

# Review of compliance

## Leeds Partnerships NHS Foundation Trust Ward 40-Leeds General Infirmary

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Liaison Psychiatry Great George Street Leeds West Yorkshire LS1 3EX
<b>Type of service:</b>	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	<p>Ward 40 has eight places and is a liaison psychiatry service. It has a specialist team that is based at Leeds General Infirmary.</p> <p>The service treats people with:</p> <ul style="list-style-type: none"> <li>•A physical illness and co-existent psychiatric disorder</li> <li>•People with psychologically based</li> </ul>

	<p>physical syndromes</p> <ul style="list-style-type: none"><li>•People in psychiatric crisis or who attend the general hospital following an episode of self-harm.</li><li>•People with physical illness and associated psychological and emotional problems</li><li>•People who need psych</li></ul>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Ward 40-Leeds General Infirmary was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 to check whether Ward 40-Leeds General Infirmary had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

We carried out a visit to ward 40 at Leeds General Infirmary to follow up compliance and improvement actions made following the last review of compliance at ward 40 in June 2011.

We spoke with a patient who had recently been admitted to the ward. The patient told us that staff had explained the aims of their care and treatment and had sought the patient's views and opinions about this.

When someone is initially admitted to the ward they are observed every 30 minutes as part of the assessment process. The patient told us that this had been explained to them by the staff involved and that the levels of observation did not impact on their privacy and dignity.

The patient was also aware of plans to review their medication treatment whilst on the ward and said they had given their agreement for this to be done. They also said that staff had explained the planned changes in a multi-disciplinary team meeting which the patient had attended the previous day.

When asked for their opinion of the ward the patient said, "Staff are very good and make me as comfortable as possible. They are very helpful."

A patient spoken with said that they felt safe on the ward.

We were told that staff are very supportive and can always be accessed if needed.

## **What we found about the standards we reviewed and how well Ward 40-Leeds General Infirmary was meeting them**

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

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

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

Patients are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

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

People's health and welfare needs are met by sufficient numbers of appropriate staff.

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

Overall patients benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. However, actions need to be taken to make sure patients are not at risk from the current storage arrangements on the ward corridor.

We have minor concerns with this outcome area and an improvement plan is requested to show how compliancy be maintained.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

## Outcome 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

We spoke with a patient who had recently been admitted to the ward. The patient told us that staff had explained the aims of their care and treatment and had sought the patient's views and opinions about this.

When someone is initially admitted to the ward they are observed every 30 minutes as part of the assessment process. The patient told us that this had been explained to them by the staff involved and that the levels of observation did not impact on their privacy and dignity.

The patient was also aware of plans to review their medication treatment whilst on the ward and said they had given their agreement for this to be done. They also said that staff had explained the planned changes in a multi-disciplinary team meeting which the patient had attended the previous day.

When asked for their opinion of the ward the patient said, "Staff are very good and make me as comfortable as possible. They are very helpful

##### Other evidence

At our previous visit to ward 40 in June 2011, we found that the absence of policies and training for staff about the application of the Mental Health Act 1983 meant that patients were at risk of not being protected by unlawful discrimination. We therefore found that improvements were needed for this essential standard.

We looked at two patient's care plans as part of this visit. The care records are held in paper and electronic formats. The care plans were well organised, informative and easy to follow. Each patient's needs had been assessed and care plans detailed how the person's assessed needs were to be met by staff. Both patients had contributed to the development of the care plan and had signed their care plan to show their agreement with the information written in it.

Within patient's care records there was clear evidence to show that patient's views and opinions were included. We saw that patients are encouraged to use the Occupational Self-Assessment tool. This enables patients to identify their needs and to monitor their own progress in achieving these. Multi-disciplinary meetings are held weekly with the patient to discuss how their care and treatment is progressing.

One patient's care records stated that bedrails were needed to prevent any harm to the patient from potentially falling out of bed. A risk assessment had been carried out about possible risks from the use of bedrails and the patient had signed to say they are in agreement for bedrails to be used. Various risk assessments are carried out and these are regularly reviewed and updated. All the staff have completed clinical risk training and this includes assessing and managing risk that is specifically in relation to liaison psychiatry and the needs of patients who are admitted to the ward.

We also saw that patient's had relapse prevention plans. This provides information about signs that could indicate the patient's health was deteriorating, so that staff could take action at an early stage to address the patient's health needs. The patient had been involved in drawing up the relapse prevention plan and in saying what actions they wanted taking at different stages to keep them well. The patient had commented in their care records "I'm happy with the plan."

Since our last visit, references have been added to care plans to show that best practice guidance is being used by the staff team. Care plans are regularly evaluated and updated so that staff are aware of any changes to patient care.

There are now several policies and procedures in place in relation to the Mental Health Act 1983, the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). Staff have easy access to these on the ward and staff can also access these policies and procedures on their staff net (electronic intranet) site. This has enabled staff to have a better understanding about mental health issues and legislation. Staff explained that there are very few patients who are admitted to the ward under detention of the Mental Health Act. At the time of our visit none of the seven patients were detained so it was not possible to establish whether policies and procedures are properly followed in practice.

Staff told us that they have all recently completed training about the Mental Health Act and Mental Capacity Act and we saw evidence to support this in the training records. Quarterly seminars have been arranged so that the Mental Health Act Legislation Manager can meet with staff to discuss mental health issues.

### **Our judgement**

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects 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

A patient spoken with said that they felt safe on the ward.

##### Other evidence

At our previous visit to ward 40 in June 2011, we found that the lack of training and easy access to policies for staff potentially put patients at risk from not being properly protected from abuse. Because of this we suggested that some improvements be made to ensure this essential standard continues to be met.

Since our last visit, all staff have completed training about safeguarding people from abuse. We spoke to a member of staff who told us that as part of their induction to the ward when starting working there, they had received some safeguarding training and this is then updated as needed. The safeguarding manager holds a seminar on the ward specific to the needs of the patients to ensure that a consistent approach is maintained for reporting incidents.

As previously mentioned under outcome four, there are now policies and procedures in place to make sure staff follow mental health legislation. All staff attend a five day training course about control and restraint and this is then updated annually. This helps in making sure patients are not at risk from unsafe care practices.

Policies and procedures on how to safeguard people from abuse are available on the ward and on the staff net. There is also a safeguarding policy and flow chart in the office that staff can easily access if needing to. We spoke with a member of staff who

had a good understanding of their roles and responsibilities in identifying and reporting abuse, although the staff member needed some prompting about the roles of other agencies within the process.

We were told that the ward has not had any incidents which needed to be referred on to the appropriate safeguarding authorities.

We observed that there was information about patient's rights on display throughout the home. This included details about how people could access advocacy services and Independent Mental Capacity Advocates (IMCA). Staff spoken with had a good understanding about their role in protecting patient's rights.

**Our judgement**

Patients are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

We were told that staff are very supportive and can always be accessed if needed.

##### Other evidence

At our previous visit in June 2011, we found that the trust needed to consider the purpose of the ward when looking at the skill mix of the staff they provide. Because of this we suggested that some improvements be made to ensure this essential standard continues to be met.

Since we last visited, a workforce plan review has been undertaken to look at the complement, skills, training, gender and qualifications of the staff team. Staffing inequalities have been addressed to make sure that staffing is based around patient's needs so that patients have opportunity to take part in activities and can have time off the ward.

At the time of our visit there were seven patients on the ward, comprising six women and one man. All the staff are qualified and this includes nurses and the Occupational Therapy team. We were told that there is always a minimum of two qualified nurses on duty at all times in addition to one or two occupational therapists. The staff team of 16 people consists of three male staff. Staff explained that male staff do not tend to work together. The occupational therapy staff only work during the week. One member of staff told us that staffing levels were not affected by this. However, another staff member told us that there are less staff on duty at weekends.

A preceptorship training package has been implemented for new workers. A staff member explained that this means a new worker will be shadowed by a senior member of staff for a month. This enables the new worker to develop an understanding about aspects of work such as patient's needs, patient centred care, the principles of care, and about policies and procedures that are to be followed.

**Our judgement**

People's health and welfare needs are met by sufficient numbers of appropriate staff.

## 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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

Patients made no comment about this outcome area.

##### Other evidence

Whilst briefly looking around the environment we observed a resuscitation trolley on the ward corridor with some free standing oxygen cylinders. Some emergency drugs were being held in the resuscitation trolley. However, the drugs were not secure and could be easily accessed. When we looked at the Leeds Partnerships Foundation Trust's medicine code, section 22.3 stated that inflammable gases must be stored in a separate, designated storage area.

We brought these issues to the attention of the ward management team. They explained that the ward has an agreement with the Leeds Teaching Hospital's Trust about the resuscitation trolley and oxygen being located on the ward corridor. This is to enable other nearby units and departments to have easy access to equipment in an emergency.

We discussed potential risks from these practices, such as patients on ward 40 having access to emergency drugs and oxygen cylinders. The management team assured us that this matter would be looked into and actions would be put in place to make sure any risks to patients are minimised.

##### Our judgement

Overall patients benefit from safe quality care, treatment and support due to effective

decision making and the management of risks to their health, welfare and safety. However, actions need to be taken to make sure patients are not at risk from the current storage arrangements on the ward corridor.

We have minor concerns with this outcome area and an improvement plan is requested to show how compliancy be maintained.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b> Actions need to be taken to make sure patients are not at risk from the current storage arrangements on the ward corridor.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b> Actions need to be taken to make sure patients are not at risk from the current storage arrangements on the ward corridor.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b> Actions need to be taken to make sure patients are not at risk from the current storage arrangements on the ward corridor.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA