Inspection Report

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

Glenbourne Unit

Morlaix Drive, Derriford, Plymouth, PL6 5AS

Tel: 01752763103

Date of Inspection: 29 August 2013

Date of Publication: September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Plymouth Community Healthcare CIC
Registered Managers	Mr. David McAuley Mr. Stephen Waite
Overview of the service	The Glenbourne Unit consists of two inpatient wards (Bridford and Harford) providing assessment, care and treatment for men and women with mental health needs. The Glenbourne Unit can accommodate 46 patients who may be detained 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 August 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

On the day of our visit we were told that there were 33 patients staying at the Glenbourne Unit – Bridford and Harford and 14 patients were on either long term or day leave. We spoke with eight patients, 10 staff members and members of the management team. We looked at five patients care files, observed care and reviewed information provided to us by the management team about how they ensured the quality and safety of the service.

Before patients received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

Patients we spoke with who were staying at the Glenbourne Unit said that their care and welfare needs were being well met. Comments included: "The staff are exemplary. I rely on them to keep me safe", "My needs are being met to aid my recovery", "I am OK, being looked after really well"; "It's all good. Been playing basketball today" and "I can always find a quiet place if I need to." We observed patients and staff. We saw plenty of positive interactions taking place and patients looked relaxed and comfortable asking staff for advice or information.

There were effective systems in place to reduce the risk and spread of infection.

Patients did not express any concerns about the Glenbourne Unit's recruitment process.

People were made aware of the complaints system. This was provided in a format that they could understand and use if necessary.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving patients in their care and allowing them time to consent to care through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. Staff were seen to give information to patients, such as what time ward round was (this is the process where a group of health and social care professionals meet with each patient to plan future treatments), whether they felt supported enough during ward round and when escorted leave would happen. Patients individual wishes were acted upon, such as where they wanted to spend their time.

Staff spoke of the importance of empowering patients to be involved in their day to day lives. They explained that it was important that patients were at the heart of planning their care and support needs.

Patients' human rights were respected. This was through care and support being person centred and the correct use of the Mental Health Act and patient's ability to appeal against their section if they felt they had been detained unfairly. We saw evidence of Independent Mental Health Advocates (IMHA's) and solicitor's details displayed on the wards. This showed that the Glenbourne Unit recognised the importance of patients having their human rights upheld through them being able to access independent advice when needed.

Care plans included considerations of the Mental Health Act (1983), Mental Capacity Act (2005) and whether a Deprivation of Liberty Safeguards application or best interest decision was needed. We saw that where a person lacked capacity, best interest discussions were held. For example best interest discussions had taken place to discuss a patient's need for a blood transfusion and another due to a patient refusing to eat and drink. These discussions included relevant health and social care professionals involved in patients care. This demonstrated that the Glenbourne Unit valued the importance of other professionals input in the decision making process.

Staff demonstrated a comprehensive understanding of the Mental Health Act (1983), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. This showed that staff were mindful of the principles of the Mental Health Act and Mental Capacity Act and ensured that patients were assessed appropriately and safeguarded from having their liberties deprived unlawfully. This demonstrated that the Glenbourne Unit recognised the importance of preserving people's liberty in line with their duty of care to safeguard and protect them.

In addition, staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), which aimed to help staff to understand how the principles of the Act are transferred into practice. Staff confirmed that the training they received on the Mental Capacity Act (2005) enabled them to be confident when assessing the capacity of patients to consent to treatment when they were informally staying at the Glenbourne Unit. The training also helped staff recognise what would be deemed as restrictive practice and the need for discussions with other health and social care professionals.

Care and welfare of people who use services ✓ Met this standard

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 would ensure patients safety and welfare.

Reasons for our judgement

Patients we spoke with who were staying at the Glenbourne Unit said that their care and welfare needs were being well met. Comments included: "The staff are exemplary. I rely on them to keep me safe", "My needs are being met to aid my recovery", "I am OK, being looked after really well"; "It's all good. Been playing basketball today" and "I can always find a quiet place if I need to." We observed patients and staff. We saw plenty of positive interactions taking place and patients looked relaxed and comfortable asking staff for advice or information.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files showed that assessments had been conducted with the patient at the centre of these processes. We saw evidence of assessments from admission through to discharge, including crisis management. Health of the Nation Outcome Scales (HoNOS) had been completed on admission and had been reviewed in a timely way and when there was evidence of changing mental health needs. HoNOS is a tool used to measure the health and social functioning of people with mental illness, the aim to provide a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of patients with mental health problems.

Care and treatment was planned and delivered in a way that ensured patients safety and welfare. We saw evidence of detailed, person centred care plans specific to individual needs. Care plans included the assessment and management of risk. For example, increased observation levels due to concerns over a patient's safety and welfare, the use of distraction techniques to help manage a patient's emotional distress, eating and drinking and falls. We saw that each ward had a de-escalation room, which was an area that patients could go with staff support if they were struggling to manage their emotions and/or if they were deemed a risk to themselves or others. This demonstrated the importance of providing care and support to patients in a holistic, less restrictive and punitive way.

We saw that occupational therapy was encouraged to form an important part of patients' treatment plans. We saw that the unit had a dedicated occupational therapy team, whose role was supporting patients from admission through to discharge. Activities were varied and included arts and crafts, cooking, exercises, coping strategies, relaxation and

psychological wellbeing. In addition, the occupational therapists conducted assessments with patients to assess their capabilities to manage in the community following discharge, such as their ability and safety when cooking for themselves at home.

There were arrangements in place to deal with foreseeable emergencies. We saw that where medication had to be used to manage a patient's behaviour the correct policies and procedures were followed. We saw evidence of alternatives being offered before moving to rapid tranquilisation. Rapid tranquilisation is used when disturbed or violent behaviour by an individual in an adult in-patient psychiatric setting poses a serious risk to that individual, other patients and staff. Immediate management of such patients is necessary to ensure the safety of other patients and staff and to reduce the patient's level of distress due to acute agitation.

The Glenbourne Unit followed the organisations rapid tranquilisation policy formulated by the Chief Pharmacist. This set out guidance in line with the National Institute for Health and Clinical Excellence (NICE) for the short term management of disturbed/violent behaviour in in-patient settings on the importance of appropriate medication choices for rapid tranquilisation; how to monitor the patient following the use of medication; staff training requirements and administering medication within the legal limits of the Mental Health Act (1983). We saw evidence of the policy being followed, for example the completion of a monitoring form, which documented a patient's vital signs (for example blood pressure, temperature, pulse, respiratory rate, fluid intake and level of consciousness) when they had been administered rapid tranquilisation medication. This demonstrated that patients' care and treatment reflected relevant research and guidance to ensure their safety and welfare.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

When we arrived at the Glenbourne Unit we were asked to wash our hands in the sinks provided in the main reception area before entering onto the wards. Above the sinks was guidance about the importance of hand washing for people to refer to in order for them to understand why they were being asked to wash their hands. This demonstrated that the unit believed in the importance of effective infection control measures for patients, staff and visitors to adhere to.

Patients we spoke with currently staying at the Glenbourne Unit praised the cleanliness of the unit.

There were effective systems in place to reduce the risk and spread of infection. Audits were regularly undertaken in the unit for infection control on a weekly basis. We saw that the unit's housekeeper carried out weekly cleaning and monitoring checks of each ward, occupational therapy department and the coffee shop. Areas checked included patients' bed spaces, communal areas, such as lounge and dining room, clinical rooms, waste disposal facilities, bathrooms and toilets, food preparation areas, activity/therapy rooms and offices.

We saw that hand hygiene audits took place on a monthly basis on the wards. These required the observation of staff carrying out effective hand washing and ensuring that staff were bare below the elbows, including no watches or bracelets. This was so the organisation could be assured that staff were adhering to the organisation's procedures and national guidance to ensure that effective infection control measures were in place to protect patients.

We saw evidence of mattress and pillow audits taking place on a monthly basis to ensure that these items remained fit for purpose and were of a clean standard to protect patients from cross contamination.

Patients were cared for in a clean, hygienic environment. We saw from the Glenbourne Unit's own audits and cleaning schedules that routine and deep cleaning took place. Systems were in place to show which rooms had been cleaned and which rooms still needed cleaning.

Patients were protected from the risk of infection because appropriate guidance had been followed. We saw a copy of the Glenbourne Unit's 'a matron's charter: An action plan for cleaner hospitals' which was a self assessment tool produced by the Department of Health. It reinforced the role of matrons/ward managers in relation to cleanliness in hospitals and contained 10 key principles that all staff were required to sign up to in order to ensure cleaner hospitals and lower rates of healthcare associated infections. We saw that this had been completed in August 2013 and showed any areas of concern, good practice to be shared and any developmental work needing to be undertaken. The self assessment demonstrated that there were measures in place at the Glenbourne Unit to ensure cleanliness and to mitigate the risk of healthcare associated infections.

Staff told us that the Glenbourne Unit had an infection control policy and procedure that was accessible to all staff and that they had received infection control training. We saw on notice boards around the unit information for staff and patients to refer to about good hand hygiene and how to stop the spread of infections. This demonstrated that the unit believed in the importance of providing people with guidance about how to prevent infections and cross contamination and having a staff team well trained in the theory and application in practice of infection control measures.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Patients did not express any concerns about the Glenbourne Unit's recruitment process. Patients we spoke with who were staying at the unit stated: "The staff are great. They are well trained. I have confidence in them" and "The staff are very able and are confident in carrying out their roles. I feel safe and reassured by this."

There were effective recruitment and selection processes in place. We saw the organisation's recruitment and selection policy and procedure which clearly set out the steps taken when recruiting new members of staff. We saw that once the organisation received completed application forms, that a short listing procedure was undertaken in a timely manner with the purpose of identifying applicants who met the essential criteria for the job applied for. Short listed applicants were then interviewed and if successful pre-employment checks were done, which included references from previous employers, health screening, professional registration, qualifications verified and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work.

Staff told us about a recruitment fair held at the Glenbourne Unit on 17 July 2013 which invited possible candidates to find out about working at the unit and to apply if they felt they wanted to. We saw that people who attended had completed feedback which commented positively about the day. Comments included: "Really enjoyed the session, would like to say thanks to all the staff involved for answering my questions" and "It was a very good experience and I think the open day was a huge success." As a result of the recruitment fair some attendees had applied for positions at the unit. This demonstrated that the organisation was proactive in how it recruited staff through the use of different recruitment methods besides advertisements.

Staff had completed induction training as part of starting work at the Glenbourne Unit. We saw that new members of staff received training on the Mental Health Act (1983), safeguarding vulnerable adults and children, fire safety, infection control, diversity, information governance, moving and handling, conflict resolution, basic life support and first aid, physical intervention and breakaway techniques. This showed that care was taken to ensure that new members of staff were trained to a level to meet patients' current and changing needs and to ensure they felt confident and competent to carry out their

roles.

We saw that the Glenbourne Unit employed newly qualified nurses and that they were encouraged by the organisation. As part of their new role they received a preceptorship, which required them to work closely with their mentors and experienced registered nurses to ensure they developed both their competence and confidence in working in an inpatient mental health unit. We saw the learning contract which needed to be completed during their preceptorship which set out the areas of practice which needed to be covered and signed off by their designated mentor to help them make the transition from student to accountable practitioner. Additionally, the preceptorship enabled the identification of areas to work on as part of their ongoing professional development.

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 they could understand and use if necessary. Comments included: "I have no complaints" and "If I had any concerns I would speak to staff." Staff informed us that they felt able to raise concerns with the management team, referring to the open culture of the unit and the importance of them receiving regular clinical and line management supervision.

People had access to the organisation's complaints procedure. We saw information leaflets available around the Glenbourne Unit for people to refer to if they felt they needed to. The leaflets provided people with details about how to make a complaint. They clearly set out the procedure which would be followed by the organisation. This demonstrated that organisation ensured that people were given enough information in order for them to raise any concerns and valued their comments to improve the quality of care provided and the overall running of the service.

The provider took account of complaints and comments to improve the service. We saw the complaints received since our last visit in November 2012. There was evidence that these had been appropriately followed up by the management team, such as learning outcomes being implemented and support and guidance being offered. This demonstrated that people's complaints were fully investigated and resolved where possible to their satisfaction.

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.

Contact us

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