

Review of compliance

Lincolnshire Partnership Foundation NHS Trust Witham Court

Region:	East Midlands
Location address:	Witham Court Fen Lane North Hykeham Lincoln Lincolnshire LN6 8UZ
Type of service:	Acute Services
Date the review was completed:	15 December 2010
Overview of the service:	<p>Witham Court is one of the ten locations that form Lincolnshire Partnership Foundation NHS Trust. The site has two wards, Brant Ward and Langworth Ward with a total of 41 bed spaces. Witham Court provides services for people with mental health problems such as dementia, depression and psychotic disorders.</p> <p>People using the service are mostly older people.</p>

	The service can also take referrals from people under the age of 65, who have early onset of dementia.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Witham Court was not meeting one or more essential standards. Improvements are needed.

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 25 November 2010 in partnership with the Mental Health Act Commissioner for the hospital, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services. We used the outcomes from this visits and the evidence gathered during the review to form a judgement on the overall level of concern in each outcome area assessed. We also used the findings of the Mental Health Act Commissioner in our assessment of compliance where relevant. The Commissioner has published a separate report following the visit.

The trust declared full compliance with all outcomes we have reviewed, in information they sent to us.

What people told us

"The food is tasty."

"The food is good here."

"We have two hot meals a day and hot drinks in the morning and afternoon."

"I tell them whenever I'm not happy, I know my rights."

"The main drawback of being here is boredom. We spend all day here (in the main living room area) playing board games or talking. Staff are nice enough but I can't wait to leave as I am absolutely bored."

“I’m bored.”

“Sometimes we play on the Wii (video game console) on Sunday’s if they (staff) have the time to set it up.”

What we found about the standards we reviewed and how well Witham Court 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

Although there are established systems in place to promote involvement by patients they are not implemented in the right way. Patients' views about their care are not routinely taken into consideration.

- Overall, we found that improvements are needed for this essential standard.

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

We saw that each patient had a care plan, however, these were not personalised nor did they reflect their wishes and feelings.

- Overall, we found that improvements are needed for this essential standard.

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

Patients do not always have their health and social care needs met.

- Overall, we found that improvements are needed for this essential standard.

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

Patients benefit from a good diet that meets their nutritional needs.

- Overall, we found that Witham Court was meeting this essential standard.

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

Patients benefit from the clear working arrangements that are in place with other service providers.

- Overall, we found that Witham Court was meeting this essential standard.

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

Patients are protected by well trained staff and clear policies and procedures.

- Overall, we found that Witham Court was meeting this essential standard.

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

Although there are clear infection prevention control policies and guidance in place, practice at ward level puts patients at risk.

- Overall, we found that improvements are needed for this essential standard.

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

Systems and policies are in place to help patients receive their medication in a safe and effective way.

- Overall, we found that Witham Court was meeting this essential standard.

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

Patients' privacy and dignity in bedroom areas is compromised. Some patients are at high risk from the presence of ligature points. Heating arrangements do not meet the needs of all patients.

- Overall, we found that improvements are needed for this essential standard.

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

Patients benefit from equipment that meets their needs, and is maintained in a safe way.

- Overall, we found that Witham Court was meeting this essential standard.

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

Patients are protected by clear policies and procedures for recruiting staff.

- Overall, we found that Witham Court 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

There are times when patients' needs and wishes in key areas of their care and treatment are at risk of not being met in a timely and effective way due to insufficient staffing levels.

- Overall, we found that improvements are needed for this essential standard.

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

Staff are generally well trained however; they do not carry out observations in line with their training.

- Overall, we found that Witham Court was meeting 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

Patients benefit from a staff team who are well supported and knowledgeable about the work they carry out.

- Overall, we found that Witham Court was meeting this essential standard.

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

Patients and staff are assured that their complaints and comments will be listened to and acted upon by way of clear policies and procedures.

- Overall, we found that Witham Court was meeting this essential standard.

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

Although there are systems in place to identify, monitor and manage any areas of record keeping that need to be improved, care plans and staff induction records are not managed in the right way.

- Overall, we found that improvements are needed for this essential standard.

Action 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.

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

There are major concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
We observed that there are standard activities that can be undertaken. People who use services are expected to choose the activities that they wish to participate in. Their choices should be recorded in a personalised activities care plan which is signed off and kept in their files.

In Brant ward, all the activities care plans viewed were the same and had not been personalised. In Langworth ward, we observed that some patients had been supported to make a choice and their choices were recorded in the files. However, we did not see any care plans that had a patient signature and we did not find any evidence that people get a choice of activities as the records don't always reflect this.

Both wards had about four standard care plan documents that addressed different aspects of the care given to service users. These included care plans mitigating the risk of falls. Out of approximately 10 patient files that were viewed only one had a signature on any of the care plans. Service users did not appear to be participating in the development of their care plans.

We observed that a highly agitated service user who was identified by staff as potentially violent did not have a care plan that took into account her needs when she became upset, staff had not identified mechanisms to calm or soothe her. The ward manager of Langworth confirmed that a consultant had requested the use of the NPI (Neuropsychiatric Inventory) scoring tool to be used on all patients in order to identify a base line in order to evaluate psychopathology in dementia. However, this observational system had yet to be rolled out.

We observed that covert medication protocols (medication that is hidden in food or beverages) were in use in one set of files and we were told that a covert medication policy was about to be signed off by the trust executive. In the set of files checked we did not see a 'best interest' form. A best interest form should be filled when giving covert medication to ensure that the rights of a person who lacks the capacity to make a decision are being taken into account. We were told that 'best interests' forms exist but that they are not routinely completed unless 'big decisions' were being made.

In one set of notes there was a 'do not resuscitate' care plan in place dated 16 November 2010. The family of the person who used the service had agreed to this care plan on 18 November 2010 although it was recorded that the member of her family spoken to did not have power of attorney. The person who used the service was recorded as 'having capacity'. However, when we queried this assessment the ward manager confirmed that this was a mistake as she did not have capacity. The consultant had not yet signed off the official documentation which had been left blank awaiting his/her signature. We were concerned that the proper protocols were not being followed in accordance with the Human Rights Act. We confirmed that all staff have had Mental Health Act capacity training.

The independent advocacy service leaflets and posters were clearly displayed in Langworth ward. They were not easily available in Brant ward although the ward manager was able to locate a flyer on request. We were told that monthly advocacy clinics were held in Brant ward.

Our judgement

Although there are established systems in place to promote involvement by patients they are not implemented in the right way. Patients' views about their care are not routinely taken into consideration.

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

There are major concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
We were told that staff were trained on Deprivation of Liberty (DOLS) as it was part of the capacity training. Capacity training is not one of the trust's mandatory courses and no figures were available to confirm who had taken the training.

We saw care plans and assessments that determine patients' ability to make decisions. One patient's Human Rights were not protected as her care plan did not accurately reflect her capacity to make decision. When we discussed this with staff they agreed that the patient had not been accurately assessed.

In information sent to us the trust has declared compliance regarding patients consent to care and treatment and we have seen records showing audits monitoring this. They have told us that capacity to consent is discussed and recorded in individual records at the admission meeting. Patients' capacity to make decisions is

regularly reviewed and assessed throughout their stay and recorded each time it is assessed. A recommendation was made by the Mental Health Act Commissioners during their visits that the trust should encourage consultants to become Second Opinion Appointed Doctors (SOADs) and we have since received information that two further consultants have now become SOADs.

Our judgement

There are systems in place to enable patients to make decisions about their care. However, these systems are not implemented in the right way.

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

There are major concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People who use services on Brant Ward said:

“Sometimes we play on the Wii (video game console) on Sunday’s if they (staff) have the time to set it up.”

“The main drawback of being here is boredom. We spend all day here (in the main living room area) playing board games or talking. Staff are nice enough but I can’t wait to leave as I am absolutely bored.”

“I’m bored.”

Other evidence
The trust carries out internal audits to verify whether people who use services have consented to their care and treatment. Although audit results submitted indicate that people who use services are consulted when drawing up their care plans, we did not see evidence of this in practice during our inspection.

We confirmed from the ward managers of both wards that people who use services are never given a copy of their care plans. We saw that each patient had a care plan

however, these were not personalised nor did they reflect their wishes and feelings.

The ward sister on Brant Ward told us that it took a long time to set up the Wii (video game console) and therefore this activity wasn't always available on Sundays especially if staffing levels were low. On Langworth ward, one of the scheduled activities was a Wii (video game console) session during the week. We were told that this activity was enjoyed by people using the service.

On Brant Ward there was a courtyard in the centre of the unit with benches, tables and a bird stand. People who use the service use this area for smoking. We observed a couple of overfull ash trays and bins that were due for emptying. We were told that the housekeeper would clear this area shortly. There is also a smoking hut outside one of the sitting room areas. The ward sister told us that people who use the service did not routinely use this feature as it was very exposed especially when the weather was windy and cold.

The courtyard on Langworth Ward was neat. We could tell that that people who used the service used this area for smoking. Cigarette butts and litter was minimal.

We saw that each ward at this location has a consultant psychiatrist and other medical staff assigned to provide patient support and treatment. Staff told us that often people do not have access to primary health care services, such as a general practitioner (GP), as they would if they were living at home. However, patients can make use of the nearby general hospital services.

We observed that special leave periods in records were not being reviewed regularly. Special leave was approved for up to 30 days without being reviewed. The manager confirmed that nurses had the authority to grant the leave without reference to a consultant.

Our judgement

Patients do not always have their health and social care needs met.

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

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
On Brant Ward we were told:

“The food is tasty.”

“The food is good here.”

“We have two hot meals a day and hot drinks in the morning and afternoon.”

Other evidence
On both wards we confirmed that people who use the services were given hot drinks in the morning and afternoon. There were two hot meals available each day. Menus were given out one or two days in advance so that each person using the service could tick their menu choice.

Food is prepared off the ward and brought in to be served. We observed the lunch trolley over lunch. Staff served food using colour coded aprons and gloves. The food was clearly hot. There is a kitchenette on the ward for staff to prepare hot drinks and heat up food in the microwave.

We observed water coolers on each ward and were told that people who use services had access to water at all times by the ward sister on Brant Ward and the ward manager on Langworth Ward.

The trust has a nutrition steering group that meets every two months. They discuss topics such as menu choices and ways to involve people who use services in the preparation of their food. The trust also has a catering policy and a food complaints procedure. The trust provides basic food hygiene training to staff that covers the dangers of cross contamination.

Our judgement

Patients benefit from a good diet that meets their nutritional 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
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
The trust has an information sharing protocol that sets out the way in which it will work with partner agencies in Lincolnshire. This policy was produced by a specialist professional group and was last reviewed in 2008. The trust carried out a trust-wide audit of its discharge procedures in June 2010. The audit highlighted gaps in the way discharge/transfer decisions are being informed by updated assessments. The trust has declared that they are compliant with cooperating with other providers and we know that they have a major incident plan for each unit, which involves agencies such as the police and fire services.

We were told that information is only shared in line with national guidance about confidentiality, and in line with their own information sharing policy, which we have seen.

Records show us that patients are helped to get support from services such as Speech and Language Therapy, Occupational Therapy, local housing providers, and social work teams. We also know that staff at this location have developed joint

working protocols with the local police force, and a local substance misuse agency, which can help patients during their stay in hospital and after they leave.

The trust is aware that assessments for people who use services need to inform discharge/transfer decisions to enable people who use services, their GPs, and other stakeholders to have accurate discharge information when required. The trust is working on this area.

Our judgement

Patients benefit from the clear working arrangements that are in place with other service providers.

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
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
We know that the trust has safeguarding policies in place that provide guidance on how to keep patients safe from abuse. We have seen that an action plan has been developed to show how they are meeting the standards set out for this outcome group. For example, by keeping training packs and policies up to date, and by encouraging patient focus groups to help in the review of patient information.

The trust has a safeguarding lead who monitors how patients within the Trust are being protected. We know that this member of staff works closely with the Local Authority Safeguarding Adults Team.

We receive information (notifications) to show that staff report any situations where patients may be at risk of harm or abuse, in the right way.

On Brant ward all staff have completed safeguarding training and training records were up to date. The ward sister was clear about who the trust's safeguarding lead

was and told us that she reported all incidents back to her. She also spoke to the trust's safeguarding lead if she had any concerns. The trust has recently reviewed safeguarding and observational policies in place.

We know that staff understand the safeguarding procedures and we also have information that shows that they know how to use the trust's whistleblowing procedures to help keep patients safe.

Our judgement

Patients are protected by well trained staff and clear policies and procedures.

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

Our judgement

There are major concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
All areas used by people using the service on both Brant ward and Langworth ward were visibly clean and clutter free.

The trust has a director for infection prevention and control (DIPC) and produced an annual infection prevention and control report for 2009/10. The trust has a wide range of infection control policies in place and a link nurse on the Witham Court site.

We were asked to decontaminate our hands with antibacterial hand gels on entry to Brant Ward by the ward sister.

One shower had mould that could not be removed along the corners of the shower. It was not visually appealing. We were told that this area was soon to be converted into a wet room and that this capital expenditure had been approved.

We observed a bathroom/toilet that was in use was also being used as storage area. It contained patient equipment that blocked access to the bath. A commode was also stored in the bathroom.

In one of the toilets, refurbishment had taken place a couple of weeks prior to our visit. However, no one had noticed that the soap container had not been refitted. The ward sister told us that this had been overlooked and she would request a bottle of soap to be brought to the toilet immediately.

On both wards, in every toilet, three open boxes of gloves had been fixed on the wall right next to the toilet. This practice was to enable staff to have easy access to gloves when assisting people who use the service to use the toilet. There were no aprons available in any of the toilets. The ward sister confirmed that if a patient with diarrhoea used the toilet, the open boxes of gloves would not be disposed of even though they could be potentially have been contaminated with faecal matter. The proximity of the open boxes of gloves next to the toilet had not been raised as an infection control concern.

We observed a clinical member of staff return a person using the service from one of the bedroom toilets to the general sitting room area. He wheeled her in using the same gloves he had put on to assist her with her needs. We observed him open two doors coming in and use the same doors going out. The ward manager went to speak with him about his lack of compliance with the trust's hand hygiene protocols.

We observed incontinence pads situated on shelving above the toilet in both ward areas and in the sluice room. Staff confirmed that they would not throw away incontinence pads if a person using the services had diarrhoea to prevent contamination. On Brant ward, in two toilet areas, the trust has recently installed cupboards to store incontinence pads. These cupboards were not in use.

In both ward areas we observed that the trust has carried out a decorative exercise in the last three months. Following this exercise, the decision was taken to change the suppliers of hand towels and soap dispensers. Therefore in each toilet and bathroom area there was exposed old paintwork where the original hand towels and soap dispensers had been situated. We confirmed that the trust does not have a process in place to confirm that contractors 'make good' following building works and that the liaison between the facilities department and the wards is poor in this respect. We observed several holes in walls where pictures, signs or equipment had been pulled down. The holes had not been covered up.

In Brant ward, we observed a contractor walking in leaving a trail of plaster dust all over the floor. It was clear that he had walked in and out of the ward several times from the visible foot prints on the floor. When we queried what information was given to contractors to ensure that they met the trust's infection control policies we were told that he should be wearing plastic paper shoes over his work boots. The next time we saw him, he was wearing the blue plastic covers over his work boots.

In Brant ward, the linen cupboard was being used to store wheelchairs, cot bumpers, mattresses and an assortment of items. We observed patient slippers sitting on laundered sheets. There was no access to the floor due to the number of items stored in the room and the floor was significantly dusty. We pointed this out to the ward manager who confirmed that the room was not being cleaned in accordance with the trust's cleaning schedule which had identified the ward as 'high risk'. He took immediate action and by the time we left the room had been cleaned.

On Brant ward, dry foods and fresh fruit are stored in a room designated as a food store. We observed two outdoor coats had been stored on one of the tables. The ward sister told us that staff had been assigned lockers and a storage area. She told us that they belonged to bank staff and that she would speak to them.

A bird feed cage had been stored on top of the same table storing the fresh fruit. The bird feed cage still had seed in it. The ward sister told us that she was not aware that bird feed cages required emptying and disinfecting before being stored indoors.

Our judgement

Although there are clear infection prevention control policies and guidance in place, practice at ward level puts patients at risk.

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

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
We were unable to observe any medicine rounds during our inspection visit.

There is a system in place for staff to record any medication errors, and the trust monitors errors regularly to identify how they can stop those errors happening again. There is also a trust committee in place to monitor how medicines are managed in the trust, and to make sure that staff are using the best practice to manage medicines.

The trust has undertaken an audit to assess compliance of medication against professional guidelines and it showed that there are good outcomes for patients.

We know that staff are trained to make sure that patients get their medications in a safe way, and this includes medications that are only used in special circumstances.

The trust told us that their pharmacy service visits the ward every week to check

medicines that are being used, and there are leaflets in the wards about the medication that patients can use.

We know that there is a medication link nurse for the ward. This nurse monitors medication practice to make sure that there are good standards of medicine management on the ward, and carries out regular checks to make sure staff are following policies.

There is a system in place for staff to record any medication errors, and the trust monitors errors regularly to identify how they can stop them from happening again.

Our judgement

Systems and policies are in place to help patients receive their medication in a safe and effective way.

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

There are major concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
Areas of the environment that present a risk to some patients (ligature points) are currently managed by assessing risk and annual checks, and we have seen the ways in which this is done. A report from the trust's Risk Control Manager has identified where risks can be removed rather than managed. The report recommendations state 'The trust should look to address the high areas of ligature risk in the forth coming financial year'. Information received from other agencies also shows that ligature points have been highlighted as being high risk to patients.

Staff keep people safe by following security protocols. Both wards are kept locked and we observed staff were careful to lock corridor doors, utility rooms, offices and treatment rooms.

Langworth Ward is composed of either single rooms or double rooms. In a double room the beds are separated by cupboards that give an element of privacy. There are two courtyard areas in this ward. The smaller courtyard appeared to be disused and was seen to have overgrown weeds and disused garden equipment. The door to this area was locked and the ward manager confirmed that it was not in use nor

was it maintained.

There were no pictures or personal possessions observed in any ward. We asked the ward managers of both wards if they encouraged people to bring in any items and they confirmed that this was not normal practice. They told us that patients could bring in items if they wanted to.

The fabric of the building was observed to be in good condition. Refurbishment work had recently been undertaken and all areas were seen to have recently undergone decorative work.

On one ward, the treatment room temperature was very low. Staff explained that they did not have direct control of the heating system, and this was set at a central point away from the building. Requests to increase the heating have to be made through a helpline.

A security camera system operates in communal ward areas, in line with the trust's policy. Staff told us that this helps them to have better observation around the ward to make sure patients are kept safe. On Langworth ward we observed security cameras in the corridor areas.

We observed that bedroom windows had transparent glass and curtains that could be drawn. However, this does not offer the appropriate level of privacy for this patient group. For example, those who forget to close their curtains or who do not wish to have them closed.

Our judgement

Patients' privacy and dignity in bedroom areas is compromised. Some patients are at high risk from the presence of ligature points. Heating arrangements do not meet the needs of all patients.

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

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

Our findings
<p>What people who use the service experienced and told us Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.</p> <p>Other evidence During our visit we observed a wide range of equipment being used to support patients. We did not observe or identify any concerns with this outcome.</p> <p>The trust declared compliance in regards to the safety and suitability of equipment. They told us that all equipment is appropriately maintained and checks are carried out and recorded as required.</p> <p>We know that the trust has a list of approved medical equipment such as pressure relieving mattresses, hoists, and diabetic devices. There are clear maintenance arrangements in place for this equipment. There is also a staff group who advise on policies and procedures relating to the management of medical devices, and on how to achieve compliance with nationally set standards.</p> <p>Information we have shows us that staff receive training about how to use</p>

equipment for things like moving and handling, and resuscitation.

When we visited we saw that each ward had a public telephone attached to the wall near the entrances of the wards for patients to use.

Our judgement

Patients benefit from equipment that meets their needs, and is maintained in a safe way.

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
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
The trust has declared compliance with employing the right people. We know they have systems and policies in place to carry out things like Criminal Record Bureau checks, professional registration checks, and work permit checks.

The trust has a centralised recruitment service, which holds all of the information about individual members of staff. We know that they have recently carried out checks on all professional registrations.

Our judgement
Patients are protected by clear policies and procedures for recruiting staff.

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

There are major concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke to a lady who was trying to get into her room. She was escorted out of the sleeping areas. She told us:
“I want to go to my room.”

Another lady was lying down on her bed in Brant Ward. She was roused up and asked to go to the main living area. She said:
“I want to lie down.”

Other evidence
People who use services do not have access to their rooms during the day. The manager of Langworth Ward told us that the compliment of staff available was not sufficient to enable people to move away from the sitting room areas and wander off into the bedroom areas. Staff would not be able to monitor their movements and keep them safe.

The ward managers told us that there were issues with staffing. Levels of staff sickness were quite high. Keeping the rotas going was a high priority and some members of staff would come in extra hours as bank staff. Bank staff are those who have been recruited specially or already work for the trust, and work when they are needed. Both wards ensure that there are four staff on duty in the morning, four staff on duty in the evening and three staff on duty at night. They confirmed that they felt

that there were enough staff on duty to ensure the physical safety of patients. However, staffing levels were not sufficient to provide care that was tailored, personalised and holistic for each person that used the service.

On Brant ward staff told us that it was difficult to watch people patients when they left the building to smoke outdoors. To enable staff to keep an eye on people using the service, they were encouraged to use the enclosed courtyard to smoke in.

Staff told us that patients did not have access to a speech and language therapist. There was a psychologist who covered the whole service and an occupational therapist who covered three units as well as the outpatient services in the trust. The ward managers could not confirm how many hours of access patients had to the occupational therapist per week. This means that patients with any of these types of needs do not get them addressed in the right way.

We were told that a geriatrician came in to see patients when requested

On Langworth ward, we observed that there were a couple of people using the service who were visibly agitated and we asked how this was managed. We confirmed that observational training had been given at ward induction but that staff did not have the time to actually take observations to manage patient on patient incidents. The ward manager told us that patient on patient incidents, patient allegations, incidents and accidents were reported through the trust's online reporting system.

The trust also stated that all staff working prior to return of a CRB (Criminal Records Bureau) check are fully supervised whilst employed on the unit. Newly employed staff are inducted at ward level and work with experienced staff. They receive statutory training, regular supervision and appraisals linked to the work that they undertake.

Our judgement

There are times when patients' needs and wishes in key areas of their care and treatment are not being met in a safe way due to insufficient staffing levels.

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
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
The ward manager on Brant Ward confirmed that he carried out managerial supervision every other month with full time ward staff and every three months with staff who work part time. He told us that staff were advised to identify someone within the trust to provide them with clinical supervision. He told us that staff were trained in taking observations at ward induction. However, we did not see any evidence of observations in line with the trust's observational policy taking place.

All staff on Brant ward had completed their mandatory training for the year. Courses include: hand hygiene, managing aggressive behaviour, breakaway, clinical risk, rapid tranquilisation, sharps, information governance, life support, diversity, display screen equipment, health and safety, safeguarding adults, safeguarding children, manual handling, fire, infection control and medicines management.

Our judgement
Staff are generally well trained however; they do not carry out observations in line with their training.

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
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
The trust told us that they carry out regular checks of the services and systems that are in place. We have seen service improvement plans that give timescales for the actions they need to take to address any issues that the checks highlight. We have seen that they regularly check things like accident reports so that they can help to prevent things happening again, care records, medication systems, physical health support, and the environment.

The trust actively recruits patients to become governors to pass on patient views about the quality of the service.

Our judgement
Patients benefit from a staff team who are well supported and knowledgeable about the work they carry out.

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

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
One patient said:
"I tell them whenever I'm not happy, I know my rights"

Other evidence
Staff told us that patients told them whenever they weren't happy about things.

The trust has a complaints policy that gives information on how complaints are dealt with. We also know that they regularly carry out checks to make sure that staff are following the policy, and that people who make complaints are able to say whether they are satisfied with the way in which their complaints are handled.

We know from the information that we hold, that staff are also able to raise complains and know how to do so through the whistle blowing policies and procedures that are in place.

Our judgement
Patients and staff are assured that their complaints and comments will be listened to and acted upon by way of clear policies and procedures.

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

There are minor concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
Although we were unable to gather evidence about what people told us we were able to observe practice which is included in the 'other evidence' section of the report.

Other evidence
We know that the trust has policies and systems in place to make sure that all records are completed in the right way and that they are kept safe. Records show that staff are trained to do this. However, when we visited we saw that there were no records to show that staff had received a structured induction to the ward and we also saw that care plans were not completed in the right way.

We observed that records were appropriately stored in offices that were kept locked. All records that we checked had staff signatures and had been dated. In information sent to us the trust declared compliance regarding record keeping. Each ward had a clerk to ensure that records were maintained appropriately. We know from our records that the trust lets us know about issues on the wards in the right way through our notification system.

We know that the trust carried out an audit on record keeping in 2010, and this

identified areas for improvement such as; the way in which staff crossed out mistakes in patient records, shortages of loose blank pages in patient files and the sending of emails through unsecured sites. The trust has an action plan in place to address the issues it identified. The action plan states how long it will take to improve these issues and which members of staff are responsible for making sure that these improvements are carried out.

Both ward managers confirmed that people who use services do not have access to their personal records and that was standard trust practice.

Our judgement

Although there are systems in place to identify, monitor and manage any areas of record keeping that need to be improved, care plans and staff induction records are not managed in the right way.

Action

we have asked the provider to take

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.

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983.	Regulation 23	Outcome 14: Supporting workers
Treatment of disease, disorder or injury.	Why we have concerns: Staff are generally well trained however; they do not carry out observations in line with their training.	

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 within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 17	Outcome 1: Respecting and involving people who use services
	How the regulation is not being met: Although there are established systems in place to promote involvement by patients they are not being implemented in the right way. Patients' views about their care are not routinely taken into consideration.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 18	Outcome 2: Consent to care and treatment
	How the regulation is not being met: There are systems in place to enable patients to make decisions about their care. However, these systems are not being implemented in the right way.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 9	Outcome 4: Care and welfare of people who use services
	How the regulation is not being met: Patients do not always have their health and social care needs met.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 12	Outcome 8: Cleanliness and infection control
	How the regulation is not being met: Although there are clear infection prevention control policies and guidance in place, practice at ward level puts patients at risk.	
Assessment or medical treatment for persons	Regulation 15	Outcome 10: Safety and suitability of premises

<p>detained under the Mental Health Act 1983.</p> <p>Treatment of disease, disorder or injury.</p>	<p>How the regulation is not being met:</p> <p>Patients' privacy and dignity in bedroom areas is compromised. Some patients are at high risk from the presence of ligature points. Heating arrangements do not meet the needs of all patients.</p>	
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983.</p> <p>Treatment of disease, disorder or injury.</p>	<p>Regulation 22</p>	<p>Outcome 13: Staffing</p>
	<p>How the regulation is not being met:</p> <p>There are times when patients' needs and wishes in key areas of their care and treatment are not being met in a safe way due to insufficient staffing levels.</p>	
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983.</p> <p>Treatment of disease, disorder or injury.</p>	<p>Regulation 20</p>	<p>Outcome 21: Records</p>
	<p>How the regulation is not being met:</p> <p>Although there are systems in place to identify, monitor and manage any areas of record keeping that need to be improved, care plans and staff induction records are not managed in the right way.</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA