## Overview of the service:

Longreach is a hospital for people for people with mental health needs. It consists of two wards; Bay Ward-an acute ward for people with a range of mental health needs, and Cove Ward for people primarily with dementia. Longreach House is a modern building.
situated on the Redruth Community Hospital site, near to the town of Redruth in West Cornwall. The hospital has satisfactory car parking and is accessible on the local bus routes.
Our current overall judgement

Longreach House 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 January 2012, checked the provider’s records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

This inspection focused on Bay Ward and the experience of people using this part of the service. Generally people were positive about their experience of staying on the ward. Some concerns were expressed by a minority of people regarding a minority of staff attitudes, although the majority of people expressed no concerns and said staff were helpful and supportive. We could not verify any concerns which were expressed to us. Most people said the food provided was to a good standard. People said the activities on offer at the hospital were good. Everyone said they were happy with their accommodation.

What we found about the standards we reviewed and how well Longreach House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People using this service are supported in a respectful and person-centred manner.

• Overall we found that the service was meeting this essential standard.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Despite reassurances we have received from the trust, mixed views expressed by people using the service, cause us concern about communications to people using the service.
regarding explanation of their treatment and their rights.

• Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People using the service receive suitable help to ensure appropriate support with their health and social care needs.

• Overall we found that the service was meeting this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People using the service receive suitable support to ensure they have choice regarding what they want to eat and drink, and to ensure that their nutritional needs are met.

• Overall we found that the service was meeting this essential standard.

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

Safeguarding procedures meet agreed multi agency guidance. They should provide assurance that any allegations are reported and investigated should they be made.

• Overall we found that the service was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Although generally procedures regarding medication are satisfactory, we are concerned regarding whether there are sufficient numbers of staff trained to administer medication.

• Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Some aspects of the accommodation, and how it is organized are not ideal, but we accept the registered provider has a suitable plan to improve the facility. Overall Longreach provides a suitable facility for the people staying there.

• Overall we found that the service was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Recruitment records demonstrate recruitment procedures are generally satisfactory, although we did note that some records, required by regulation, were not present for inspection.

• Overall we found that the service was meeting this essential standard.
Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing levels, at the time of the inspection, are sufficient to meet the needs of people. •Overall we found that the service was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Although the trust has assured us they have a plan in place, training provision and delivery does not fully meet some legal requirements. Training provision does not ensure staff are equipped with sufficient skills and knowledge to meet the needs of people who use the service. •Overall we found that improvements are needed for this essential standard but, to maintain this, we have suggested that some improvements are made.

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

The registered provider has comprehensive quality assurance systems, however some improvement is still required to these to ensure there is effective monitoring, and subsequent action taken to ensure the essential standards, and associated regulations, are complied with.

•Overall we found that improvements are needed for this essential standard but, to maintain this, we have suggested that some improvements are made.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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
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 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Most of the people who we spoke to were positive regarding the staff support they received. The positive comments we received included 'staff are really sound' and 'the staff really do care'. Another person said she had received very good care from the ward, and the person said staff were 'very kind and supportive.'

Another group of people said that most of the staff were 'OK' although they felt that a minority of staff could be better in terms of their attitudes towards them. For example one person said a minority of staff 'were on a power trip' or 'treat me like I am an object'. However this was not a majority view, not an attitude we perceived staff as exhibiting during our time on the ward, and we could not verify whether the concerns were accurate or not.

We did speak to a number of women who use the service because we wanted to check how they felt because some times, due to lack of beds, some of the male patients had to sleep on the female ward. Some of the women did not mind this and did not feel threatened by the presence of the male patients. One woman said she 'did not feel threatened by anyone on the ward' and she felt 'no reason to ever lock my door or to feel threatened.' However two women said they felt they had to 'watch (their) back(s)' and one person said ' I do at times feel threatened'. However we could not conclude
whether men not sleeping on the women's section would make a difference, as the women concerned chose to use the mixed areas of the ward for relaxation, rather than use the women only lounge. Indeed one of the male patients also said that he felt threatened by some of the younger male patients due to their behaviour at times being erratic.

During the two days of the inspection we spent a significant period of time in the communal areas. There were usually several staff around, yet the people using the service were given a suitable amount of 'space' to not feel overly observed and monitored when this was not required. When people needed support this was observed as provided in a timely fashion, and staff were attentive when people wanted to talk with them.

When we last inspected the service in July 2011, a number of people raised concerns that staff did not have time to talk with them, or would say they would return to help them after doing a task, but subsequently did not follow this up. At this inspection we received only a very small minority of concerns regarding this matter, and the majority of people said that staff did make the time, or would return to assist them if they were busy at that moment.

People we spoke with said they had a choice regarding what time they could get up in the morning. People also said they could go to bed when they wanted to, or take a rest in their bedrooms during the day if they wished.

People said they were happy with the provision of activities provided at the hospital. We were told some activities took place on the ward and some at the occupational therapy unit. Some people said they thought more activities should be organized on the ward, and when we spoke to the management later during the inspection, they confirmed there is a plan to have an activities room on the ward in the future.

**Other evidence**

On both days of the inspection we observed staff working respectfully and in a supportive manner with people using the service. Staff were attentive to people's needs. Care observed was delivered in an unrushed manner. When the ward was particularly busy or there was an incident staff responded calmly to this.

By its very nature, the hospital ward is a restrictive setting. A number of the people on the ward are restricted due to being sectioned under the Mental Health Act 1983, or they may be deprived of their liberty in line with the Mental Capacity Act 2005. Some aspects of the environment are restrictive in order to ensure that people on the unit are kept safe. For example the exit to the ward is locked. If people want to go out, and are not under any restriction, they have to ask staff. However it would be difficult to manage this situation in a different manner as it is necessary to keep others safe, if for example there is a significant risk of self harm or suicide.

We were told that a copy of the ‘service user guide’ is offered and given to the person on admission to the ward. This outlines the services provided and other information such as advocacy services and how people can make a complaint. We were provided with a copy of the ‘patient information pack’ which people are provided with. This included the 'Bay Ward Care Pathway' which outlines the list of tasks and processes which should be followed with the person when they are admitted to the ward during
the first 72 hours. There were no direct contact details regarding advocacy services used for example a phone number or email address.

Some activities are also provided on Bay Ward. We were told that there is a morning meeting on the ward where it is outlined what activities are scheduled for the day. The Haven Unit, in the same building as both wards, operates a comprehensive occupational therapy programme. A wide range of activities are on offer. The service includes opportunities for people to pursue adult education (via Cornwall College tutors), and access to complementary therapies such as massage, art therapy, baking etc. There are groups regarding cognitive behaviour therapy and 'coping skills' (e.g. anxiety management). People who are no longer inpatients can attend a four week 'returner programme' to assist them with their recovery. We were told since our last inspection a seven day a week activity service is now provided.

**Our judgement**
People using this service are supported in a respectful and person centred manner.
• Overall we found that the service was meeting this essential standard.
Outcome 02: Consent to care and treatment

What the outcome says
This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement
There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People expressed mixed views regarding whether they received full information and were consulted about their treatment. Some people we spoke with said when they were admitted to the hospital their treatment was explained to them. Some people said a care plan was either drawn up with them and/ or they were provided with a copy.

Some said they were provided with information regarding their rights if they were detained under the Mental Health Act 1983. Other people said that they did not think this was the case. One person said they were given 'a piece of paper' but it was not explained. Another person said they had been admitted to the hospital several times, and on later visits reasons for admission, and ward policies and procedures, had not been clearly explained to them-probably due to an assumption that the person remembered them.

One person said when they wanted to see their records, they were told they could only receive a copy of these if they paid a fee.

From our observations staff spent time with people on the ward and involved people in meetings about their care.

Other evidence
We discussed with the nominated individual of the hospital some of the concerns expressed by people on the ward. The nominated individual of the hospital said to us that:

1. When any person is admitted to the service the person is as involved as much as possible in any assessment, however sometimes full involvement can be limited due to the person's level of illness.
2. The staff complete various documentation with people, and included in this is confirmation that people have been offered a copy of their care plan and a copy of peoples' rights.
3. Any fees for copying information should be waivered in respect of requests specifically made by people using the service. There can be a delay in providing notes as 'third party information' (for example names of other people using the service.) needs to be removed.

At the last inspection we had some concerns regarding how any restrictions were recorded for example if specific people were sectioned under the Mental Health Act or restricted under the Mental Capacity Act. In order to check whether there had been improvement in this area we assessed the care plans of two people residing on Cove Ward (Even though this inspection focused on Bay Ward, the previous concerns about this matter were only in respect of Cove Ward).

As of 19 January 2012 we were told:
1. On Bay Ward there were 16 of the 30 people on the ward detained under the Mental Health Act 1983. No people were deemed as lacking capacity to consent to their treatment under the provisions of the Mental Capacity Act 2005.
2. On Cove Ward there were 14 out of the 16 people on the ward detained under the Mental Health Act. Two people were deemed as lacking capacity to consent to treatment under the provisions of the Mental Capacity Act.

In respect of people deemed as lacking capacity, we assessed records kept to check they outlined a capacity test in relation to each aspect of the treatment. We checked there was a statement, by the person authorizing the treatment, that it was in the person's best interests as to how the decision had been arrived at, including who had been consulted and how people's views had been accounted for. In respect of people who were detained under the Mental Health Act we checked that people had their rights explained to them and decisions about the reason for detention were explained, recorded and reviewed.

In respect of the detention of one person under the Mental Health Act 1983, we did raise a concern regarding a delay in the recording of a change the person was sectioned under. Due to internal processes we were not able to evidence this change on the electronic record system used. There was also a delay in the person's care plan being amended. These issues had been addressed by the second day of our visit. We were informed this was because the change had been made on a Friday and the administrative staff who deal with updating the information do not work over the weekend.

We also checked what training staff have received regarding relevant legislation. We received copies of training records accurate to 31st December 2011 which stated that:
1. Mental Health Act legislation and policy; We were told that 75% of staff on Bay Ward and 100% of staff on Cove Ward had received this training. However according to
records only three named staff have received this training from Bay Ward. The same number of staff, from Cove Ward had received this training.

2. Mental Capacity Act. We were told by the provider in their action plan that this training would be provided by 30 November 2011. According to records provided by the trust, people receive this training as part of their induction. 85% (29 out of 34 people) have attended induction. After the inspection we were also told that staff on Cove Ward attended training regarding this area in November 2011. The nominated individual has stated to us that further training is being arranged in this area to ensure all staff have received suitable guidance. We will assess progress at the next inspection.

Our judgement
Despite reassurances we have received from the trust, mixed views expressed by people using the service, cause us concern about communications to people using the service regarding explanation of their treatment and their rights.
• Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
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
Most people said they were happy with the care and support they received. People said staff were supportive and would find time to listen to them. Some people said they had been offered and had received a copy of their care plans. Everyone said they attend any reviews with their consultant, although it could be very irritating as these were not at set times, and involved often long waits to have the meeting. Some people were aware they had a lead nurse or keyworker, although others said they were not aware of this. From our observations staff support was professional and attentive, although some people did raise some concerns about staff attitudes as outlined in other sections of this report.

Other evidence
Longreach Hospital is made up of two wards:
•Bay Ward- An acute ward for thirty people.
•Cove Ward- A dementia ward for twenty people.

The Haven Unit is an Occupational Therapy Unit which is used by people from both wards.

We were told that each person has a care plan. Care plans, risk assessments and daily records are all kept on the trust's computer system. This can be accessed by all of the trust's staff as long as they are authorized and trained to use the system. According to training records 97% of staff from Bay Ward are trained to use it. We were told that people using the service are given opportunity to participate in developing their care
plan, although people's ability to do so varies according to their current mental health needs. We were told people are offered a copy of their care plan when it is written, and also asked to sign a copy of it. Paper copies of signed care plans were available in the ward office. We were told some people had refused to sign their copy.

We assessed two care plans and these contained satisfactory information regarding the person's needs, and what assistance they needed from staff with their care. There was evidence that care plans were regularly reviewed, for example at the weekly ward round.

We were told that soon after admission, a full assessment of individuals is completed regarding discharge, so goals can be set to assist the person in their recovery. Just prior to discharge, where appropriate, people are allocated assistance from community staff e.g. from the trust and other agencies. This is to support them once they have left the hospital. We spoke to one person who was on 'home leave' who confirmed that they had full support from the community team and did not feel isolated or without support now they were not staying at the hospital.

In addition to medication, we asked if alternative therapies were available to treat and help people with their recovery. We were told that the Haven Unit does offer some therapies such as massage, cognitive behaviour therapy and 'coping skills' (e.g. anxiety management). We were told that people using the service are offered at least weekly sessions with their 'key worker' to discuss any concerns, although some people using the service, who we spoke to, said they would appreciate more opportunity to talk on a one to one basis with staff; particularly if they had depression or anxiety. Although we were told that some of the staff are trained in listening and/or counselling skills, and we appreciate that any talking therapy / counselling relationships need to be more enduring than the time spent on an acute unit would allow, we note these skills are not part of the trust's core or job role dependent training programme.

We were told that restraint is only used as a 'last resort' at the hospital. Staff receive specific training according to the needs of the people accommodated on the wards. We receive notifications from the hospital via the National Patient Safety Agency (NPSA) regarding incidents which may involve the use of restraint. We have been told that staff involved in any restraint are always fully trained, and their training is always kept up to date. We did try to check this in respect of a number of incidents which were reported to us, but the names of people were not available.

On Bay Ward, in order to restrain people staff are required to attend 'teamwork restraint' (TMAV) training. We were told there are always staff on duty who are trained in techniques to restrain people, and staff are not allowed to use any form of restraint unless they are trained to do so. We were told that a minimum of three members of staff are required when using any 'teamwork restraint' technique. According to the records we were provided with, as of 18 January 2012, 67% of staff had up to date training in this area. On 24 January 2012, the second day of the inspection, there were five members of staff who had up to date training in this area. According to records dated 31 December 2011, two of these staff imminently (27 January) needed renewal of this training. It is not clear if staff had received this update or whether an update was booked. There were a significant number of agency staff on duty on the day of inspection (for example due to training), and no records were available in regard to what training these staff had received. However there were adequate numbers of staff
on duty to carry out these techniques, although it is of concern that there were just
enough staff(3) to perform these techniques, and if one of these staff had been
engaged elsewhere, or having a break, the team may have had insufficient staff to
perform techniques safely.

We were told that the trust has systems in place to ensure it learns from adverse
events, incidents, errors and near misses, in order to keep these to a minimum in
future. Where necessary incidents are reported to the National Patient Safety Agency
(NPSA). The Care Quality Commission does receive condensed versions of these
notifications via the NPSA, although there can be further delays in receipt of these to
us. Any accidents and incidents are recorded and monitored, and records kept
regarding these were comprehensive.

If people need support with any physical health issues, this support is provided by
community medical services or the general health hospital which is on the same site.

We were told children are not admitted to inpatient areas, and the trust has contractual
agreements with other trusts in the South West to provide this care. However the
‘Section 136’ suite at Longreach is available for assessment of young people who have
been detained under this section, or as an alternative place of safety to the police
custody suite. The suite has recently been decorated.

We were told that risk assessment procedures are in place regarding minimising the
risk of suicide. We were told care planning ensures people at risk receive appropriate
levels of supervision. Bay Ward is a ligature free environment although Cove Ward is
not. Following an investigation about one incident which occurred prior to our previous
inspection, a comprehensive analysis of what occurred was completed. We were told
that all of the recommendations outlined in the report have now been implemented.

Our judgement
People using the service receive suitable help to ensure appropriate support with their
health and social care needs.
• Overall we found that the service was meeting this essential standard.
Outcome 05: Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People using this service, who we were able to speak with, all said they had enough to eat. Most people said the food is to a good standard, although a minority said they would like more variety. People said an alternative is provided if people do not like the main meal. Some people said they did not like it that some of the food was prepared in Wales, and transported to the hospital to be cooked. They thought food preparation should be completed locally. People said hot and cold drinks are provided throughout the day.

Other evidence
On the second day of the inspection, we shared lunch with people using the service. People could have a baked potato or Cornish Pasty with salad, followed by fruit pie and custard. Staff were available to assist people if they needed any help. The kitchen staff seemed friendly and helpful.

Lunch and evening tea are at set times. The kitchen looked clean. The dining area was clean and comfortable. A white board outlines what meals are available each day.

We were told people with special diets are catered for. People receive advice and support regarding their diet and nutrition, if appropriate. Courses are available on the Haven Unit regarding these matters, and in respect of improving budgeting and cooking skills, if people want or need this support.

Our judgement
People using the service receive suitable support to ensure they have choice regarding
what they want to eat and drink, and to ensure that their nutritional needs are met.
• Overall we found that the service was meeting this essential standard
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

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| **What people who use the service experienced and told us**
The majority of people who were able to speak with us said the staff who worked with them are nice, and they had not experienced or witnessed any poor practice. Some people said most of the people are nice, but they said some staff attitudes needed to improve. We have outlined these people's views earlier in the report.

People said to us that if they felt they or other people were subject to poor practice or abuse, they would be able to discuss this with other staff or one of the senior staff. The majority of people said they felt confident that appropriate action would be taken. The staff we spoke with felt confident that their colleagues practice was to a good standard, and that any poor or abusive practices would not be tolerated by the team or the management of the hospital.

Some people said to us they could at times be alarmed by the erratic behaviour of some of the other people on the ward, and this at times caused them to feel anxiety and in some circumstances not to feel safe. In one situation we reported a person's concerns to the person in charge. The person we talked to was anxious about the situation did not think the other person was being actively supervised. Staff reassured us that this was not the case.

We witnessed staff working professionally and constructively with people using the service. All the people using the service we spoke with said they could place belongings in a locked cupboard on the ward, or alternatively valuables could be placed in the safe in the office.
Other evidence

The Care Quality Commission has no record of any safeguarding meetings which have taken place since we last inspected the service in July 2011. The registered provider has appropriately referred two incidents to adult safeguarding. CQC was informed of these via the NPSA. These were in regard to incidents were there was (a) alleged poor practice by a member of staff-to which the trust has taken immediate and appropriate action. (b) concerns regarding the support a person received at discharge. CQC has been invited to participate in a strategy meeting regarding the first instance, and will participate in meetings regarding the second, if these take place. We have requested reports in respect of both matters if/when they are investigated under the trust's internal processes.

The registered provider has a satisfactory safeguarding policy and procedure. We are told it is necessary to use, at times, restraint in some situations. As outlined under Outcome Four (Care and Welfare) staff receive training in approved restraint techniques and we have outlined a concern regarding a possible need to increase the number of staff trained in this area. People also may have restrictions placed upon them under either the Mental Health Act 1983 or the Mental Capacity Act 2005, and we have reported in further detail under Outcome Two (Consent to Care and Treatment).

As much as possible people were given the opportunity to move around the hospital or ward, and where people were not under any restriction they could go out. The ward exit is locked, but this is appropriate to protect some of the people who may be a risk to themselves.

We were told that staff receive training regarding what abuse is, and what they should do if abuse is suspected. We inspected training records for staff who work on the ward. The records we received were accurate as of 31 December 2011. Safeguarding Adults (level 1) training is considered essential training for all staff, with more in detail training delivered to staff, dependent on their roles. Records show 100% of staff had received the level 1 training. (32 staff), and 47% (7 out of 15 staff) have received the level 2 training.

As outlined under Outcome 2 (Consent to Care and Treatment), a limited number of staff have received training regarding the Mental Health Act 1983, and some development is still required regarding training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This training is important as it helps staff to understand what peoples’ rights are if they have /do not have mental capacity, and what staff need to do if people lack the capacity to make decisions for themselves.

Our judgement

Safeguarding procedures meet agreed multi agency guidance. They should provide assurance that any allegations are reported and investigated should they be made.

•Overall we found that the service was meeting this essential standard
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
People said their medication was appropriately looked after by staff. Some people said they sometimes had to wait too long, beyond the time when medication was prescribed to be administered, for it to be given. Some people also said when they requested PRN 'as required' medication, (this may for example be prescribed for anxiety), they may be required to wait for its receipt for what they considered an unreasonable time, or staff refused to administer this medication. We were told by staff that sometimes people were not given PRN medication, for example to assist them to manage their anxiety, as staff wanted people to learn to manage this without resulting always to medication. This may be appropriate, but similarly, unless someone is under legal restriction, ultimately it is the person's choice or not to take medication which is prescribed to them.

Other evidence
The registered persons have policies and procedures regarding medication. In respect of medication training, this is considered essential training for some roles. According to records, as of the end of December 2011, 57% of staff (8 out of 14) on the ward had received this training. It was not clear from the records regarding the staff who have not had this training (or who are deemed 'non compliant' regarding the trust's training requirements) whether they are still involved in the administration of medication, and if they are booked on refresher training.

In regard to the staff who were on duty, on the second day of the inspection only one of the trained nurses had received this training, although we were unable to verify whether
another of the trained nurses had received this training as their name had not been included within the records we were provided with. According to training records staff that are not trained nurses are not required to attend Medication Management training. However health care assistants are involved in assisting the trained nurse with medication administration procedures.

At the inspection we checked the medication system. Medication is stored in locked cabinets, and administered via a ‘monitored dosage’ system supplied by the pharmacist. Medication is stored tidily and within a locked clinical room. Any medication which requires refrigeration is stored appropriately.

We were told that no covert medication administration takes place. If covert medication administration was required, this would be subject to agreement with the multi disciplinary team, for example, it would need to be agreed at the weekly ward review and subject to mental capacity assessment.

Records are kept regarding receipt, administration, and return (of unused medication). Stock levels kept appeared satisfactory. Procedures regarding the storage and recording of controlled medication were satisfactory. We raised a concern regarding some medication being held on the ward for the ‘home treatment team,’ and wished to clarify arrangements for how this was being dispensed. The nominated individual for the trust investigated the matter and the practice of storing medication on the ward for people who do not reside there has now ceased.

**Our judgement**

Although generally procedures regarding medication are satisfactory, we are concerned regarding whether there are sufficient numbers of staff trained to administer medication.

- Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
Outcome 10:
Safety and suitability of premises

What the outcome says
This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement
The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People using this service, who we were able to speak to, said they we happy with their accommodation. One person said 'it is like a hotel'. People appreciated the en suite accommodation and that they had their own rooms. Some people said it could sometimes be difficult on the ward if some people using the service were unwell and behaved in what they felt was an anti social manner, particularly in what is a limited communal setting which can be perceived as slightly cramped. People said they thought the ward was clean and well maintained. Even if people were under restriction they felt they could move around the ward and the garden without too much supervision (unless this was deemed necessary to maintain their safety). In one discussion group we held, some people said (a) radios in bedrooms do not work (management said they would check this, as at times the problem was due to people not knowing how to operate the radios. (b) the patients computer did not work (c) some times things got stolen and it would be good to have lockable space in bedrooms or to be able to lock bedroom doors from the outside.

Other evidence
We inspected both Bay and Cove wards on this inspection. Both wards were clean and free from offensive odours. Both wards had high occupancy levels on the days of the inspection. Both wards felt relatively calm and well organized.

Each ward has a communal area at the centre of the ward. On Bay Ward this tends to be the area where people gather and have their meals. Unfortunately on both wards, these areas do not have significant amounts of natural light.
The wards have subdivided sleeping areas, which aim to be ‘men’ and ‘women’ only areas. However there is some flexibility regarding this based on the numbers of patients admitted, by gender, at any one time. The wards are divided as follows: Cove Ward (Prussia: female, Sennen: male) and Bay Ward (Carbis: female, Perran: male) Each area also has a lounge with a television. These have tended to be ‘quieter’ areas; seemingly by accident rather than design, as people will congregate in the general communal area. Cove Ward also has a conservatory area. Both wards have gardens-with seating areas outside—which can be accessed via the large lounges. The ward offices are also situated adjacent to the large lounges.

Veryan Ward at Longreach is currently not operational. The trust informed us there are plans to redesign the layout of the first floor which includes Bay and Veryan Wards. The aim of the redesign would be to address many of the difficulties we have reported where the environment has a negative impact on people using the service. For example splitting the upstairs into two wards, having more appropriate day and dining space with more natural light, increasing flexibility of sleeping accommodation with vulnerable adults and high supervision locations.

People all have their own bedrooms which are lockable from the inside. The bedroom doors are not lockable from the outside, people do not have any personal lockable space to put personal belongings, although there is a communal lockable cupboard where people can place things, and access to this is controlled by staff. Similarly people can have valuables locked in the safe.

All bedrooms on Cove ward are suitable for disabled people. There are two disabled bathrooms on Cove, one on Sennen, the other on Prussia. These are designed specifically for people who have physical disabilities and/or are frail. There are two bedrooms on Bay Ward which can be used for people with a physical disability. All bedrooms have an en-suite toilet and shower. Cove ward also has a sensory room.

Adjacent to Bay Ward, there is a ‘Section 136 assessment area’ (used for seclusion). Some improvements have been made to this to improve décor. The area has two rooms which are both lockable from the outside (for Police use if people are detained by them). If the police use the area, staff from the ward are notified beforehand but the area is accessible via its own entrance.

The wards are non smoking areas. If people want to smoke they can do out in the garden. The trust agreed to have a covered area, and people using the service again requested this during this visit; although we were told by the nominated individual this could not be implemented due to national anti smoking guidance. There is however limited shelter outside the back door at Bay Ward.

Decorations and furnishings in all rooms/ areas, and general building maintenance are all to a good standard. Bay Ward is a ligature free environment, but Cove Ward is not-as the suicide risk to people using the service is deemed much lower.

A communal toilet is available for patients on Cove Ward. There is also a communal toilet facility on Bay Ward, although visitors and people residing on the ward have to request the staff unlock it. People using the service however have a toilet in their individual bedrooms.
Each ward has a small kitchen and laundry area. The kitchen is available for day to day supervised use by people using the service, and also as part of rehabilitation programmes.

We previously expressed concerns regarding males being accommodated on the female wards, and also regarding males using the female lounge. The nominated individual has said it is difficult have a clear differentiation of ‘male’ and ‘female’ accommodation, as the gender balance can vary significantly within a short space of time, depending on those admitted and discharged from the hospital. However, effort is made to try and protect the sanctity of the female only ward. If males have to be accommodated on it; risk assessment is completed to ensure only those who present no known risk to females are accommodated on it. During the day the males are required to use the communal facilities or the lounge on the male ward. At the last inspection, we were told that signage would be put up to state that males should not enter the female ward, but despite assurance, this has not occurred. The ‘Women Only’ sign on the female lounge is not visible when the door is open. Staff are not based in the female area, and there seemed no difficulty in males entering this area without being stopped.

The Haven Unit is used for some activities and primarily for occupational therapy. The unit was clean and well maintained. There is a ‘spiritual’ area for reflection and worship, and also an area which is used for complementary therapies. There is a small gym, although its use is currently limited due to the shortage of trained staff to supervise use of the equipment.

Longreach also has a ‘family room’ which is near the entrance of the building. Patients can meet here with their children / grandchildren.

The service has suitable policies and procedures in place in regard to health and safety. We assessed these and they are comprehensive. At the inspection we also checked that suitable health and safety checks are being completed (e.g. in respect of fire, gas, electrical safety). All records kept were satisfactory and up to date. Health and safety risk assessments have also been completed. These include assessing the risk of legionnaires' disease, and ensuring a satisfactory system is in place to minimize this risk.

Our judgement
Some aspects of the accommodation, and how it is organized are not ideal, but we accept the registered provider has a suitable plan to improve the facility. Overall Longreach provides a suitable facility for the people staying there.

• Overall we found that the service was meeting this essential standard.
Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement
The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Most people we spoke to thought staff were professional and supportive. A minority expressed some concerns regarding a minority of staff, and these views are expressed elsewhere in the report. Staff were seen as professional and organized throughout this inspection.

Some people said it would be a good idea to have a photo board of all of the staff who worked on the ward and when we spoke to the nominated individual, the management of the hospital said they would implement this idea. Currently there is also a white board, outside the office, which states which staff are on duty each day.

Other evidence
At the inspection we checked personnel records for six staff. The staff records we checked were the people who were on duty during the day shift, on Bay Ward, on the second day of the inspection.

Personnel records demonstrated that generally satisfactory pre employment checks are completed. In regard to three staff who commenced employment since the last inspection:
1. Each person had an employment application form which outlined the person’s employment history.
2. Each person had evidence that a Criminal Records Bureau (CRB) check. This outlines any criminal convictions and any reason why the person should not work with vulnerable people including an Independent Safeguarding Authority (ISA) check. The
ISA check checks that the individual is not on a list of people who should not work with vulnerable people. The registered provider has said they do not undertake a separate Independent Safeguarding Authority (ISA) 'First' check as no staff commence employment with the trust until a full and satisfactory CRB check is completed, which includes the ISA element. The trust have told us that they understand it is an offence to employ somebody on the Independent Safeguarding Authority (ISA) list.

3. Two written references were obtained for two out of three of the employees who have been employed since the last inspection. One of these people only had one reference.

In respect of staff who are registered nurses, not all of these staff had evidence on their files of current registration with the Nurses and Midwifery Council (NMC). After the inspection, the nominated individual checked this, and confirmed the people had renewed their registration and apologized that records had not been up to date.

We have been informed that new staff have to attend a structured induction prior to working with people using the service and before they are commence work in the various locations the trust manages. We have outlined details of this under Outcome 14 ‘Supporting Workers’ in this report.

**Our judgement**

Recruitment records demonstrate recruitment procedures are generally satisfactory, although we did note that some records, required by regulation, were not present for inspection.

• Overall we found that the service was meeting this essential standard.
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
Most people said there were generally enough staff available to provide them with support. However some people, as we have outlined elsewhere in this report, have said there at times should be more staff around so they can have more one to one time, and also to supervise some of the people who appeared disturbed or threatening to others on the ward. Some people queried what information was shared with agency staff in order for consistent care to be provided. The hospital management said that all agency staff received a formal handover when they commenced their shifts.

On the day of the inspection, from our observations, staff were attentive and responded to people appropriately.

Other evidence
The trust have informed us that the following minimum staffing levels are set for Bay Ward:
  • 'Day' Shift- three registered nurses and four health care assistants.
  • 'Night' shift-one registered nurse and four healthcare assistants. Where there are increased levels of observation required or the 'Section 136 Suite' is being used two qualified nurses are required.

The staffing risk assessment dated July 2009 states that the lead nurse has the responsibility for assessing the needs and risks on the ward. This includes the need to manage the 'Section 136 suite' and any increased levels of observation. Subsequently, and as necessary, extra staffing will be considered. If possible, staff can
obtain assistance from Cove Ward to support with specific tasks.

On the day of the inspection there were:
• Two nurses on duty and four health care assistants in the morning/ early afternoon until 3:30 (one health care assistant until only 1:30).
• There were two nurses and six health care assistants working on 'long day shifts' from 7am until 7:30pm. There was also a student nurse and a domestic worker.

On this day there was a need for a higher level of observation for some people, and also some of the people required treatment at Bodmin Hospital and needed to be escorted there. Some staff also had to attend training. Six of the staff on duty were agency staff who had been brought in to assist with the extra duties and also due to sickness or vacancies.

Additional staff are employed to cook and carry out other ancillary duties.

The care staff available are responsible for helping people with their personal care and assisting with people with living skills and other tasks they need support with.

**Our judgement**
Staffing levels, at the time of the inspection, are sufficient to meet the needs of people.
• Overall we found that the service was meeting this essential standard.
Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement
There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
The majority of people using the service said they liked staff who worked with them and found them professional. People could not comment in detail regarding this outcome area.

Other evidence
We were told that staff have to attend a formal induction when they commence employment with the trust. We were provided with details of the induction. The programme includes training regarding health and safety, principles of managing risk, fire, moving and handling, infection control, safeguarding adults and children, privacy, dignity and respect, equality and diversity and the Mental Capacity Act. Staff are then required to attend an annual update of some of this training. This includes health and safety, principles of managing risk, fire, moving and handling, infection control, safeguarding adults and children.

Staff have to subsequently attend training which is deemed appropriate to their role. Courses include food hygiene, medication, awareness of the Mental Health Act 1983, use of team restraint.

We assessed what training the staff on duty had received. In regard to training which is required for staff to meet minimum legal requirements, and the basic needs of people using the service, we note the following number of staff have attended:

- Induction 85% (29 out of 34).
- Annual update 88% (30 out of 34)
- Food hygiene 85% (29 out of 34)
• Medication 57% (8 out of 14)
• Mental Health Act 75% (3 out of 4)
• Moving and handling 69% (20 out of 29)
• Safeguarding 100% (34 out of 34)
• Teamwork restraint 74% (23 out of 31)
• Conflict resolution 88% (30 out of 34)
• Personal Safety 76% (26 out of 34)

This information was provided by the trust and deemed accurate by them as of 31 December 2011.

When we inspected personnel files, records were variable regarding training received. The trust subsequently provided us with detailed information regarding which staff had attended relevant training. Elsewhere in this report we have commented regarding the need for improvement regarding training about restraint (Outcome 4-health and welfare) and Medication (Outcome 9-Medication).

There is limited information regarding first aid training provision and whether the trust complies with legal requirements. There is also limited provision of training for staff with limited previous knowledge of mental health (such as staff who are coming into the trust who have not worked with people with mental health needs before, or for all staff in order to outline what the trust's expectations are regarding support for people with these needs). The trust have said they are currently reviewing their training provision in this area.

We were told that all staff are required to have one to one supervision with a senior member of staff. We only saw limited records to verify this was occurring on a regular basis, as the manager of the ward was on annual leave, and it was not possible to access records. We will check this at our next inspection.

Our judgement
Although the trust has assured us they have a plan in place, training provision and delivery does not fully meet some legal requirements. Training provision does not ensure staff are equipped with sufficient skills and knowledge to meet the needs of people who use the service.

• Overall we found that improvements are needed for this essential standard but, to maintain this, we have suggested that some improvements are made.
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
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
The majority of people using the service, who we spoke to, were satisfied with the service. People could not comment in detail regarding this outcome area.

Other evidence
We were told the trust has a comprehensive set of policies and procedures to assess and monitor quality of service provision. We were provided with copies of compliance reports regarding (1) staff training (2) quarterly report (October 2011) to the trust's 'Risk Quality and Standards Committee' (3) Performance Improvement Monitoring report (January 2012). The latter two reports are produced for internal trust purposes to assess compliance with trust and external regulatory standards. However both reports provided us with very useful information regarding the trust's audit and plans to ensure compliance with the essential standards.

We have been told the trust has a system of monitoring groups which check services are compliant against its internal governance standards. For example there is a system of clinical and other audits in place. User and staff surveys are completed. Information from user surveys are used to improve patient experiences e.g. menu changes, the provision of family rooms on some wards. Information regarding the quality of service is available to people who use services. There is a system of identifying, reporting and managing any risks in various areas of the trust's activity and operation.

This inspection has outlined improvement regarding the hospital's compliance with the essential standards and regulations, although there are still some concerns outlined in
this report. The trust’s systems have not picked these matters up and addressed them to ensure compliance.

**Our judgement**
The registered provider has comprehensive quality assurance systems, however some improvement is still required to these to ensure there is effective monitoring, and subsequent action taken to ensure the essential standards, and associated regulations, are complied with.

- Overall we found that improvements are needed for this essential standard but, to maintain this, we have suggested that some improvements are made.
### 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.

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<tr>
<th>Regulated activity</th>
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<th>Outcome</th>
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<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 02: Consent to care and treatment</td>
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<td></td>
<td><strong>Why we have concerns:</strong></td>
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<tr>
<td></td>
<td>Despite reassurances we have received from the trust, mixed views expressed by people using the service, cause us concern about communications to people using the service regarding explanation of their treatment and their rights.</td>
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<td>• Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</td>
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<td>Treatment of disease, disorder or injury</td>
<td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 09: Management of medicines</td>
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<td><strong>Why we have concerns:</strong></td>
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<td>Although generally procedures regarding medication are satisfactory, we are concerned regarding whether there are sufficient numbers of staff trained to administer medication.</td>
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<td>• Overall we found that the service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</td>
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<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting staff</td>
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<td><strong>Why we have concerns:</strong></td>
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<td></td>
<td>Although the trust has assured us they have a plan in place, training provision and delivery does not fully</td>
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meet some legal requirements. Training provision does not ensure staff are equipped with sufficient skills and knowledge to meet the needs of people who use the service.

Overall we found that improvements are needed for this essential standard but, to maintain this, we have suggested that some improvements are made.

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 28 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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<td>Author</td>
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