthly weights". This meant that the information in the person's care plan was not accurate or up to date. The registered manager told us that the contents of the person's support plan would be reviewed immediately.

The person's support plan also recorded that their food and drink intake needed to be recorded and monitored. We looked at their food and drink intake charts for an 18 day period. We found two separate records for the person for one date which recorded different foods and drinks. Staff were unable to identify which record was correct, which meant that there was no accurate record of the person's food and drink intake for that day. We were also unable to find records of the person's food and drink intake for two of the 18 days. This meant that the person's food and drink intake was not consistently recorded.

Another person's care record contained a support plan to guide staff on how to manage their diabetes. The person's support plan stated that their blood sugars needed to be checked every month by the staff at the hospital. We checked the person's care records for a nine month period and found that their blood sugars had only been recorded during five of the nine months. This meant that records of monthly blood sugar tests were not

maintained and the person could not be assured that their care plan was being followed as planned.

We looked at three people's medication administration records (MAR) to see if accurate records were maintained. We found gaps on two of the people's MAR where we were unable to identify if they had received their prescribed medicines. Staff were unable to confirm that the two people had received their prescribed medicines as the numbers of medicines stored at the hospital were not recorded on the MAR. This meant that accurate MAR were not maintained to demonstrate that people had received their medicines as prescribed.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Diagnostic and screening procedures	Records
Treatment of disease, disorder or injury	How the regulation was not being met: Accurate records were not always maintained in respect to service user's care and medication needs. Regulation 20(1)(a)

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 by 15 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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