

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

Mental Health Unit, Lincoln County Hospital Site

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We followed up on our inspection of 23 July 2012 to check that action had been taken to meet the following standard(s). We have not revisited Mental Health Unit, Lincoln County Hospital Site as part of this review because Mental Health Unit, Lincoln County Hospital Site were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Lincolnshire Partnership NHS Foundation Trust
Overview of the service	This location consists of two in-patient units called Peter Hodgkinson Centre and Francis Willis Unit. It provides services to patients who experience mental health, learning disability, and substance misuse, some of whom may be detained under the Mental Health Act, 1983.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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

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Summary of this follow up review

Why we carried out this review

We carried out an inspection on 23 July 2012 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Mental Health Unit, Lincoln County Hospital Site as part of this review because Mental Health Unit, Lincoln County Hospital Site were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed all the information we have gathered about Mental Health Unit, Lincoln County Hospital Site and talked with stakeholders.

We have not revisited Mental Health Unit, Lincoln County Hospital Site as part of this review.

What we found about the standards we followed up

We followed up on three areas of non-compliance identified in a previous inspection. We reviewed evidence that demonstrated the provider's compliance in these three areas.

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

More information about the provider

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

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

Our judgements for each standard reviewed

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patient's privacy in Peter Hodgkinson Centre was protected because appropriate patient telephone facilities had been put in place.

Reasons for our judgement

We did not speak to patients about this outcome as we did not visit the location to carry out the review.

When we last visited the location in July 2012, we saw that there was no privacy screening around patient's telephones in Peter Hodgkinson Centre. Patient's private conversations could be heard by anyone passing as the telephones were located near to the ward entrances. We had raised this issue with the provider in December 2010, and they said then that they would take action to address the issue.

Following our visit in July 2012 the provider sent us an action plan to show how they were going to address the issue. The action plan showed us that they were going to provide mobile phones for patients, in a risk assessed way, until payphones could be moved into private areas. We knew from talking to managers within the provider organisation that this took place.

In September 2012 the provider confirmed to us that payphones had been re-sited and were in use by patients.

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of inadequate nutrition.

Reasons for our judgement

We did not speak to patients about this outcome as we did not visit the location to carry out the review.

When we last visited the location in July 2012, patients told us that they were not happy with the standards of catering. Staff told us that some patients regularly refused meals, and there was a lot of waste.

Following our visit the provider sent us an action plan to show how they were going to address the issue. The action plan showed us that they were going to improve the way in which patients were involved in menu planning, and discussions with the catering contractor.

In September 2012 the provider confirmed to us that patients and staff had met with the catering contractor and made plans for improvements to the main meal menus, in relation to choice and portion size. We also know that a dietician had given advice which had been incorporated into the plans.

The completed action plan showed us that patients had become more involved in weekly ward discussions about the menus so that their choices, preferences, and nutritional needs were taken into account.

We also know that a catering questionnaire was sent out to patients and staff following our visit. The provider told us that they had used the information from the questionnaires to help improve the menu planning and catering arrangements. We will look at the outcomes from the questionnaires during our next visit to the location.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to assess and plan for the times when there is a lack of acute admission beds.

Reasons for our judgement

We did not speak to patients about this outcome as we did not visit the location to carry out the review.

When we last visited the location in July 2012, we saw that when wards within Peter Hodgkinson Centre were fully occupied, any new patients were admitted to the beds of patients who were on home leave. Although staff managed these situations when they occurred, we did not see any organisational risk assessments or contingency planning for these times.

Following our visit the provider sent us an action plan to show how they were going to address the issue. We saw that they had developed a bed management protocol to assist staff to manage situations in a planned way. The provider also told us that bed availability was monitored on a daily basis, and a working group had been set up to assist with accommodation issues.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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