Inspection Report

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

Rampton Hospital

Woodbeck, Retford, DN22 0PD

Tel: 01159691300

Date of Inspections: 14 March 2013
13 March 2013

Date of Publication: April 2013

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
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Nottinghamshire Healthcare NHS Trust
Overview of the service	Nottinghamshire Healthcare NHS Trust is one of the largest trusts in England providing a wide range of services from over 40 locations. Rampton Hospital is one of the trusts locations and is the focus of this inspection report. Rampton Hospital is a high secure psychiatric service for people with a mental illness, a mental disorder, a personality disorder or a neuro-developmental disorder. The service is delivered in conditions that aim to provide safety to the individual and to others.
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

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 13 March 2013 and 14 March 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 carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We were accompanied by a specialist advisor.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

What people told us and what we found

We visited 14 wards; spoke with at least 34 patients and 46 staff. We saw staff talking with people in a respectful and calm way and responding promptly to patient's needs. We found effective arrangements were in place to meet patient's healthcare needs. Where necessary, patients were referred to external healthcare providers, such as local hospitals to have assessments and treatments.

Most patients were positive about the staff and the arrangements in place to occupy their time in a meaningful way. One patient said, "I feel they [the staff] understand most aspects of me and my personality, they are calm, good at their jobs." Another patient told us, "I'm fully occupied and enjoying my therapies. The staff treat me well and I have no complaints."

Some concerns were expressed about staffing levels and the impact this had on patients. We asked the trust to provide us with more information on this.

Most patients' felt safe and said that staff treated them with consideration. One patient said, "Restraint is done fairly and for the right reasons. Seclusion is hardly used, it's not used punitively." Another patient said, "I think that staff are really good, I have done very well on this ward."

Staff told us the induction to the hospital was good and they were well supported. They received appropriate supervision and had access to training that was relevant to their role.

We gave the trust just under 24 hours notice of this ispection taking place.

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

Patients expressed their views and were involved in making decisions about their care and treatment.

We asked staff how patient's rights and choices were promoted. We were told, "Patients can be involved in their care plans, we plan activities with patients and they can always talk to us." Another member of staff told us," I've seen a real shift in staff attitude in this area. Patients can be really involved if they want to be."

There were different forums for patients to be consulted on their views and to feed back their experiences about how the hospital was run. Most patients we met thought their views were well represented and taken into account and one patient told us the trust had recently asked for their views and ideas on cost improvement savings.

Most patients said that the majority of staff treated them with respect and that they had good relationships with their clinical team including the ward staff. One patient said, "The staff respect me and treat me with as much dignity as they can given the situation. They respect my privacy as much as possible."

All of the care records we saw considered issues of dignity, privacy and respect. All of the patients we asked knew about and had been involved in discussions about their care plans. Most patients said they had sufficient information about their condition, on their treatment and about how the ward and service operated. Most patients agreed with the content of their care plans and some patients had their own copy.

Most patients were well informed about how they would progress through their recovery programme. One patient said, "I know about my treatment and care plan and I understand what I need to do to progress to the next stage." Most patients agreed with the content of the care plans. One patient said, "I agree with most of it. There are some parts I don't agree with but that's understandable. When I don't agree they explain why they have put it in my plan and I understand why, they explain it well."

The provider may find it useful to note that some patients who were further forward in their recovery programme and who were living on wards that had assessment and treatment beds as well as a rehabilitation function found this difficult at times. One patient said, "There are a lot of people on this ward who need a lot of [staff] time and help, this is difficult for me as I'm getting ready for discharge." Another patient told us: "There's been a change in this ward. I don't feel I always get the care I need in my plan. This is because this is meant to be settled ward, but it's not. So many people are acutely unwell at the moment."

Some patients said they risked being segregated or having their access to leisure opportunities cancelled if they did not engage in their recovery programme. Staff explained that decisions such as this were based on risk and the availability of staff to supervise patients. Some activities took place on the wards and we saw information on the plans for the day that also encouraged patients to access outside spaces. However, we also received mixed feedback from patients and staff on the availability of clinical or escort staff to ensure therapeutic and educational activities went ahead as planned. One patient said, "I spend all my days off the ward; I do horticulture, cooking, wood work and I really enjoy it." Another patient said, "Activities are often cancelled because they say they haven't got the staff."

We asked the trust to provide evidence as to what extent the cancellation of activities was due to staff shortages. This level of detail was not captured. Without such information the trust could not know how the provision of therapeutic and educational services were affected by staffing levels. The trust told us they will now collate this information and they did provide us with statistical data and comment about other known influences on the uptake of activities.

Most patients told us their diverse needs were understood and met and their right to practice their faith was respected.

We saw leaflets in ward areas advising patients to contact the advocacy services if they had concerns and complaints. Patients were aware of this service and how to use it. The staff we spoke with understood their responsibility to listen to patients concerns and escalate any issues that required formal investigation. We spoke with a patient who had made a complaint and they said they had received a letter about this from a senior clinician involved in the investigation of his concerns.

We saw patients using the telephone in communal areas. Some patients complained about the lack of privacy using the telephones and we were told that the trust was piloting the use of a different telephone hood designed to improve privacy.

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.

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

Reasons for our judgement

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

Patient's needs were assessed and care plans were written with the involvement of the individual and their clinical team. Most care records were up to date and reviewed regularly. The hospital had an electronic recording system alongside one that was paper based. Together they provided a comprehensive explanation of patients care and treatment plans. However, the provider may find it useful to note that some of the care plans had not been reviewed and updated regularly with information from the electronic recording system. In one case this had led to one aspect of a patients care plan not being implemented as agreed. This was rectified before the end of our visit however, we have not been able to test that this compliance has been sustained.

Most patients' records supported what they told us about their care and treatment and the agreed control measures in place to manage risks. Most care records were detailed and highly personalised. They provided staff with a range of options including how to respond to patients' behaviours and moods. The clinical team considered how patients coped with stress and care plans included information about triggers that could lead to the expression of challenging behaviours.

One person had a vulnerability care plan that included structured therapies and an education programme. Their records showed that they regularly attended twice weekly social sessions and fitness sessions including swimming as part of their healthy lifestyle programme. Their care records showed the dietician was involved and the hospital pharmacist had met with them to discuss their medication treatment regime. Another patient told us, "I have a psychologist to help me understand my behaviour; I find the session is helpful."

All patients were confined to their rooms from about 9 pm each evening. The majority of patients said they had no objections to this. One person said, "The night lockdown doesn't bother me; it's my favourite time of the day. When it started I was worried, I felt anxious about it as I was having chest pains and pains in my arms. I spoke to my named nurse and they increased me to five-minute obs [observations]."

Some patient's with a learning disability told us they found night time confinement difficult. We looked at patients' records and saw there were night care plans in place. They included appropriate risk assessment and the records seen showed patient's were monitored regularly and had access to support and regular hydration and nutrition where needed.

We found there were systems and processes in place to support the effective delivery of physical healthcare. The health care centre was well resourced and employed specialist nurses to treat minor injuries and other healthcare needs on the wards. They also supported the clinical teams with health promotion and prevention activities. We saw evidence of several health screening processes and quality improvement initiatives to help ensure patient's healthcare needs were appropriately met.

The hospital had processes in place to respond to routine, urgent and emergency physical health issues both internally and externally. We also saw clear records of treatments, actions and outcomes for patients some of which were being assessed against national standards to check if they met best practice guidance.

The clinical teams responded promptly to patients presenting and changing needs. One patient told us, "Since the minute I got here, even though I was very sick, the staff have treated me with the utmost respect. I have been amazed at the staff attitudes, they have helped me all the way, I was so bad, difficult, ill. They always had patience and treated me with respect. I have seen so many doctors GP's nurses since coming here, almost every day. They are brilliant." They have arranged a hospital appointment for me because I have a problem which they found out about."

Attention to patient's diverse needs including their ethnicity, sexual orientation and faith were included in care records. We saw other guidance on the arrangements to meet all major religions and the services provided. One person told us, "When it's Ramadan we are provided with staff from other wards to facilitate patients who take their nutrition during the night as part of their spiritual choices." This means that staff are aware of equality issues in the care of patients using the service.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patients' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Our interviews with clinical staff and patients and care plan records confirmed that patients accessed external health providers in routine, urgent and emergency medical cases.

We saw that a range of screening programmes were available including cervical and breast examinations to help identity problems early.

One patient said, "My health is okay generally. The support from the nurses and doctors is good in the hospital or outside. I've seen the dentist and get the dental checks I need and I don't have to wait for treatment."

Specialist nurses helped to support people's individual care needs. We saw that one persons' age related care needs had been assessed and equipment to manage their mobility and pressure ulcer risks wad been acquired.

We saw evidence of collaborative working with other providers including visits to their services by patients who were nearing discharge. One patient said how helpful it was to have seen pictures taken of a care facility under construction in the community that they had been referred to.

We were told that whenever possible at least one staff member who was known to the patient would accompany them to out- patient appointments.

Safeguarding people who use services from abuse ✓ Met this standard

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

Patients 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.

We were informed that the strategies for safeguarding vulnerable adults had been strengthened and that the majority of staff had received training and instruction and knew about their duty to report safeguarding concerns. We saw information on safeguarding and the reporting procedure on display on most of the wards we visited. The majority of the staff understood what safeguarding was and could describe the different forms of abuse. Although some staff were not aware there were separate processes for managing safeguarding alerts and complaints all of the staff we asked said they would report any concerns to senior staff who would then act on this information.

Most staff we asked knew that whistleblowing was a of alerting the provider or other agencies about practices taking place that may harm vulnerable adults.

Most of the patients we spoke with told us they usually felt safe on the wards. They also told us that most staff used restraint, seclusion and segregation fairly and only as a last resort. Staff and patients told us that verbal de-escalation would be tried first to avoid having to use a form of restraint. One patient told us, "It has been a long time since I was last restrained, but I remember it was the right thing to do. Staff had no choice really."

Patients told us restraint was used for the minimum amount of time and always to keep people safe. They felt confident that staff knew how to restrain patients safely. We observed an incident where a person was restrained very quickly and effectively. Other staff arrived on the scene very promptly to provide additional support. One staff member took control and gave clear instructions and information to the patient about what was happening and why. The staff tried to restrain the patient for the shortest time possible.

We spoke with another patient who said, "I feel that segregation is what I need at the moment. I don't find it too restrictive. I have been restrained and although I didn't find it fair at the time as I wanted to hurt myself, when I look back it was. Staff try as much as

possible to make sure I'm safe."

Patient areas were assessed for risks however we found one audit, used to identify ligature points had not been updated since May 2011. We also identified some areas of potential risk that had not been included in this audit. We discussed this with hospital managers who took action to address this. We were sent a copy of the updated risk assessment and an action plan was requested to check how the risks will be managed.

Some records contained safeguarding plans to help protect patients from harassment or abuse. Patients were involved in the identification of their needs and about the circumstances in which they felt they were unsafe, or at risk. Case management of patients whose behaviour presented challenges was detailed and systems were in place to help protect patients who self harmed.

Supporting workers ✓ Met this standard

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 received appropriate professional development.

Most of the patient's we spoke with had confidence in the staff's abilities to meet their needs. One patient told us, "The staff are very good and I get on with them. I feel they understand most aspects of me and my personality, not all aspects, but that's understandable given my needs. They are calm, good at their jobs; I just wish there were more of them."

Another patient said, "The staff sometimes understand me, other times not. They restrain people safely and they seem to me to be well-trained."

We spoke with a relatively new member of staff who said they received, "A really good induction and support on the ward." They confirmed they received supervision and they were confident that their requests for training would be given serious consideration. In addition to mandatory training, all staff had opportunities to undertake other professional development linked to patients needs. One staff member had recently received approval to do sign language training because they sometimes helped out on the ward for patients who had hearing loss.

One staff told us about their role as a 'recovery champion' and how they tried to promote this concept within the hospital. They described some of the methods they used to help patients identify their own personal goals, engage in activities and take responsibility for their actions.

All of the staff we spoke with said they felt supported by their managers and that there was good teamwork. We saw records to show that staff received support from their meetings with their line manager and they received annual appraisals. Ward managers said there were opportunities for individual clinical supervision for nursing staff and group supervision for nursing assistants. Individual supervision was also available on request and this was confirmed by those care assistants we asked. Team meetings were held approximately every six weeks and during these meetings staff from other wards or bank staff were asked to provide cover.

The patients we spoke with told us that they felt staff seemed to be competent in their duties. One patient said, "The staff seem to know what they are doing, we often see managers on the ward as well, checking up on things." Another patient said, "The staff responded well to an emergency situation recently, I feel they are probably well trained."

The staff we spoke with told us they were happy with the level of support they were provided in the form of training and supervision. One staff member said, "The training really is very good, it covers all the mandatory areas and nothing goes out of date. We all work days and nights over here so it means everyone gets a chance to attend training as well." Another member of staff commented, "I receive clinical and management supervision. But it doesn't need to wait, if there is a problem I know I can speak to the ward manager at any time." We were also told, "The training doesn't just stop at the mandatory, we can request extra things. We have also received training specific to the needs of the type of patient we care for in this unit."

All staff were very positive about their experience in accessing training and felt supported by the trust. Some staff spoke highly of the timely support they had received after they had witnessed or been involved in significant incidents.

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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