Review of compliance

Lincolnshire Partnership NHS Foundation Trust Witham Court	
Region:	East Midlands
Location address:	Fen Lane North Hykeham Lincoln Lincolnshire LN6 8UZ
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Date of Publication:	October 2011
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.

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

Our current overall judgement

Witham Court was meeting all the essential standards of quality and safety.

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

Why we carried out this review

We carried out this review to check whether Witham Court had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 10 - Safety and suitability of premises
Outcome 21 - Records

How we carried out this review

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

What people told us

We did not speak to people who use the service as part of this inspection process.

We spoke to them as part of our inspection in July 2011 and they told us that they were satisfied with the services they were receiving.

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

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

There are systems in place to ensure that people's needs are met with appropriate staffing levels.

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

There are systems in place to ensure that people's health and safety needs are met.

Outcome 21: People's personal records, including medical records, should be

accurate and kept safe and confidential

There are systems in place to ensure that care plans and staff training records are managed in the right way.

Other information

Please see previous reports for more information about previous reviews.

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

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 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We did not speak to people who use the service as part of this inspection process.

We spoke to them as part of our inspection in July 2011 and they told us that they were satisfied with the services they were receiving.

Other evidence
During our inspection of this location in November 2010 we said that some areas of people's needs and wishes were not being fully met because there was not enough staff. When we visited again in July 2011 we saw that some improvements had been made. For example a new system had been put in place so that managers could keep a check on staffing levels, and the trust was conducting a review of staffing levels based on people's needs. However we saw that there were still times when staff had to leave people to take telephone calls for example.

Since then the trust has confirmed to us that they have made more improvements to the way in which they manage staffing levels. For example, one ward area has reduced the number of people it can admit at any one time, new staff were being recruited for each ward area, and wards have increased the amount of staff that work on each day shift. We know that ward areas can also use agency staff to cover for absences amongst their permanent staff.

Our judgement
There are systems in place to ensure that people's needs are met with appropriate

staffing levels.

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
We did not speak to people who use the service as part of this inspection process.

We spoke to them as part of our inspection in July 2011 and they told us that they were satisfied with the services they were receiving.

Other evidence
During our inspection of this location in November 2010 we said that the trust needed to improve the heating arrangements in the treatment room in one of the ward areas. This was because the temperature in the room was very low. The trust confirmed to us in their action plan that extra heating would be provided in that room.

We also said that some people who used the service were at risk because of the presence of ligature points. The trust sent us an action plan to show how they were going to manage the risk to people, which included a plan to remove all of the high risk ligature points by November 2011.

In September 2011 the trust confirmed to us that they had removed all of the ligature points that were part of their action plan. They told us that they had to use temporary wardrobe arrangements in some areas as permanent ones could not be delivered until October 2011. They told us that they had spoken to people who use the services about this, and no-one had raised any issues.

Other evidence showed us that the trust carries out a check of ligature points every year so that they can identify any problems at an early stage.

We also know that each ward area at this location has improved its risk assessment process when people are admitted. Staff receive regular training about how to risk assess people's needs and manage them through the care planning process.

Our judgement
There are systems in place to ensure that people's health and safety needs are met.

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
We did not speak to people who use the service as part of this inspection process.

We spoke to them as part of our inspection in July 2011 and they told us that they were satisfied with the services they were receiving.

Other evidence
During our inspection in November 2010 we said that some care plans and staff induction records were not being managed in the right way.

The trust sent us an action plan in January 2011 to show that they had made improvements to their systems. For example, they told us that care plans were being checked every week by senior staff to make sure they were being completed in the right way. They also told us that staff's trust induction records were being kept in an electronic system, and their ward inductions were kept in their ward based files, with copies sent being sent to the training department.

Our judgement
There are systems in place to ensure that care plans and staff training records are managed in the right way.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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