

# Review of compliance

## Lancashire Care NHS Foundation Trust

Burnley General Hospital, Chorley District General Hospital, Daisy Bank Rehabilitation Inpatient Unit, Sceptre Point, Ormskirk Hospital, Parkwood Hospital, Ribbleton Hospital, Ridge Lea Hospital, Royal Blackburn Hospital, Royal Preston Hospital.

<b>Region:</b>	North West
<b>Location address:</b>	Burnley General Hospital, Chorley District General Hospital, Daisy Bank Rehabilitation Inpatient Unit, Sceptre Point, Ormskirk Hospital, Parkwood Hospital, Ribbleton Hospital, Ridge Lea Hospital, Royal Blackburn Hospital, Royal Preston Hospital
<b>Type of service:</b>	Mental Health
<b>Date the review was completed:</b>	December 2010
<b>Overview of the service:</b>	Lancashire Care NHS Foundation trust provides mental health services, including inpatient units and community services. The trust provides services to adults and older people, children and adolescent mental health services (CAMHS) The trust also provides mental health and substance misuse services. The trust provides services to a population of around 1.4 million people covering the whole of the Lancashire county.

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

## What we found overall

### ***1. Compliant for all outcomes reviewed***

**We found that Burnley General Hospital, Chorley District General Hospital, Daisy Bank Rehabilitation inpatient Unit, Sceptre Point, Ormskirk Hospital, Parkwood Hospital, Ribbleson Hospital, Ridge Lea Hospital, Royal Blackburn Hospital, Royal Preston Hospital was meeting all the essential standards of quality and safety we reviewed.**

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 because concerns were identified in relation to:

- Respecting and involving people who use services

We carried out this review to check whether Burnley general hospital, Chorley district general hospital, Daisy bank rehabilitation in patient unit, Sceptre point, Ormskirk hospital, Parkwood hospital, Ribbleson hospital, Ridge lea hospital, Royal Blackburn hospital, Royal Preston hospital had made improvements in relation to:

- Respecting and involving people who use services

## How we carried out this review

We reviewed all the information we hold about this provider

## What people told us

People who use services were not directly consulted for this responsive review by the Care Quality Commission. This review was a piece of work that was as a result of an improvement letter. The improvement letter was sent to the trust in April 2010 following the registration of the NHS.

**What we found about the standards we reviewed and how well**  
Burnley General Hospital, Chorley District General Hospital, Daisy Bank Rehabilitation Inpatient Unit, Sceptre Point, Ormskirk Hospital, Parkwood Hospital, Ribbleton Hospital, Ridge Lea Hospital, Royal Blackburn Hospital, Royal Preston Hospital **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**

Overall the trust is now compliant with this outcome 1: Respecting and involving people who use services. However, the trust still need to continue to demonstrate that their action plans have been fully implemented in relation to arrangements being made for patients to self administer their own medication and providing access to service user groups within all locations.

- Overall, we found that Burnley General Hospital, Chorley District General Hospital, Daisy Bank Rehabilitation Inpatient Unit, Sceptre Point, Ormskirk Hospital, Parkwood Hospital, Ribbleton Hospital, Ridge Lea Hospital, Royal Blackburn Hospital, Royal Preston Hospital was meeting this essential standard.

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

The table below shows our judgement on each of the essential standard outcomes we reviewed.

**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.

Outcome	Judgement for the service	Judgement for a specific activity
<b>Outcome 1:</b> Respecting and involving people who use services	<b>Minor concern</b>	NA

The following pages detail our findings and our regulatory judgement for each essential standard and outcome reviewed, linked to specific regulated activities where appropriate.

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

People who use services were not directly consulted for this responsive review by the Care Quality Commission. This review was a piece of work that was as a result of an improvement letter. The improvement letter was sent to the trust in April 2010 following the registration of the NHS.

#### Other evidence

During the registration of the trust under the Health and Social Care Act (2008), the trust declared non compliant against this outcome and identified this non compliance as a minor concern. This non compliance relates to a number of locations within the trust.

The Care Quality Commission (CQC) issued an improvement notice to the trust to address the declared non compliance against this outcome. Information was submitted to the CQC as a result of the improvement notice in the form of action plans. The action plans address the concerns raised within this outcome. The trust submitted three action plans which have been monitored by CQC. The identified areas of non compliance were in relation to;

- The lack of information being provided to people who use services on adult inpatient wards and adult community services to ensure information is available to all people who use services in all locations.
- Concerns identified at Ribbleton hospital regarding privacy and dignity, requiring the need to modernise and improve the patient environment. The areas identified were in relation to dormitory style wards, partitioning in bedrooms and the use of mixed gender toilets.
- People who use services do not have access to service user groups, at all locations within the trust and not all patients and people who use services are involved in how the service is run and planned. The trust identified this in the early intervention services (EIS), substance misuse services (SMS) and children's adolescent mental health services (CAMHS).
- The trust highlighting that patients are not always informed of the risks and benefits, of the care and treatment they receive and this is not always documented or discussed with the people who use services.
- People who use services are not always provided with the opportunities to manage their own care and treatment, to allow self administration of medicines and the lack of a procedure to record when this may not be possible.

The three action plans submitted in June and October 2010 identified the concerns raised, actions the trust will take, and progress to date with timescales included.

We found the trust had completed an audit to assess what information is available to patients and to people who use services. Following the audit the trust developed a minimum standard for all teams and locations, to indicate what information must be available for patients, people who use services and carers. The trust identified an area of good practice in the East Lancashire area; this being that every person who uses services in the recovery team has received medication leaflets.

Work has commenced at Ribbleton Hospital location to address issues around privacy and dignity on the wards at this location. The work is being completed in small phases to minimise disruption to patients and this is due to be completed in January 2011. The trust provided evidence to support that the view of people who use the services are being sought and included in the planned changes.

It is not clear from the action plan submitted if service user groups are available at all early intervention services (EIS), substance misuse services (SMS) and children's adolescent mental health services (CAMHS). The trust reported that developments need to take place in the Eastern area.

The benefits of having service user groups in all locations would allow people to be involved in how services are planned and run, as well as giving people the opportunity to become involved in the local community.

The SMS service user group has been established in Blackpool and the CAMHS have completed service user questionnaires to initiate the development of user and carer involvement.

We found the trust have developed a service users welcome pack that includes a leaflet explaining the rights and responsibilities for use within the central EIS team. We found the service user peer group that is operational in the central EIS have self evaluated the service and the trust plan to consider this model for the development of future services.

We were informed that the CAMHS teams have information leaflets available

describing the service and treatment options available, with statements relating to the benefits and risks of treatment. We were informed that people who use this service have completed questionnaires that include their involvement in care planning and decision making. The questionnaire also allows young people to provide a statement, indicating that the risks and benefits of treatment have been discussed with them. We found the CAMHS have information leaflets available for young people, parents and referrers to the services that describe the service and treatment options available. We found the leaflets have been approved by the young carers group.

Within the SMS the trust confirmed that an audit has been developed and completed in August 2010. The trust audited discussions held with patients and people who use services in relation to the risk and benefits of treatment. This audit or check of services report has not been finalised and results are not available at the time of writing this report.

Arrangements for patients to self administer medication have not been addressed within the most recent action plans submitted and the CQC will continue to monitor this concern by informal regulatory action.

### **Our judgement**

Overall the trust is now compliant with this outcome 1: Respecting and involving people who use services. However, the trust still need to continue to demonstrate that their action plans have been fully implemented in relation to arrangements being made for patients to self administer their own medication and providing access to service user groups within all locations.

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA