

# Review of compliance

Lincolnshire Partnership Foundation Trust  
Mental Health Unit, Lincoln County Hospital Site

<b>Region:</b>	East Midlands
<b>Location address:</b>	Mental Health Unit, Lincoln County Hospital Site, Greetwell Road, Lincoln. LN2 5QY
<b>Type of service:</b>	Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.
<b>Date the review was completed:</b>	15 December 2010
<b>Overview of the service:</b>	<p>This location consists of two in-patient units called Peter Hodgkinson Centre, and Francis Willis Unit.</p> <p>The Peter Hodgkinson Centre has two wards called Conolly Ward and Charlesworth Ward. There is a day centre facility, and the unit also houses crisis resolution home treatment services.</p>

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

## What we found overall

**We found that the Mental Health Unit, Lincoln County Hospital Site was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 22 and 24 November 2010. We reviewed information from other agencies, the provider's records, nationally held records and other people who wanted to share information about the service. Other agencies who gave us information include Monitor, Primary Healthcare Trusts, and the Local Authority. 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 their visit.

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

### What people told us

Patients told us that they are encouraged to be involved in the services they receive. They said that they felt listened to and their views are respected. They also told us that they get good support from the medical and nursing staff, and they are able to make decisions about the care and treatment they receive.

Patients said things like ‘this is the best unit I have ever been in’, ‘I’ve been in a few places and this one is better because it’s calmer and staff take more time to get to know you’, ‘the unit manager is very good, superb, nothing she wouldn’t do to help’  
A relative said ‘the relationship we have the team is excellent’

## **What we found about the standards we reviewed and how well the Mental Health Unit, Lincoln County Hospital Site 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**

Patient’s views are respected and they are given enough support and information to become involved in the care and services they receive.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patients are able to make informed decisions about their care and treatment, and they are supported to understand their rights in relation to consent.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patients generally receive effective and appropriate care based on clear assessments and care plans. However some aspects of their physical health may not be addressed as effectively as it could be.

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

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

Patients receive the diet, and choices of food that they want and need, within the ward environment. However current catering contracts do not meet their needs in relation to quality and efficiency.

Overall, we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

### **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 the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patients are protected by knowledgeable staff, and clear policies and procedures.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patients experience good standards of cleanliness, and there are systems in place to protect patients from the risk of infections.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patients are supported to understand their medication. Systems and policies help to make sure they receive them in a safe and effective way.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Patient's privacy and dignity is maintained. However some patients are at high risk from the presence of ligature points (for more information see outcome 10). 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 the Mental Health Unit, Lincoln County Hospital Site 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 the Mental Health Unit, Lincoln County Hospital Site 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**

Patient's needs and wishes are usually met by sufficient staffing levels. However there are times when they are at risk of not being able to have key areas of their care and treatment met in a timely and effective way.

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**

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

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Patients benefit from a quality assurance system that includes their views and opinions, and can identify, monitor and manage any risks.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site 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 the Mental Health Unit, Lincoln County Hospital Site was meeting this essential standard.

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

Records are generally managed and stored in the right way. Systems are in place to identify, monitor and manage any areas that need to be improved.

Overall we found that the Mental Health Unit, Lincoln County Hospital Site was meeting 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

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**

Patients told us that there is an information pack available to them when they are admitted, and this includes information about the Mental Health Act Operations department of the Care Quality Commission. They told us that they knew how to get in touch with advocacy services if they need to.

One patient said ‘this is the best unit I have ever been in’, and another told us ‘I’ve been in a few places and this one is better because it’s calmer and staff take more time to get to know you’

**Other evidence**

Information sent to us by the trust shows they have systems and policies in place to achieve patient involvement.

We saw that information about advocacy services is displayed in communal areas,

including information about the Patient Liaison Service. The unit manager told us that patients are automatically referred to advocacy services when they are admitted. We saw that the patient information pack shows how they can get support from other doctors and make advanced decisions.

We also saw records to show that patients are involved in meetings on the ward so that they can say how they feel about the services provided, and the outcomes of patient surveys are displayed in the reception area of this location.

Records show that care plans are developed and discussed with patients, who sign to say that this has been done.

### **Our judgement**

Patient's views are respected and they are given enough support and information to become involved in the care and services they receive.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**

Patients told us that staff ask for their consent to treatment, and that they know what their rights are in relation to consent.

One patient said 'I don't need rights, I know I'm here to get well and I get all the support I need, they give us this through one to one time and help us decide what we want'

**Other evidence**

We saw that care plans contained patient's signatures in key sections to show their consent to treatment. Advanced decisions are also highlighted in care plans and include treatment options. Clear assessments are in place to show where people are unable to make decisions for themselves.

We know that staff are trained about how to manage situations where people cannot make decisions for themselves. Staff demonstrated their understanding of this process, and also important aspects of the Mental Health Act, 1983.

Staff also demonstrated good understanding of how to support people when they

have restrictions placed on their liberty or decision making, and what the law says about this. They described how they appropriately manage situations on the ward where some patients have restrictions and others do not, for example when they have to lock doors.

### **Our judgement**

Patients are able to make informed decisions about their care and treatment, and they are supported to understand their rights in relation to consent.

# 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 moderate concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**

Patients said there is a lot to do like fishing trips, craft and art activities, trips to Lincoln, or to see family members.

**Other evidence**

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 GP, as they would if they were living at home. However we know that in some areas there is an appropriately trained nurse employed to monitor patient’s physical health; there are junior doctors with experience of physical health support; and patients can make use of the nearby general hospital services.

We saw that care plans are completed in the right way, and there is a consistent assessment process, which includes risk assessing, healthcare screening and discharge planning. Staff complete short term care plans when some patients are admitted, if they need to gather further assessment information. Care plans are

signed by patients, and there are clear plans for crisis and contingency situations. Daily records show that patients receive individual time with their named nurses, and that care plans are used as a working document for all care and support that patients receive. Throughout our visit we saw patients and staff working together to meet individual needs and wishes.

Staff told us how they support patients to manage any behavioural issues. They all described the main approach as that of helping patients to become calmer through, for example, talking to them in quieter areas of the ward. They call this de-escalation, and records show this has reduced the number of times they need to use approved restraint methods. One member of staff said 'it's been about 18 months since I've had to use restraint methods, we use de-escalation and it works'. We know that there is a clear policy in place regarding the use of seclusion rooms, and one area of this location does not have a seclusion room due to its successful use of de-escalation methods.

Patients can choose to join in with a wide range of activities, and we saw an activity programme in each area of this location. We saw people going out to visit relatives, going to the shops, painting, cooking, and listening to music. There is a well equipped gym area for patients, and we saw an activity sheet for outside activities such as swimming and ten pin bowling. During our visit some patients had been taken swimming. We spoke to the unit manager about having more information in care plans about activities for patients, so that they can clearly demonstrate the work that they do and the effect it has for the patient.

### **Our judgement**

Patients generally receive effective and appropriate care based on clear assessments and care plans. However some aspects of their physical health may not be addressed as effectively as they could be.

# 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

**There are minor concerns** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**

In general, patients told us that they like the food provided, and they like having the opportunity to make their own food at times.  
One patient said ‘the food is OK’, and another said ‘the sandwiches are naff’.

**Other evidence**

Managers told us that meals are supplied by an outside catering company, with sandwich options at lunchtime and a cooked meal in the evening. However, they told us that patients and staff have raised concerns about the quality of some meal choices, and the way in which it is supplied, for example, special diets can take over 24 hours to be provided. We know that the trust is currently reviewing the contract with the catering company, and staff told us how they make sure patients get the diets they need if the company does not supply them immediately. For example staff shop at local supermarkets for the food that are needed.

Information we received from the trust shows that there is a choice of two cooked meals, and religious and cultural needs can be met.

Records show that patients are assessed to make sure that they receive the diet

that they want and need. A nationally recognised assessment is used to do this. Minutes of patients' meetings show that choices for meals are discussed.

We saw patients being supported to make cooked breakfasts for themselves, and lunchtime sandwiches. We also saw that drinks are freely available to patients, and they have a fridge in the ward area where they can store their own snacks. Staff told us that some patients work in the location's cafeteria called 'Pete's Place', where they can develop skills they can use to help them find work when they leave hospital.

### **Our judgement**

Patients receive the diet, and choices of food that they want and need, within the ward environment. However current catering contracts do not meet their needs in relation to quality and efficiency.

# 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**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

There is a major incident plan for each unit, which involves agencies such as the police and fire services.

They told us 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 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 have responded in a timely and appropriate manner to our requests for

information, and any concerns we have raised throughout this review process.

**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**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

We know that the trust has policies in place about keeping 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.

They also have a member of staff 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 received information to show that staff report any situations where patients may be at risk of harm or abuse, in the right way. During our visits staff demonstrated their understanding of what abuse is and how to use the systems in place to protect

patients. Records show that staff have been trained about how to do this.

We saw that there is information for patients in the ward areas about how they should expect to be protected, what their rights are, and about protecting people who can not make decisions for themselves.

**Our judgement**

Patients are protected by knowledgeable 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

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**

A patient said ‘this place is very clean, the cleaners are really on it, all day every day’.

**Other evidence**

We saw that all of the ward areas were very clean and tidy, and housekeeping staff were available throughout our visits. We spoke to housekeeping staff who said that their training programme was ‘really good’, and it included infection control and health and safety courses. We also saw examples of cleaning schedules, which set out how often tasks should be completed and who is responsible for them.

We saw nursing staff using gloves and aprons in the right way, and that they used hand washing techniques in the right way. All of the staff carried their own bottle of hand disinfectant with them, and we saw them using it at the right times. We know that they are given training about infection control, and there is an infection control link nurse in each ward area. This nurse makes sure that staff have up to date information, and helps the ward to maintain good standards of hygiene.

We know that there are policies in place about controlling infection, contracts are in place for waste disposal, and there is a trust wide patient environment action team in place. The trust also has systems in place to regularly check that policies are being followed.

**Our judgement**

Patients experience good standards of cleanliness, and there are systems in place to protect patients from the risk of infections.

# 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**  
One patient told us that they were not happy with the medication they were taking at home, but when they came into hospital and spoke to their Consultant Psychiatrist 'he helped me to get them right'. The patient said that they were pleased with the help from the Consultant Psychiatrists.  
Another patient said that staff help them to understand how their tablets work.

**Other evidence**  
We watched staff giving medication to patients, and helping them to take it. They did this in line with professional guidance and good practice. They demonstrated a good understanding of the medication that was being used, and what the law says about patients consenting to take medication. Medication records were completed in the right way.  
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. Staff told us that they have good support from the trust's pharmacists, who will also work with patients to help them understand their medications. The unit manager said that they were soon to have a ward based pharmacist to help further improve

the service to patients and staff.

We saw that in one ward they were helping some patients to be more independent with their medication. Staff explained the ways in which they do this, which were in line with the trust's policy about self medication. We saw that there are lockable cupboards in patient's bedrooms where they can safely store their own medication.

Information received from the trust shows that a recent medication check has been carried out. The check showed that some areas of medication management needed to improve on some wards. For example, the recording of medication fridge temperatures, and the completion of medication administration records. The trust told us that there are action plans in place to address the issues highlighted by the check.

### **Our judgement**

Patients are supported to understand their medication. Systems and policies help to make sure they receive them 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**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

We know that the trust has systems in place to make sure that the premises are safe and suitable to provide services from. For example, environment action team work plans, waste contracts, regular environmental checks, and health and safety visit reports.

Areas of the environment that present a risk to some patients (ligature points) are currently managed by assessing risk and annual checks, and we saw the ways in which this is done when we visited. 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, and we saw areas of risk such as taps, window catches, and door hinges.

On two of the wards we experienced areas that were colder than the rest of the ward. 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. We have asked the trust to look at ways in which wards can gain control of their own heating arrangements.

We saw that there are separate wards for male and female patients, so that their privacy and dignity is maintained. One ward has individual bedrooms, which we saw had been personalised by patients, and were comfortably furnished. Other wards have small dormitory areas, which have boarded partitions and/or curtains between beds so that patients have privacy and personal space. Again we saw that patients are able to personalise their own space. As well as larger communal lounge and dining areas there are smaller rooms that patients can use if they have visitors, or if they want somewhere quieter to spend their time.

We saw that in one ward, a key swipe system has been installed on dormitory doors to give patients more privacy. The system is not yet working as the ward is awaiting a new computer which is needed to run the system.

A CCTV (security cameras) 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.

### **Our judgement**

Patient's privacy and dignity is maintained. However 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

**What people who use the service experienced and told us**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

The trust told us that all equipment is appropriately maintained and checks are carried out and recorded as required. We saw, for example, that each piece of gym equipment has labels for service engineers to record when they have carried out checks, which we saw were up to date.

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.

Information we have shows us that staff receive training about how to use

equipment for things like moving and handling, and resuscitation. Staff told us that they are waiting for training with gym equipment so that they can support patient's to use the gym at weekends when physiotherapy staff are not available.

Information we received from another agency highlighted an issue of patients not having enough privacy when making phone calls. When we visited we saw that one ward now has a portable telephone that patients can take into private areas if they wish. We have asked the trust to review this issue in other ward areas.

### **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**

A patient told us that they have been involved in staff interviews, which was ‘really good, they showed respect for my views’. During our visit another patient was taking part in a staff interview panel.

**Other evidence**

We know that there are systems and policies in place to carry out things like Criminal Record Bureau checks, professional registration checks, health 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 did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

The trust have told us that staffing levels are set to meet patient need and 'bank' staff are used if required. Bank staff are those who have been recruited specially or already work for the trust, and work when they are needed. Staff told us that they currently do not use staff from outside agencies as this can be disruptive for patients. During our visits we saw a selection of staff rotas, and a report that shows how staff are deployed to provide maximum cover for each ward.

Staff, including doctors, said numbers are usually based on patient need. However there are times when there are not enough staff to make sure that some patients can have the special leave that is agreed in their care plans. For example, when wards are full; there are lots of patients who are detained under the Mental Health Act 1983; or there is a high rate of admissions to the wards. In one part of this location we saw that the smoking area is some distance away from the wards, and

some patients needed to be supported by staff to go there. The ward area is also on the second floor of the building. Again staff told us that staffing levels can effect how often some patients can go for a cigarette, or go outside for fresh air. In another part of the location we saw that patients can use the smoking area and secure gardens more easily, without pressure on staffing levels. However staffing levels still have an effect on the amount of special leave patients can take.

### **Our judgement**

Patient's needs and wishes are usually met by sufficient staffing levels. However there are times when they are at risk of not being able to have key areas of their care and treatment met in a timely and effective way.

# 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**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

Staff told us that they get good support from managers and they can talk about professional issues with other supervisors. They said that as well as regular support sessions, they can talk to managers and supervisors informally, when they have need. They told us that they can look at their personal development needs when they have supervision, and they also have yearly appraisals so they know how they are progressing in their job.

One member of staff said 'I think we have a good team and we don't need to wait for 1:1 if we need support we just ask and it's there'. Another said 'we're not afraid to ask for support and don't feel silly if we ask our managers for anything'. And another said 'managers have an open door policy, 'we have a good culture of looking out for and after each other'.

We know from information we saw during our visits that there is a system to make sure that managers are available throughout the day and night to help staff, and

staff confirmed this when we spoke to them. They also said that there is always a doctor available to support them.

Staff said they receive an induction to the trust and to the ward area when they start to work. They told us that they found the induction very helpful. However we know from information we have, and from talking to staff that not everyone is trained in methods of restraint before they start to work with patients. Staff said that staff who are not trained in this area do not get involved in restraint practice. We have spoken to the trust and their new induction programme fully addresses this situation, however this will not be in place until April 2011. They said that they will send us information to show how they are managing the situation in the meantime.

Staff described on going training in subjects such as keeping patients safe, emergency life support, managing difficult behaviours, health and safety, and infection control. We know from information the trust sent us that they also have training about things like helping people to make decisions, fire safety, moving and handling, and special treatments for patients.

### **Our judgement**

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

# 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**

Patients said that they felt their views were listened to, and they said that they were supported to make decisions.

One patient said that they are involved in surveys and feedback groups. Another described their role as a patient governor, which includes being able to pass on patient’s views, ideas and opinions about the care and support they receive.

**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.

During our visits we saw that each ward carries out their own checks for things like patient safety, patient experiences, and how effective they are at providing support,

and displays the outcomes for patients to see. We also saw records of patient meetings in which they can give their views about the services they receive.

**Our judgement**

Patients benefit from a quality assurance system that includes their views and opinions, and can identify, monitor and manage any risks.

# 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**

Patients told us that they know how to make complaints if they need to, and they said that they felt supported to do so. One patient said ‘it’s really good, we can raise any concern and the difference here is that they listen to you’, and another said ‘when I had a complaint the unit manager helped me to use the complaints system’.

**Other evidence**

We know that there is a trust policy in place about how to deal with complaints. We also saw 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 satisfied with the way in which they are handled.

Staff demonstrated that they know how to deal with a complaint at ward level, and records showed where patients have raised concerns with managers. We saw that information about how to make a complaint is available in ward areas, and this information also gives details of other agencies that people can contact, if they do not wish to raise them with the trust.

We know from the information we hold, that staff are also able to raise complaints,

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

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

### Our findings

**What people who use the service experienced and told us**

We did not get patients' views directly from them about this outcome. However their experiences were captured through records, other information we received from the trust, and from other people they have contact with. This information is recorded in the 'other evidence' section.

**Other evidence**

We know that the trust has policies and systems in place to make sure that records are completed in the right way, and they are kept safe. Records show that staff are trained to do this.

We saw that the trust carried out a check of records for each ward area in 2010, and this identified areas for improvement such as how staff cross out mistakes, not having loose pages in patient's files, and making sure that emails are only sent through secure sites. Their plan to address the issues shows how long it will take them to make things better and who is responsible for carrying out the plan.

During our visits staff asked patients for their permission before they allowed us to

see any of their personal records, and we saw that their records were stored securely.

We saw that all staff who support a patient, such as nurses, doctors, and physiotherapists write a report in the same place in patient's notes, to show what support they have given. This means that everyone knows what is happening, and the patient can get a more consistent approach to their care.

### **Our judgement**

Records are generally managed and stored in the right way. Systems are in place to identify, monitor and manage any areas that need to be improved.

## 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. Treatment of disease, disorder or injury.	Regulation 9	Outcome 4: Care and welfare of people who use service.
	<b>Why we have concerns:</b> Care plans do not contain enough information about social activities for patients.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 14	Outcome 5: Meeting nutritional needs.
	<b>Why we have concerns:</b> Patients receive the diet, and choices of food that they want and need, within the ward environment. However current catering contracts do not meet their needs in relation to quality and efficiency.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 15	Outcome 10: Safety and suitability of premises.
	<b>Why we have concerns:</b> On two of the wards we experienced areas that were colder than the rest of the ward. 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.	
Assessment or medical	Regulation 15	Outcome 10: Safety and

treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.		suitability of premises.
	<b>Why we have concerns:</b> A key swipe system has been installed on dormitory doors to give patients more privacy. The system is not yet working as the ward is awaiting a new computer which is needed to run the system.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 16	Outcome 11: Safety, availability and suitability of equipment.
	<b>Why we have concerns:</b> Information we received from another agency highlighted an issue of patients not having enough privacy when making phone calls. When we visited we saw that one ward now has a portable telephone that patients can take into private areas if they wish. We have asked the trust to review this issue in other ward areas.	

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 9	Outcome 4: Care and welfare of people who use service.
	<b>How the regulation is not being met:</b> Patients generally receive effective and appropriate care based on clear assessments and care plans. However some aspects of their physical health may not be addressed as effectively as it could be	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 15	Outcome 10: Safety and suitability of premises.
	<b>How the regulation is not being met:</b> Patient's privacy and dignity is maintained. However some patients are at high risk from the presence of ligature points.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	Regulation 22	Outcome 13: Staffing.
	<b>How the regulation is not being met:</b> Patient's needs and wishes are usually met by sufficient staffing levels. However there are times when they are at risk of not being able to have key areas of their care and treatment met in a timely and effective way.	

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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