Inspection Report

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

HPFT North Essex

Lexden Site, London Road, Colchester, CO3 4DB

Date of Inspection: 28 January 2014

Date of Publication: February 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hertfordshire Partnership University NHS Foundation Trust
Overview of the service	Lexden Hospital Colchester 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 services	Community based services for people with a learning disability Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2014, 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.

What people told us and what we found

People who used the service told us they felt involved in their own care and that staff were supportive This and the other evidence reviewed showed us that people's privacy, dignity and independence were respected by the service.

We spoke with six people who used this service. They told us that they were very satisfied with the care and attention being shown by staff. People told us that they felt safe on their unit and any concerns raised were appropriately addressed by staff. This showed us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Robust systems and processes were in place to ensure that people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Staff told us that they were up-to-date with their mandatory training and had received their annual appraisal and recent clinical supervision. This meant that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

received.

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 inspected

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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

On the day of our inspection visit we saw that six people who used this service were detained under the 1983 Mental Health Act. Four people were not detained under this Act and were deemed as being 'informal' patients. Care and treatment was being provided on two discrete units.

We spoke with six people who used this service. Everyone was able to tell us that they knew why they were in this hospital. They told us that they felt involved in their own care and that staff were supportive. One person said, "I know the staff respect me." Someone else said, "I am involved in my care and know what's going on." Another person told us," I am involved in lots of activities here and the staff always talk to me." One visitor told us that they were supported and encouraged by staff to be as involved as possible in the care of their relative.

We reviewed six care and treatment records in detail. These showed that people had been involved wherever possible in their care and treatment plans. We saw evidence that people had been involved in discussions with their key nurse regarding their care and treatment. For example, people were aware of who their key nurse was and of their own care plan.

We saw that the required 1983 Mental Health Act paperwork regarding individual care and treatment was completed appropriately. Records were in place that showed us people were made aware of their rights under this Act. Those records seen showed 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 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 admission.

We saw that both units were kept locked but that informal patients were supported to leave the hospital as they wished. People who had been granted Section 17 leave were taking

this with the support of staff. Clear information on how to access the Independent Mental Health Advocacy (IMHA) and the other independent advocacy services available, was on display in both units.

Weekly meetings were held on each unit and we noted that people were encouraged to attend and to participate by staff. There was a good provision of other information for people and we saw that there were a number of noticeboards on each unit to facilitate this. A number of different information leaflets in an 'easy read' format were available. For example, explaining what the service user's rights were in relation to their physical health care needs support, safeguarding, and their rights under the 1983 Mental Health Act.

We saw staff were actively engaged with people. For example, people were accessing the community or were involved on unit based activities supported by staff. The hospital also employed a 'health access champion'. This person played in key role in championing the rights and involvement of each person who used this service. For example, we saw that this person had been involved in the drawing up of patient specific information leaflets.

The provider may find it useful to note that we saw a potential privacy issue in one of the units visited. This related to the glass panel in one of the bedroom doors. This did not have a privacy curtain or an alternative to fully promote the privacy of that individual. This concern was brought to the attention of senior staff during the inspection.

We observed people participating in a gym session and other people were supported with their art therapy programme. We saw an interactive music therapy group taking place. People told us that they enjoyed their activity programme and that there was a wide variety of different activities provided each week.

We saw that a number of community based activities also took place. For example, we saw that swimming sessions, shopping trips, and social club attendance was encouraged and supported by staff.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

This unit was a purpose built hospital located in extensive and well maintained grounds. It provided a six bedded assessment and treatment service for both genders and a four bedded recovery unit for male patients (during the visit three beds were occupied on this unit). We saw that care was provided in communal and single gender areas according to people's wishes.

Other services provided at this location included community services and two community based intensive care teams. Outpatient services were offered and hospital based therapy was also available for these people.

We spoke with six people who used this service. They told us that they were very satisfied with the care and attention being shown by staff. People told us that they felt safe on their unit and any concerns raised were appropriately addressed by staff.

One person told us, "I am happy here and feel that I am getting better." Someone else said, "I enjoy it here and find plenty to keep me busy." Another person told us," The care is good here and the staff are helpful." One visitor spoken with told us that they were very pleased with the progress being made by their relative in this service.

We reviewed six care records in detail and these included initial admission assessments, risk assessments personalised to the needs of the person 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 involvement of the person receiving assessment and treatment wherever possible. We saw that Section 17 leave documentation for those people detained under the Act had been correctly completed and reviewed prior to the granting of leave.

The records seen were person centred and people were involved in discussions with their key nurse regarding their individual likes and dislikes. We saw that each person was supported by an enhanced Care Programme Approach (CPA) and that people using this service and their main carer or other supporter had been invited to attend these meetings.

People told us that they were aware of their right of appeal under the 1983 Mental Health Act. We noted that leave that needed permission from the Ministry of Justice was in order and had accompanying approval by the Secretary of State for Justice where this was applicable.

We noted that staff engaged with people in a positive way and that they adopted a consistent and therapeutic approach towards the people who used this service. We noted that people were comfortable in approaching and engaging with individual staff members.

Specialised psychiatric care was provided by two consultant psychiatrists and a specialist registrar. Additional psychiatric medical cover was provided by the trust. A local General Practitioner provided general medical services for people on a weekly visit. Other medical emergencies were addressed through the 'out of hours' service. 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 care needs met as required. They attended appointments with opticians, podiatrists and dentists as required and with the support of staff where required. Each unit had the appropriate medical emergency equipment in place and this included an automated external defibrillator (AED). The records seen showed us that this equipment was being checked daily.

The records seen showed that staff addressed any individual concerns in a prompt manner and that care plans were reviewed to reflect changes in assessed needs or risk. Examples were seen of staff caring for people whose behaviours may be challenging at times. We saw that staff managed such situations in a pro-active and supportive manner. We saw that the daily care given was being recorded appropriately in each care record. This demonstrated to us that staff were meeting the care and welfare needs of the people who used this service.

People were cared for in a purpose built environment and we saw that each person had a single bedroom. Four people showed us their bedrooms. These were clean and included personal touches and possessions. People had risk assessed access to kitchen and other unit based facilities such as the laundry room.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we had a tour of the hospital and noted that the premises were clean. A facilities officer was employed to deal with day to day concerns. We saw that other support services to the hospital were provided by external contractors under a service level agreement (SLA). These arrangements were reviewed by monthly contract monitoring meetings.

Maintenance records and schedules were in place. Checklists were used to record equipment checks and any remedial action. We saw that the hospital's environmental risks assessments were linked to the assessed clinical needs of the people who were using the service. For example, we saw that the previously identified ligature risk had now been addressed. Systems were in place to ensure that robust contingency arrangements were in place

We saw the Patient Led Assessment of the Care Environment (PLACE) inspection visit report for each unit and noted that the outstanding actions were being addressed. Food was prepared on the premises and some people commented favourably on the quality of the meals provided.

Staff told us that any damage to the building was reported and was promptly addressed. However, the provider may find it helpful to note that we saw some damage to one bedroom and to a communal kitchen area that had yet to be addressed. This was brought to the attention of senior staff during the inspection.

Staff had attended their mandatory Health and Safety training. We saw that regular security and cleanliness audits took place. These enabled the provider to assess the safety of the premises. We saw that any identified concerns had been addressed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Those staff members spoken with told us that they were up-to-date with their mandatory training and had received their annual appraisal and recent clinical supervision. Staff told us that their supervision included managerial and clinical support and that this process assisted in identifying future training needs.

Some staff expressed their concerns about recent staff changes and the use of agency and bank staff. These concerns were brought to the attention of senior staff during our inspection. Staff told us that they were satisfied with the levels of care and support that they were able to provide for the people who used this service.

Staff told us that there was usually enough staff on duty to meet the needs of people who used this service. Evidence was seen of the steps taken by the hospital to address any potential shortfalls in daily staffing levels. For example, by the use of bank or agency staff; we were told that these staff had received an induction to the unit and were supported by ward based staff during their duty shift. However, the provider may find it useful to note that some staff identified a shortfall in 'respect' training for this staff group. This meant that staff sometimes lacked full support from agency or bank staff when managing situations that may be challenging.

We looked at the trust's training programme and this showed us that staff had received a comprehensive induction to their role. This included a trust wide induction followed by a local unit based induction and we saw examples of these. Staff meetings were held and the minutes provided for those staff who were unable to attend. We saw that the trust had a quarterly 'big listen' staff engagement forum with any concerns identified assigned to the respective lead executive member to address.

The records seen showed us that staff received their mandatory and essential training. We noted that 90% of staff were up to date with this training and that active steps were being taken to address any non-attendance. We noted that clinical staff received further role specific training. For example we saw that 88% of staff had received their Mental Capacity Act training. Other examples of additional training provided included, 'autism awareness', 'active support' and positive behavioural support'. Some of this training was supported by

the trust's psychology team.

Records were seen of staff appraisals. We noted a current annual appraisal rate of between 95 and 100%. We saw that the completed appraisal records included the steps agreed to address any identified concerns around individual practice.

We noted that recent improvements had taken place regarding the numbers of staff who had received supportive supervision within the past eight weeks. We saw that the trust monitored clinical staffs' professional registration status. For example, we saw that systems were in place to monitor nurses' registration with the Nursing and Midwifery Council (NMC) and medical professionals with the General Medical Council (GMC).

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 regularly assess and monitor the quality of service that people received.

Reasons for our judgement

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. Evidence was seen of the actions taken by the provider 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 resuscitation, health and safety, dysphagia and record keeping. These audits had been carried out by senior staff. We saw that actions had been taken to address any identified concerns.

We noted that the hospital was visited by the commissioners of this service in August and that the findings of this report were generally positive. Examples were seen of peer review visits carried out by the trust to monitor the quality of services and the patient experience across the trust. This showed us that the provider was assessing the quality of their services supported by the lead commissioners. This demonstrated a pro-active approach to quality monitoring.

Examples were seen of the service and individual staff members receiving awards from external organisations. This recognition was based on 'customer experience' feedback and the use of the 'recovery pathway'.

People told us that if they had concerns or questions the staff would respond appropriately and that staff were approachable. Senior staff confirmed that any concerns expressed would be subsequently addressed with the individual concerned. We saw that weekly unit based meetings were held and that the minutes taken demonstrated the steps taken to address any specific issues.

We saw that an annual 'service user experience survey' was carried out. We saw that laminated posters were on display throughout the units stating the steps taken by the trust in response to the main areas of identified concern.

We noted that individual care was being recorded and evaluated and that care plans had been reviewed to reflect the changing risks and needs of people. Staff told us that they knew the importance of regular reviews of the care they were providing and told us that if they had any concerns about a person's health care needs, they would take immediate actions to address these and then escalate any concerns appropriately.

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.

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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