

Review of compliance

West London Mental Health NHS Trust

Region:	London
Location address:	Trust Headquarters St Bernards Hospital, Uxbridge Road, Southall Middlesex UB1 3EU
Type of service:	Hospital services for people with mental health needs
Date the review was completed:	December 2010
Overview of the service:	West London Mental Health Trust provides mental health services to children, adults and older persons in the boroughs of Ealing, Hounslow and Hammersmith & Fulham. The trust provides specialist and forensic mental health services, including high secure services at Broadmoor Hospital.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that West London Mental Health NHS Trust was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether West London Mental Health NHS trust had made improvements in relation to:

- Staffing
- Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

People using the service told us that there was usually sufficient staff on their wards however they did report that there were occasions when escorted leave couldn't be facilitated due to other clinical priorities.

Service users and their representatives said that they were involved in the interview process for new staff.

What we found about the standards we reviewed and how well West London Mental Health NHS Trust was meeting them

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

The trust has provided evidence that it has taken steps to address the levels of staffing at St Bernards Hospital and has reduced the number of vacant posts. It has demonstrated that recruitment is an ongoing process and that it uses appropriately trained bank staff to ensure safe staffing levels to provide the care to people using the service.

The trust has provided evidence that it has met the condition.

- Overall, we found that St Bernards Hospital was meeting this essential standard.

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 trust has provided evidence that it has put in place appropriate systems to assess and monitor the quality of service provision and has therefore met the condition.

- Overall, we found that West London Mental Health NHS trust was meeting this essential standard.

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

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

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

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

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

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

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

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

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

Outcome 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
People using the service told us that there was usually sufficient staff on their wards however they did report that there were occasions when escorted leave couldn't be facilitated due to other clinical priorities.
Service users and their representatives said that they were involved in the interview process for new staff.

Other evidence
The trust provided documentary evidence to show how they monitored staffing levels within the trust and the actions taken to address the shortfalls. Vacancy rates, nurse bank usage and recruitment activity in the trust are all recorded and reported on a monthly basis. We reviewed minutes of meetings and performance reports that show the information was presented at ward, directorate and trust board meetings. The workforce data showed falling vacancy rates over the period April to August 2010 at St Bernards Hospital and was consistent with the organisation's average target rate. The trust provided information about their recruitment processes, the number of campaigns held and the numbers of staff appointed from each campaign. Bank staff are used to cover vacancies and shortfalls caused by sickness/absence. The trust has revised the management arrangements and access to mandatory training to ensure this group of staff have the appropriate updated skills to work in the trust.

Our judgement

The trust has provided evidence that it has taken steps to address the levels of staffing at St Bernards Hospital and has reduced the number of vacant posts. It has demonstrated that recruitment is an ongoing process and that it uses appropriately trained bank staff to ensure safe staffing levels to provide the care to people using the service.

The trust has provided evidence that it has met the condition.

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

Service users did not contribute directly to the review of this outcome. The trust did however provide reports which showed that people were using the Patient Experience Trackers to give their feedback, as the percentage of responses rose throughout the reporting period.

Other evidence

The trust has provided documentary evidence to show that it has implemented an integrated governance structure and changed the committee structures to strengthen governance and assurance processes in the organisation. The trust has established an operations board, a quality and risk committee and a finance and performance committee which report directly to the trust board. The organisation's performance information is reviewed by the trust board monthly in an integrated performance report. We saw evidence that the information seen at directorate meetings was then reviewed in one of the three committees prior to being seen by the trust board.

The trust has established systems and processes to ensure untoward incidents are investigated in accordance with the trust Incident Policy. Monitoring on progress or delays, identifying good practice and learning points is undertaken locally in directorates and at the Trust incident review group. Learning from incidents and events is communicated across the organisation. We saw minutes of meetings and

tracked incident reports which were monitored at directorate, trust and trust board meetings. Learning points from the investigations were shared at the meetings and also published in alerts, on the trust intranet and in newsletters. Examples of changes in practice were also noted. Twice yearly learning events are held to discuss and communicate the key learning points.

The trust has identified monitoring the service user experience as one of its key priorities. The trust has service user forums in place and has involved them in the development of and implementation of the Patient Experience Trackers (PETs). The trackers are completed weekly by service users and the data is then analysed and the findings are used to assist in identifying areas where changes and improvements can be made locally.

Our judgement

The trust has provided evidence that it has put in place appropriate systems to assess and monitor the quality of service provision and has therefore met the condition.

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 Adult 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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