

Review of compliance

Central and North West London NHS Foundation
Trust
Park Royal Centre for Mental Health

Region:	London
Location address:	Central Way (off Acton Lane) London NW10 7NS
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Date of Publication:	February 2012
Overview of the service:	Park Royal Centre for Mental Health is a location of Central and North West London NHS Foundation Trust. The hospital is an eight-ward adult mental health unit. We visited two wards; one acute and one older adult ward. We focused on the care and welfare of people for whom English was not their first language.

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

Our current overall judgement

Park Royal Centre for Mental Health was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services

Outcome 02 - Consent to care and treatment

Outcome 04 - Care and welfare of people who use services

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 December 2011, talked to staff and talked to people who use services.

What people told us

People who use the service who spoke limited English told us that they were informed of their care through interpreters and the care they received was mostly satisfactory. However, we were told that at times they did not always have enough activities to do on the wards.

What we found about the standards we reviewed and how well Park Royal Centre for Mental Health was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service who speak limited English, understand the care, treatment and support choices available to them through interpreters. However, there was no documented evidence of peoples' views of their treatment, if English was not their first language and on Pond ward, people's privacy was not always maintained. Overall, Park Royal Centre for Mental Health was meeting this essential standard, but to maintain this, we found that improvements were needed.

Outcome 02: Before people are given any examination, care, treatment or support,

they should be asked if they agree to it

People who use the service who speak limited English understand the information, through interpreters, when capacity assessments are undertaken and best interest checklists are carried out. However, some people who speak limited English, do not have appropriate decision-specific capacity assessments when required. On Seacole ward, mental capacity assessment forms were sometimes recorded as a statement as opposed to an assessment. Overall, we found that improvements were needed with this essential standard.

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

People who use the service who speak limited English, experience safe care and treatment. However, care plans do not always address the communication needs of people who speak limited English. Overall, we found that improvements were needed with 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

People who use the service, who speak limited English, benefit from safe quality care, treatment and support due to the management of risks to their health and welfare.

Actions 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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 01: 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 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who use the service who spoke limited English told us that they were informed of their care through interpreters.

Other evidence

There was a policy on the use of interpreters, which staff told us they read and understood. We saw evidence that the trust had a contract with a company to provide interpreting services. This company had been used frequently by staff to read people their rights, complete care plans and carry out discussions during ward rounds. Staff told us that interpreting service had improved over the past 12 months and family members were not used as formal interpreters in accordance with the trust policy.

We noted that Seacole ward was a mixed ward, with separate male and female sleeping areas. The ward had a communal shower, which was located in a male sleeping area. Females who wanted to have a shower, were escorted by female staff members, to ensure their safety. There was also a bath in the female only area and when the refurbishment of the ward is completed, there will be separate male and female showers.

On Pond ward, people using the service were visible in their bedrooms from the

corridors, through the vision panels in the doors. This did not allow for people's privacy to be always maintained. On the both wards we visited, there was no documented evidence of peoples' views of their treatment, if English was not their first language.

Our judgement

People who use the service who speak limited English, understand the care, treatment and support choices available to them through interpreters. However, there was no documented evidence of peoples' views of their treatment, if English was not their first language and on Pond ward, people's privacy was not always maintained. Overall, Park Royal Centre for Mental Health was meeting this essential standard, but to maintain this, we found that improvements were needed.

Outcome 02: 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 minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not speak to people using the service about this outcome on this occasion.

Other evidence

Staff told us that people who spoke limited English had mental capacity assessments with the aid of an interpreter. However, we found evidence that some people who spoke limited English, did not have appropriate decision-specific capacity assessments when required. On Seacole ward, one mental capacity assessment (MCA) form was only partially completed and there was evidence that some MCAs were recorded and as a statement as opposed to an assessment.

Capacity assessments were always recorded in peoples' records, but the use of interpreters during assessments was not. Where capacity assessments were undertaken with people who spoke limited English, it was always documented whether they were able to understand the information. We saw evidence that best interest checklists were carried out where people lacked capacity as defined by the Mental Capacity Act 2005.

Our judgement

People who use the service who speak limited English understand the information, through interpreters, when capacity assessments are undertaken and best interest

checklists are carried out. However, some people who speak limited English, do not have appropriate decision-specific capacity assessments when required. On Seacole ward, mental capacity assessment forms were sometimes recorded as a statement as opposed to an assessment. Overall, we found that improvements were needed with this essential standard.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who use the service who spoke limited English us that the care they received was mostly satisfactory. However, we were told that at times they did not always have enough activities to do on the wards.

Other evidence

We saw evidence that people who spoke limited English had risk assessments, with the involvement of an interpreter. People using the service who spoke limited English had named key workers responsible for planning their care. Staff told us that one to one meetings take place between staff and people using the service who speak limited English. We noted that for people who spoke limited English, their care plans were limited to medicines and personal care.

Staff told us that people who speak limited English were encouraged to participate in non verbal group activities on the wards i.e. drama therapy, music therapy and art therapy. Such activities are provided on the ward as part of the weekly therapy schedule. However, we did not observe any care plans that addressed the communication needs of people who spoke limited English.

Our judgement

People who use the service who speak limited English, experience safe care and treatment. However, care plans do not always address the communication needs of people who speak limited English. Overall, we found that improvements were needed with this essential standard.

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

We did not speak to people using the service about this outcome on this occasion.

Other evidence

We saw evidence that audits of record keeping and the environment were carried out by the wards. There was evidence that the trust undertakes regular patient experience surveys. The trust obtains patient experience feedback from people who had been discharged from hospital through telephone surveys. An interpreting service has been contracted, so that the survey can be undertaken in different languages and there was evidence to show that this service had been used.

Our judgement

People who use the service, who speak limited English, benefit from safe quality care, treatment and support due to the management of risks to their health and welfare.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: There was no documented evidence of peoples' views of their treatment, if English was not their first language and on Pond ward, people's privacy was not always maintained.</p>	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>Why we have concerns: Some people who speak limited English, do not have appropriate decision-specific capacity assessments when required. On Seacole ward, mental capacity assessment forms were sometimes recorded as a statement as opposed to an assessment.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: Care plans do not always address the communication needs of people who speak limited English.</p>	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement 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 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
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