

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

## Cassio Unit

14 Stratford Road, Watford, WD17 4DG

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Hertfordshire Partnership University NHS Foundation Trust
Overview of the service	The Cassio unit is registered to provide assessment and treatment for people who are living with a learning disability. Some of whom may be detained under the 1983 Mental Health Act.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 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 inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We reviewed four care and treatment records in detail. These showed us that people had been involved wherever possible in giving their informed consent regarding their care and treatment plans. This, and the other evidence examined meant that people were asked for their consent to treatment and the provider acted in accordance with their wishes.

We noted that staff were engaging with people in a positive way and that they adopted a consistent and therapeutic approach towards people whose behaviours could sometimes be challenging. This showed us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff told us the steps that they would take if they suspected abuse was taking place and expressed their confidence that these concerns would be escalated appropriately. This meant that people who use the service were adequately safeguarded, because the provider had taken reasonable steps to identify and prevent abuse from happening.

We saw a clear trust audit programme and evidence was seen of the actions taken in response to any identified concerns. This meant that the provider had an effective system to regularly assess and monitor the quality of service that people received.

The records kept by the service and inspected were seen to be accurate and 'fit for purpose'. This showed us that people were protected from the risks of unsafe treatment

because appropriate records were maintained.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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 inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

On the day of our inspection visit we saw that four people using this service were detained under the 1983 Mental Health Act. The remaining three people were deemed as 'informal' because they were not detained under this Act.

We spoke with three people who were using this service. Everyone we spoke with confirmed that they knew why they were in the unit and that the staff had explained, 'things' about their treatment to them. One person said, "I know why I am here and I want to get better."

We reviewed four care and treatment records in detail. These showed us that people had been involved wherever possible in their care and treatment plans. We saw evidence that people had given their informed consent to treatment where applicable. Everyone had been involved in weekly discussions with their key nurse regarding their care and treatment. However, the provider may find it useful to note that there were some care plans and other records not signed by the people receiving treatment in this unit. There was no information recorded as to the reasons for this omission.

We were shown three 'recovery pathways' care records for people using this service and this demonstrated to us that the service was providing a person centred focus on each person's care. Senior staff confirmed that this would be extended to everyone using the service according to their wishes and identified need.

We saw that the required 1983 Mental Health Act paperwork regarding individual care and treatments were completed appropriately and that records were in place that showed us that people were made aware of their rights under this Act. Those records showed us that people had been regularly reminded of these rights as required by Section 132 of this Act. Examples of these forms were seen during the inspection. We saw that people's individual capacity to consent to treatment had been assessed upon admission to this service. Staff

confirmed that individual capacity was re-assessed and recorded if required throughout the person's treatment episode.

We saw that whilst the ward was kept locked, signs were in place to inform those people who were not detained under the Act, that if they wanted to leave the ward they needed to approach staff. Clear information on how to access the Independent Mental Health Advocacy services provided by the trust was on display in the unit.

We saw that people accessed this service and that independent advocates visited the unit twice a week. We noted that advocates also attended the weekly reviews held for all of the people using this service and used this as an opportunity to support the individuals concerned. This support included explaining and clarifying the consent to treatment process.

There was a good provision of other information for people using the service and we saw that there were plenty of noticeboards around the unit to facilitate this. We noted that families and other main carers were encouraged to become involved with the individual's permission, in their care and treatment. For example, we spoke to two visitors and they told us that they received weekly updates from staff regarding the care and treatment being provided to their relative.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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This unit provided a ten bedded in-patient service for adults with a learning disability and associated mental illness that required assessment, treatment and rehabilitation. There were seven people using this service on the day of our visit.

We spoke with three people using this service. Generally, they seemed to be satisfied with the care and attention being shown by staff. However one person complained of a lack of activities on the unit and another person told us that they did not know about their care plans. These matters were brought to the attention of senior front line staff who confirmed that they would review these issues with the person concerned.

We reviewed four care records in detail and these included initial admission assessments, risk assessments personalised to the needs of the patient and a care plan based on these assessments. We noted that for newly admitted people an initial 72 hour care plan had been drawn up. On-going assessments were undertaken as required. The care records we saw were completed appropriately and showed us that there had been some involvement of the person receiving assessment and treatment. We saw that relevant documentation for those people detained under the Act had been correctly completed and reviewed prior to the granting of leave under section 17. However, the provider may find it useful to note that we noted some omissions and duplication in those Mental Health Act records that we reviewed. These were brought to the attention of senior staff who confirmed that these issues would be addressed immediately.

We noted that staff were engaging with people in a positive way and that they adopted a consistent and therapeutic approach towards people whose behaviours could sometimes be challenging. We observed people being supported to engage in activities on the unit. These had been discussed with people before being provided and each care record included evidence of an individual activity programme. We saw information available to inform people of what activities were on offer. We saw people doing puzzles and arts and crafts supported by staff. Off- site activities including swimming and shopping trips were provided. We noted that some of these activities were being supported by the community assessment team (CAT).

Medical support was provided by a two consultant psychiatrists and a specialist registrar. Additional psychiatric care was provided by the trust. For example, 'out of hours' cover as required. We noted that a local General Practitioner provided general medical services for people. We saw that these included a weekly unit based visit. We were told that some people were assisted to attend the local surgery. This showed us that the trust had taken steps to ensure that prompt medical support was available at all times.

The records seen demonstrated that people were having their physical health needs met. For example, by attendance at a specialist clinic at the local acute NHS trust. We saw that people had access to other specialist health services if required. For example, we saw that the unit had the input of three psychologists, physiotherapists, dieticians and the Speech and Language Therapy (SALT) team. We noted that there was no occupational therapist currently working in this unit. However, senior staff confirmed that this post had now been filled and the new recruit was starting later this month.

We noted that people were receiving the required support with their nutritional needs and that they were encouraged to drink adequate amounts. We saw there was a 'tea bar' on the unit that was open at all times for people to make themselves a drink with the support of staff where necessary.

We saw that staff addressed any individual concerns in a prompt manner and that care plans were reviewed to reflect changes in assessed needs or risk. We saw that daily care was being recorded appropriately in the relevant care records. This demonstrated to us that staff were meeting the care and welfare needs of the patients who were using this service. However, the provider may find it useful to note that there were care records that related to people that were unsigned by the individual concerned and there was no information recorded as to the reasons for this omission.

We saw that the premises were well maintained and that each person had a single bedroom. Evidence was seen of clear gender specific signage and there were separate male and female facilities as well as communal areas for people to use. We saw that people had access to extensive secure gardens to the side of the unit and this enabled them to go for walks supported by staff where required. We noted that any damage to the environment in which people were being cared for, was addressed through the trust's maintenance department and staff confirmed that the current minor damage seen had been reported for remedial action.

However the provider may find it useful to note that we noted that there were three potential ligature points in two bathrooms and one communal area. These window latches could have exposed an opportunity of risk to people. Senior staff confirmed that plans were in progress to replace these and that environmental risk assessments were carried out linked to the clinical risk assessments of individuals who were receiving care and treatment.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke with three people who were using this service. No-one expressed any concerns about their personal safety in the unit and seemed comfortable in approaching staff if they had any concerns. One person told us that, "I feel safe here and have no worries."

We spoke with four staff that had different roles within the unit and they were able to tell us the definition of abuse and what it could mean for the people receiving care and treatment here. We noted that the unit had a designated safeguarding person who took principal responsibility for this area and acted as the main reference point for the rest of the staff team. Staff told us the steps that they would take if they suspected that abuse was taking place and expressed their confidence that these concerns would be escalated appropriately.

The unit staff training records demonstrated to us that staff had received their mandatory safeguarding of vulnerable adults training and separate safeguarding children training. The records seen showed us that staff had been scheduled to attend 'refresher' training as required.

We saw that policies and procedures were in place for staff to follow in order to provide guidance and protocols for staff when any potential abuse was identified. Examples of these included a safeguarding vulnerable adult policy dated April 2013 and a safeguarding children policy dated May 2013. These were available to staff on the unit and also via the trust's intranet. These policies made reference to staff's responsibility for identifying concerns and detailed clear procedures that needed to be followed if they had any concerns about observed practice.

We saw that front line staff had access to a safeguarding checklist to act as reminder and this included the relevant contact numbers to enable them to escalate any safeguarding concerns appropriately. We saw that two safeguarding referrals had been made in October 2013 and reviewed these. We noted that the trust was working collaboratively with the statutory agencies to address the areas of concern in a sensitive and appropriate manner.

The care records looked at had all been reviewed daily. These showed us that clear assessments of risk and care plans were in place to offer guidance to staff about the care needs of the people they were caring for. This meant that people were protected against the possibility of abuse because their care was being reviewed and evaluated regularly by staff.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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Records were in place that demonstrated that the provider assessed and monitored the quality of their services. For example we saw a clear trust audit programme in place and evidence was seen of the actions taken in response to any identified concerns. We noted that developments within the trust were disseminated throughout the organisation by the monthly trust newsletter and separate trust 'news review' bulletin.

Evidence was seen of recent audits having been carried out in this service, for example, on incidents, nutrition and protected patient time. We noted that these were based on the Department of Health's 'productive ward' initiative for psychiatric in-patient facilities. These audits had been carried out by the member of front line staff who had been identified as responsible for that area. The results were then collated by the ward's nominated audit lead staff member and we saw that actions had been taken to address any identified concerns.

The unit also had monthly focus topics. Currently, these were 'staff well-being' and 'bank and agency staff usage'. Staff informed us that these findings would be reviewed by senior trust staff and any concerns addressed as required. We noted that the feedback from staff regarding their individual well-being was generally positive.

We noted that the trust had carried out regular Health and Safety audits and the unit had recently been inspected by the Patient Led Assessment of the Care Environment (PLACE) team. Staff told us that the trust was taking steps to address the identified concerns. Hertfordshire Fire Safety and Rescue service had recently carried out a fire safety inspection of the unit and there were no requirements made as a result of this inspection.

People and visitors told us that if they had concerns or questions the staff would respond appropriately and that staff were approachable. We noted that individual care was being recorded and evaluated by the multi-disciplinary team and that care plans had been reviewed to reflect the changing needs of people.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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Whilst we spoke with people using the service we did not receive comments that directly related to this standard. We reviewed in detail the treatment records for four people who were receiving care and treatment in this unit. We noted that the trust used a combination of computerised and minimal paper held records. The records reviewed were accurate and reflected the care and treatment requirements of the people using this service. We noted that the paper records were securely stored within a lockable cabinet within a room that could be secured as necessary.

Computer held records were 'password' secured. Staff informed us that their access to these electronic records had improved recently following changes instigated by the trust as a result of previously identified concerns. This was supported by our observations during the inspection. No confidential or personal information was seen to be left unattended around the service during our inspection. For example, we saw that noticeboards and other information on public display did not include any person identifiable confidential information.

We saw that the trust had carried out a care records management audit in October 2013. Senior staff told us that the identified concerns were being addressed and we were informed that a follow up audit would be carried out in February 2014 to ensure that these concerns had been addressed.

Other records kept by the service were seen to be accurate and 'fit for purpose'. For example we reviewed ward based audits, trust policies and protocols and staff training records. Senior staff were able to describe the system in place for the secure archiving of treatment and other records.

## 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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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