Inspection Report

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

Witham Court

Fen Lane, North Hykeham, Lincoln, LN6 8UZ

Tel: 01522500690

Date of Inspection: 10 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Lincolnshire Partnership NHS Foundation Trust
Overview of the service	Witham Court is one of nine locations that form Lincolnshire Partnership NHS Foundation Trust. This location provides services for up to 41 older people with mental health needs such as dementia, depression and psychotic disorders. Younger people with dementia needs can also be provided with a service if appropriate.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Many of the people who were on the ward had dementia and found it difficult to talk to us about their care. In order to assist us in our inspection we were accompanied by an expert by experience. Experts by experience have experience in the area of care being inspected and were able to spend time with people to obtain their views. We spoke with staff and looked at records.

We found in the care plans evidence people had been consulted about their care.

To help us to understand people's experiences we used our Short Observational Framework for Inspection (SOFI) tool. The tool allows us to spend time observing and helps us to record how people spend their time. We carried out the tool for an hour and observed three people. We observed that interactions by staff with people were positive.

We saw the ward had dementia friendly signs and decorations to assist people to find their way around the ward.

We observed care and saw staff supported people to move at their own pace and safely.

We observed a staff member carrying out activities with a group of people.

We looked at consent and discussed this with staff. Staff were able to tell us about consent. We observed staff asked people if they wanted support before providing it.

People told us, "They are good, they tell me about my treatment and give me support when I don't understand."

When we spoke with staff they told us they had received training to enable them to provide appropriate care to people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw the provider had a consent policy in place.

We looked at care plans and saw people's choices and preferences were recorded. When we looked at the records we observed patients' consent had been taken into consideration when planning their care. For example a care plan said, "With your consent we will undertake full physical observation." Another said, "Care team will request your consent before carrying out any tests or assessments."

When we spoke with staff they were able to tell us about consent and how they would obtain consent from people before carrying out any care. They were able to give us examples of situations when people refused support and what they would do. When we looked in the records we saw examples of refusal of care, for example refusal of being weighed.

One member of staff told us they would spend time with a person beforehand in order to gain their consent to care.

We observed staff asked people if they would like assistance and support before providing it to them.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at the records and saw mental capacity statements were in place where required, for people who were unable to make decisions for themselves.

Mental Capacity Act (2005) and Deprivation of Liberty Safeguards is law protecting people who are unable to make decisions for themselves.

We saw care plans were signed by people to say they agreed with their care. Where people were unable to sign we saw an explanation of why they had not signed. For example, "Unable to sign as lacks capacity." To support this we saw mental capacity assessments had been completed. The provider may find it useful to note we saw one care plan out of the six we looked at was not signed. The manager told us they would address this to ensure the patient was in agreement with the care they were provided.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at six care plans in detail. We saw they were person centred and had information about people's care and personal preferences.

We saw care plans had been updated and reviewed and changes recorded. For example one person had had their risk of falls raised to a high risk on review.

The provider may find it useful to note we saw one care plan stated the person had their medication administered by staff, however a review on 29 May 2013 indicated they should manage their own medication, we could not find evidence the care plan had been revised to reflect this. The patient would be at risk of receiving the incorrect care.

We saw where people were recorded as requiring one to one care the daily records recorded this had been received. We observed during our visit people receiving one to one support.

We saw risk assessments had been carried out for two people whose records we looked at. Care had been planned to manage those risks. For example, risk assessments were in place for nutrition and pressure area care.

The provider may find it useful to note we saw in a person's care plan the moving and handling plan did not match the falls prevention plan or the 'other support needs' care plan which indicated the person was at a high risk of falls. The moving and handling care plan did not indicate the falls risk which would put the person at risk of receiving incorrect care and being at risk of falling.

We observed a person's room was locked and the manager told us this was at their request and it was recorded in the care plan. We looked at the care plan and saw it was recorded.

The manager told us that currently people were unable to have a key to their door but they

were looking into being able to provide this in the future for people following a risk assessment.

We observed the care being provided took into account people's wishes. For example, one person had requested to have an exercise programme and we saw they had received a physiotherapy assessment and were given an exercise programme to carry out with support.

A relative said,"I have input in xxx's care. They'll always tell me if there are any changes or something has happened."

The manager told us the senior staff had lead roles. For example one was a lead for the Deprivation of Liberty safeguards and another a lead for skin care. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards is law protecting people who are unable to make decisions for themselves. The staff with the lead roles told us they were supported to have time to carry out these roles.

People who used services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. We looked at the records of a person who had a Deprivation of Liberty Safeguard in place and saw the appropriate records and reviews had been completed to ensure the person received care at the appropriate level.

We spoke with the staff member responsible for skin care who explained the programme of support available to staff on the ward to prevent people getting pressure sores. They also told us about individual people's care. We looked in the care records and found the care plans for skin care matched the care being given. The provider may find it useful to note we saw in one care plan a person was recorded as having skin wounds but this was not recorded on the assessment for skin care or the physical health care plan.

Care and treatment was delivered in a way that ensured people's safety and welfare.

We observed staff moving people and saw this was done at the person's own pace and in a safe way. We saw when staff moved people they provided reassurance.

We observed a person attempted to sit in a place which could have caused a risk to them and saw staff supported them to find an alternative which they were happy with.

We observed another member of staff talking to a patient who was agitated. We saw they offered to take them for a walk and when they declined began to talk to them about things they liked to do in order to reassure them.

We observed activity care plans were displayed on the walls of people's bedrooms to inform them about what activities were available each day.

During our visit we observed people participating in activities, for example hand massage and singing. We also saw examples of previous activities, for example cooking and gardening. We observed when activities were being co- ordinated staff supported people to take part in the activities.

When we used our Short Term Observational Tool (SOFI) we found interactions were positive. We did not observe any negative interaction with people.

We saw people were offered drinks on a regular basis and observed staff asked people if they wanted drinks in between mealtimes.

We saw where people required restraint a care plan was in place to reflect this. When we spoke with staff they were able to tell us about the techniques they used and the training they had received to support patients. We saw in the daily notes incidences which required this support were recorded. We also saw a process for reporting incidences was in place and completed as appropriate.

Two people we spoke with told us they were being discharged this week. The provider may find it useful to note one person we spoke with told us they were worried they may not get the same care. When we looked at their records we saw reviews had been held and plans put in place to support them in their discharge.

We saw there was a process in place for auditing records.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff had received appropriate professional development.

We looked at the training record system and saw regular reports were completed to identify when staff required training and when training had been completed.

We saw staff had completed training for areas such as safeguarding, mental capacity act, infection control, restraint and moving and handling to provide them with the appropriate skills to care for people. When we spoke with staff they told us they had carried out training and had found the training useful.

The manager told us staff had started to receive specialist training in dementia care to equip them to provide safe and appropriate care to patients with dementia.

We saw there was an appraisal policy in place and staff received appraisals according to the policy. Staff told us they had received an appraisal last year. We saw the manager had sent a memo to staff informing them of when their appraisals were due for this year.

We spoke with three members who told us they received supervision on a regular basis and found this useful. The manager told us that qualified staff usually received supervision on a monthly basis and other staff 6-8 weekly.

We spoke with a newly recruited member of staff who told us they had received an induction when they commenced work with the provider. They told us the induction programme included training on record keeping, care planning and privacy and dignity. Staff told us they thought the induction prepared them sufficiently for their role.

When we spoke with staff they told us they felt competent to do their jobs. One person we spoke with said, "The staff are highly skilled. They'll do anything for you, nothing is a problem."

Staff said they felt they were able to raise issues and were listened to. They told us they had staff meetings and felt able to voice their opinions at these.

We looked at an information/communication file for staff which contained emails and memos to remind staff of changes and issues. For example we saw information about the physical health action plan which is a plan to ensure all patients received appropriate physical health care. When we spoke with staff they were able to tell us about the information file and said they thought communication on the ward was excellent.

Staff told us they felt well informed in order to give people safe and effective care on a daily basis.

Staff told us they felt supported in their roles. They told us they thought the leadership and communication was effective and enabled them to provide responsive care.

One member of staff said, "Everyone works really well together and "People will support each other in their roles."

The provider may find it useful to note one member of staff told us they thought it would be useful to have the opportunity to review what had happened at the end of a shift. This would enable staff to reflect and learn from their practice.

Staff told us the policies and procedures were available on the internal computer system and they were able to access these.

The provider may find it useful to note a member of staff told us they sometimes found it hard to relax when off duty as they didn't often get two days off together. We spoke with the manager about this who told us there were systems in place to support staff to have two days off together and they would ensure staff were aware of these.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw there was a complaints policy in place and a process for dealing with formal and informal complaints. When we spoke with the manager they told us they aimed to resolve complaints at a local level but this was not always possible or appropriate. We saw there was a process in place for escalating complaints and concerns.

The provider told us they had not received any recent complaints.

We looked at an admissions pack which was being developed for people and their relatives. We saw this included information about how to complain and was available in a variety of formats and languages including large print and audio.

People were given support by the provider to make a comment or complaint where they needed assistance.

We saw in all the bedrooms information about an advocacy service to support people to express their opinions. A relative told us, "I have an advocate who attends meetings and reviews with me." Advocates are independent people who support people to voice their opinions.

We looked at a regular survey which was carried out with friends and family. We saw positive comments. One person said, "Staff were patient and kind to xxx and gave support to me and my family."

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk