

# Review of compliance

**West London Mental Health NHS Trust  
The Cassel Hospital**

<b>Region:</b>	London
<b>Location address:</b>	1 Ham Common Richmond Surrey TW10 7JF
<b>Type of service:</b>	Hospital services for people with mental health needs.
<b>Publication date:</b>	May 2011
<b>Overview of the service:</b>	The Cassel Hospital provides national tier 4 specialist assessment and treatment services for adults with severe and complex personality disorders, young people (16+) with emerging personality disorders and families with complex mental health problems. The hospital provides the regulated activities treatment of disease, disorder or injury and diagnostic and screening procedures.

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

## What we found overall

**We found that The Cassel Hospital 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 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, surveyed people who use services, carried out a visit on 8 March 2011, observed how people were being cared for, talked with people who use services, talked with staff and checked the provider's records.

## What people told us

Patients using the service told us that they were treated as individuals and were able to discuss their treatment and progress within the programme of care provided at the hospital. They said their rooms were 'fine' and that the food was 'quite good'. Patients had an identified primary nurse and said staff were supportive and available when needed.

## What we found about the standards we reviewed and how well The Cassel Hospital was meeting them

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Patients understand the treatment, care and support options available at The Cassel Hospital. They were involved and supported in making decisions about their

treatment. Patient's views and experiences were taken into account about the way in which the service was provided.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Patients give valid consent to the treatment and care they receive.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

Patients experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

Patients were supported to have adequate nutrition and hydration. They were involved in planning menus and preparing food for all members of the community.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

Patients receive safe and coordinated care, treatment and support whilst undergoing treatment at The Cassel Hospital.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

Patients are protected from abuse, or the risk of abuse through the robust implementation of policies and procedures and knowledgeable staff.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

The Cassel Hospital adheres to a clear policy and associated processes to ensure that people who use the services, staff and visitors are protected from the risks of infection.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

Patients are protected against risks associated with the unsafe management and handling of medicines because The Cassel Hospital has appropriate measures in place to control all aspects of medicines management.

Overall, we found that The Cassel Hospital was meeting this essential standard.

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

Patients and others who access the hospital premises are protected from environmental risks through the trust's maintenance and security measures.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The Cassel hospital has suitable arrangements in place to protect patients who use its services from risks associated with the unsafe use of equipment.

Overall, we found that The Cassel Hospital was meeting this essential standard.

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

The hospital recruits people to work in its services through effective and robust recruitment procedures.

Overall, we found that The Cassel Hospital 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**

The Cassel Hospital ensures that sufficient staff, with the required knowledge and skills, are available to meet the needs of patients.

Overall, we found that The Cassel Hospital was meeting this essential standard.

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

The trust has comprehensive induction, training and development processes in place to ensure that patients at The Cassel Hospital receive care from competent staff.

Overall, we found that The Cassel 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 hospital has risk management systems and processes in place to ensure that patients benefit from safe, quality care, treatment and support.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

Patients using the hospital services have access to a complaints process which does not discriminate against anyone who makes a complaint.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The records of patients who use the service are fit for purpose, regularly updated and confidentially stored.

Overall, we found that The Cassel Hospital was meeting this essential standard.

**Other information**

Please see previous review reports for more information.

**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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they were given information and were able to discuss in depth the benefits of being treated in the unit. They explained that their treatment was specific to them and was based on being part of a community and living and supporting all members of it.  
They reported that they were able to express their views at the variety of community and group meetings held on a daily basis. They said they were involved in making decisions about their treatment and had regular meetings with their primary nurse, medical staff and therapists.  
Patients on the ESPD unit shared rooms and had personalised their bed space. Staff knocked on bedroom doors and waited for a response before entering. Bedrooms were designated single sex as were bathing and toilet facilities.

**Other evidence**  
The Cassel Hospital was rated as good for privacy and dignity by the 2010 Patient Environmental Action Team (PEAT) audit.

Staff told us that the service operates as a supportive therapeutic community. Patients were addressed by their preferred name and staff talked to them in the most appropriate way for the patient.

**Our judgement**

Patients understand the treatment, care and support options available at The Cassel Hospital. They were involved and supported in making decisions about their treatment. Patient's views and experiences were taken into account about the way in which the service was provided.

# Outcome 2: 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

**The provider is compliant**  
with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they had the opportunity to spend time at the unit before they were admitted to participate in the programme of treatment. They said that they continued with their agreed plan of care after discharge through the community programme and ongoing care planning process. They told us that they had signed a consent form when they were assessed as being able to manage and administer their own medication.

**Other evidence**  
The trust has a range of policies and procedures to support staff in gaining patient consent. Staff told us that each patient is assessed on admission and they are risk assessed as part of the care planning process. Patients who lack capacity are not admitted to the programme and if they become unwell during their admission and require acute mental health care they return to the referring hospital for treatment. Staff were aware of the need for consent and the processes and policies to follow.

**Our judgement**

Patients give valid consent to the treatment and care they receive.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they had a care plan and that they had been fully involved in the assessment process and in setting treatment goals. They said that their care plans were regularly reviewed with their primary nurse and that they had agreed any changes in the plan of care. Several patients told us that they had received a personal information file which was being introduced in the trust. They said that the documentation was going to be discussed at one of the community meetings.

**Other evidence**  
Staff explained that the units have admission criteria that patients have to meet before admission. When a patient is to be admitted staff use a checklist to ensure that the patient has received basic information about what to bring into the unit, the way the service is provided including the rules and treatment expectations, the timetable of community and ESPD programmes and introductions to the key staff involved in their care.

Staff showed us the personal information file which included information about the care programme approach, the care plan and a personal recovery plan. The recovery plan booklet was to be used by the patient to identify individual goals and aspirations which they could then share with family and/or carers.

The trust uses the Rio care planning system to document individual risk

assessments, the plan of care, interventions and reviews. The trust has a programme of audits which includes regular audits of care planning.

**Our judgement**

Patients using the service receive care, treatment and support as detailed in their care plan that meets their individual needs, choices and preferences.

# Outcome 5: 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

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 5: Meeting nutritional needs

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>Patients told us that they make their own breakfast and evening meal and that the lunch is provided by catering staff.</p> <p>They said that the food was quite good and they were able to choose meals that met their cultural, ethnic and religious needs. Individual preferences and special diets for example gluten free or diabetic were catered for.</p> <p>Patients told us that they are allocated to work teams with members of staff, to undertake various community activities, one of which was the preparation of the weekly menu and helping with the cooking. They said they are encouraged to cook and eat healthily. The menu for the week was displayed on the notice boards in the sitting area attached to the dining room.</p> <p>Water dispensers were available in the dining area and patients confirmed they could get drinks when they wanted them.</p> <p>We were told that patients had recently been part of the Patient Environmental Action Team (PEAT) assessment for 2011.</p> <p><b>Other evidence</b></p> <p>The local authority Environmental Health Officer (EHO) had awarded the hospital an excellent rating for Food Hygiene on 14/12/2010. The hospital had received an acceptable rating for food in the 2010 PEAT assessment.</p> <p>Staff said that patients' dietary requirements were collected and documented prior to</p>

admission to ensure the hospital can meet their cultural, ethnic and religious needs, preferences and special diets (gluten free, diabetic etc) when they arrive at the unit.

Menus were displayed on notice boards and provided a range of choices. The hospital has implemented protected mealtimes and notices informing visitors, staff and patients of the protected times were displayed. Only supervising staff remained in the patient dining room during lunch.

The Families unit has an equipped kitchen and food supplies which staff told us parents use to prepare meals for the children and themselves.

**Our judgement**

Patients are supported to have adequate nutrition and hydration which meets their individual preferences and needs.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
Patients told us that other professionals and carers involved in their treatment attended care plan reviews. They told us that social workers, local community mental health teams and the outreach service were involved in the planning of their discharge from the unit and to provide ongoing support once the patient had left hospital.

**Other evidence**  
Staff told us that the units provide national services and reported that liaison with referring commissioners was very good. They reported that they liaised with referring clinicians, professionals and carers involved with the patients for information and to coordinate and plan for discharge and ongoing treatment and care.  
Information received from other organisations that have links to The Cassel Hospital report that they have good and well established liaison with staff at the hospital.

**Our judgement**  
Patients receive safe and coordinated care, treatment and support whilst undergoing treatment at The Cassel Hospital.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**The provider is compliant**  
with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
Patients said they felt safe and could raise any concerns with staff. Patients also told us that young patients do not share rooms with older patients and have single rooms.

**Other evidence**  
The trust has policies and procedures in place to safeguard children and adults and protect patient's human rights.  
Staff were very aware that their patient group were vulnerable and they attend safeguarding meetings when necessary. They confirmed that adolescent patients were allocated to single rooms and there were systems in place to ensure their safety. We were shown the bedrooms in the hospital and saw that young patients had separate rooms to the adult patients.  
The Family Unit has separate accommodation and there is restricted access to the unit.  
The trust provides safeguarding children training to all staff as part of the mandatory training programme. Staff confirmed that they attended the level of training required for their role. Safeguarding training levels 1 to 3 were available and attendance rates for The Cassel Hospital were reported to the trust board in March 2011 as being over 90% for all levels.  
The trust board manpower report notes that the trust was providing additional

safeguarding adults training and in the second month of reporting 48% of staff had attended which was noted as a substantial increase from the previous month.

Staff are trained in the application of the Mental Health Act, Mental Capacity Act and deprivation of liberty to ensure patients' human rights are respected.

**Our judgement**

Patients are protected from abuse, or the risk of abuse through the robust implementation of policies and procedures and knowledgeable staff.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 8: Cleanliness and infection control

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>Patients said that the hospital was kept clean and one patient described it as ‘much cleaner than before’.</p> <p>Although patients and staff were seen working together in cleaning tasks as per the community programme, housekeeping staff were also seen cleaning communal areas. Patients told us that they were trained and had participated in the 2011 PEAT audit for the hospital.</p> <p><b>Other evidence</b></p> <p>The hospital has implemented control of infection policies and procedures and has access to specialist advice and support when required. Staff were aware of their responsibilities to control and prevent the spread of infection and were seen to use hand gel after washing their hands and entering different areas in the hospital.</p> <p>The hospital received a poor rating for the environment in the 2010 PEAT assessment with cleaning identified as an area of concern. The trust Healthcare Associated Infection re-inspection (HCAI) in 2010 found no breeches in the units visited. The trust implemented a programme of cleaning and refurbishment which has been carried out throughout the trust in 2010. The cleaning contractor undertakes environmental audits and the results are reviewed at ward, directorate and trust board appointed committees. The hospital was visibly clean and free from odours at the time of our visit.</p> <p>Cleaning schedules were available and displayed. Housekeeping staff explained</p>

how they carried out their cleaning responsibilities and this reflected the information in the schedules. Hand washing facilities were stocked with soap and towels and hand gel was available at various points in the building.

**Our judgement**

The hospital adheres to a clear policy and associated processes to ensure that people who use the services, staff and visitors are protected from the risks of infection.

# Outcome 9: 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

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 9: Management of medicines

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>Patients told us that they were able to self medicate and take responsibility for managing this. They confirmed that staff check that they take their medication and that it is kept in the locked compartment in the bedside locker in their bedroom. Patients said they were supported to make decisions to take their medication and were reviewed if they choose to slowly stop taking a prescribed medication. Patients were aware of the side effects of coming off a prescribed medication and were happy to talk through any issues with staff whilst going through these changes.</p> <p><b>Other evidence</b></p> <p>Staff told us that they have access to medicines management policies and procedures and were supported by a nominated pharmacist. The stocking of and review of patient prescriptions was carried out by pharmacy staff.</p> <p>Staff confirmed that patients are assessed before they are able join the self medication scheme. They showed us the pro-forma risk assessment that was completed along with a consent form signed by the patient agreeing to participate in the scheme. The consent form also explained that patients could withdraw from the scheme if they so wished. Staff administer medication in accordance with the individual patient prescriptions.</p>

**Our judgement**

Patients are protected against risks associated with the unsafe management and handling of medicines because The Cassel Hospital has appropriate measures in place to control all aspects of medicines management.

# 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**  
Patients said they were happy with the building and grounds. They said they shared rooms and were made aware of this before they were admitted. Bedrooms and bathing and toilet facilities were designated single sex. Patients had personalised their shared rooms and there was enough space for comfortable chairs to be placed within the bed space. Children share accommodation with their mother in the Family Unit.

**Other evidence**  
The trust has clear policies and processes in place for maintenance, security, risk management and health and safety relating to the premises. The Cassel Hospital is a listed building which has been extensively modernised particularly in the Family Unit. The hospital received a poor rating for the environment in the 2010 PEAT assessment.

All areas visited in the hospital were clean and free from odours. Generally the fabric of the building was adequately maintained although the décor in some of the community rooms was showing signs of wear. We did note areas of tape on the floor in one of the communal meeting rooms where the flooring was worn. This was under a games table and posed no risk to patients.

The trust has signed and published a declaration to confirm same sex accommodation is provided and we saw that bedrooms were arranged to ensure

single sex accommodation was provided.

**Our judgement**

Patients and others who access The Cassel Hospital are protected from environmental risks through the trust's maintenance and security measures.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 11: Safety, availability and suitability of equipment

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> On this occasion we did not speak with patients about this outcome area.</p> <p><b>Other evidence</b> The hospital has limited patient oriented equipment available. However portable appliance testing and electrical safety checks form part of the planned preventative maintenance programme. Furniture was generally in good repair and television rooms were furnished with sofas and comfortable chairs for patient use. Staff told us that patient’s own electrical items brought into hospital were tested before they could be used in the building.</p> <p><b>Our judgement</b> The Cassel Hospital has suitable arrangements in place to protect patients who use its services from risks associated with the unsafe use of equipment.</p>

# 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**  
Information previously gathered about the trust from patients showed that patients were involved in the recruitment of staff and form part of the interview panel. Patients described staff as ‘amazing’, great and friendly.

**Other evidence**  
The trust has robust recruitment policies and procedures and all staff are recruited in accordance with them. These include thorough pre-employment checks, including references, Criminal Records Bureau and Independent Safeguarding Authority checks.  
Recruitment information is monitored monthly at unit, service delivery unit and trust board level.

**Our judgement**  
The hospital recruits people to work in its services through effective and robust recruitment procedures.

# 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**  
Patients said staff were available for them day and night. They told us that there were regular meetings and they could talk to the duty nurse if they had any problems.  
They said that there was a night meeting where any issues or concerns patients had could be discussed and patients were told who was on call for that night. A member of staff and a patient were available for the other patients if they required support. A patient commented that on occasions 'there were more staff than patients'.

**Other evidence**  
Staff told us that there were no vacancies at the time of the visit. Staffing is flexed to reflect that the majority were available during the day when therapy and group activities were scheduled. There was always a nominated 'duty nurse' in charge of the unit supported by other members of staff.

**Our judgement**  
Staff told us that there were no vacancies at the time of the visit. Staffing is flexed to reflect that the majority were available during the day when therapy and group activities were scheduled. There was always a nominated 'duty nurse' in charge of the unit supported by other members of staff.

# Outcome 14: Supporting 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 competent staff.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
Staff receive induction training and ongoing mandatory training in accordance with the trust’s training policies to ensure they are trained and supported to provide treatment and care to patients. The Cassel Hospital offers specialised postgraduate psychosocial training to staff working in the therapeutic community environment.

**Other evidence**  
The trust maintains a record of attendance at training which is monitored at ward, delivery unit and trust board level through the monthly performance reporting mechanisms. Staff told us that they maintained their own training passport and were able, through the trust appraisal system, to identify their training needs. 92% of staff in the service delivery unit were recorded as having agreed objectives as part of their personal development review.  
Staff confirmed they had access to supervision and had opportunities to discuss issues with others.  
The overall trust staff survey results in 2010 and again in 2011 showed that some staff feel they were subject to bullying and harassment at work. The trust re launched the bullying and harassment policy in 2010 and posters, leaflets, the chief executive blog and bimonthly newsletter are used to reinforce the trust management commitment to eradicating bullying and harassment in the workplace.

**Our judgement**

The trust has comprehensive induction, training and development processes in place to ensure that patients at The Cassel Hospital receive care from competent staff.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 16: Assessing and monitoring the quality of service provision

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>Patients said they were able to contribute their views about the service. They told us that they could use the Patient Experience Tracker (PET) to record their feedback. They also felt that staff asked for their views at the various community meetings that took place and patients said they were confident that they were listened to.</p> <p><b>Other evidence</b></p> <p>The hospital follows the overall trust integrated system of governance and risk management. The hospital participates in the clinical and quality audit programmes which feed into the monthly performance monitoring processes. The trust has a risk register which comprises local and trust wide risk issues and details how these were managed.</p> <p>The outcomes of audits were reviewed at service delivery unit clinical governance meetings. These were then reported to the trust clinical governance committee (CGC) and then to the trust board.</p> <p>The trust had implemented an updated risk management policy and incidents were reported, investigated and where there are 'lessons to be learnt' this is shared across the trust through the service delivery unit meetings, newsletters, intranet and</p>

an annual conference has also been held.

Staff confirmed that patients were able to use the PET however the response rate was not high as patients were able to raise any issues at the community meetings or with individual staff.

**Our judgement**

The Cassel Hospital has risk management systems and processes in place to ensure that patients benefit from safe, quality care, treatment and support.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 17: Complaints

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> Patients told us that they knew who to contact if they wanted to make a complaint. They said they were confident that if they did complain their concerns would be taken seriously and responded to. Leaflets and posters were displayed and available to patients detailing how they could complain and raise their concerns.</p> <p><b>Other evidence</b> The trust has systems in place to ensure that people who use the service, their carers and relatives were not discriminated against when complaints were made. The arrangements were detailed within the trust's Complaints Policy. In addition to complaints training the trust provides mandatory equality and diversity training to all staff. Complaints, patient experience and satisfaction information and data was monitored by the board through the monthly performance report and the records showed that the information was used to identify areas for improvement.</p> <p><b>Our judgement</b> Patients using the hospital services have access to a complaints process which does not discriminate against anyone who makes a complaint.</p>

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they had a personal copy of their care plan which had been agreed with their primary nurse and when changes were made these were recorded in the electronic record.  
Staff confirmed that they updated the patients electronic care record daily or after any significant intervention.  
We saw that paper records were stored securely in locked cabinets.

**Other evidence**  
The trust provided training to all staff to ensure the electronic clinical care record system was used to maintain an accurate record that protects patient’s wellbeing. Information security and confidentiality training was provided by the trust at induction and ongoing through mandatory training to ensure staff were aware of their responsibilities. Policies and procedures were available for staff to support the record keeping and safe storage processes in the trust.  
The trust periodically audits record keeping and where issues were identified put in place additional safeguards to ensure patients’ records contain the full, accurate record of a patient’s treatment and care.

**Our judgement**

The records of patients who use the service are fit for purpose, regularly updated and confidentially stored.

# 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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