

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

Millview Hospital

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Details about this location

Registered Provider	Sussex Partnership NHS Foundation Trust
Overview of the service	<p>Millview Hospital is a psychiatric inpatient unit caring for people with acute mental health problems. The service is a location of Sussex Partnership NHS Foundation Trust.</p> <p>The unit is divided into four wards; Pavilion Ward, which is a psychiatric intensive care facility, Regency, Meridian and Caburn Wards.</p>
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Millview Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises

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 26 March 2013, observed how people were being cared for and talked with staff. We reviewed information we asked the provider to send to us.

What people told us and what we found

We conducted this compliance review to monitor the hospital's progress in addressing concerns raised at a previous review of the service undertaken in February 2012.

During this inspection we looked at the care and treatment for patients who were particularly vulnerable and at risk from environmental hazards found in the hospital. We spoke with the hospital manager, ward managers, staff and clinicians responsible for the service. We reviewed the risk assessment documentation the hospital used and looked at staff training in managing those risks. We did not, on this occasion speak to patients so cannot report what the patients using the service said.

We found that patients received safe, appropriate and personalised treatment and support through the coordinated assessment, planning and delivery of care. Since the last inspection the hospital had improved the care planning documentation. We found care plans documented the plan of treatment and reflected the care and support people received. There were systems in place to manage both individual and environmental risks. The staff we spoke to were aware of the risks to vulnerable people and received appropriate training to manage those risks.

We saw that the hospital had undertaken a major programme of environmental upgrades, refurbishment and redecoration to provide a safe and therapeutic environment for vulnerable people with acute mental health needs.

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

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our last inspection of Millview Hospital on the 2 February 2012 we found the service compliant with this outcome standard. However we had minor concerns that it was not easy to locate relevant information in the care records. The care plans did not always reflect the therapeutic care and nursing interventions undertaken. There was a risk that staff would not be able to provide appropriate care based on the limited information in the care plan. We also had concerns that people received care and treatment in an environment which did not meet their specialist needs. This outcome standard was reviewed in order to assess how the service maintained safety for the vulnerable people using the service.

During this inspection we spoke with the hospital manager, ward managers, staff and clinicians responsible for the service. We spoke to clinicians and staff on the wards and reviewed the documentation the hospital used. We looked at the care and treatment for patients who were particularly vulnerable and at risk from environmental hazards.

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The hospital had continued with the initiatives started following the last inspection. This included assessing the general environment for hazards on a regular basis, regularly reviewing the documentation and ensuring all staff had received the appropriate training in suicide prevention. We looked at staff training records and saw that staff across the hospital had undertaken training in Applied Suicide Intervention Skills Training (ASIST). We were told there were gaps in staff training in relation to fire safety and ligature and risk assessment training but that the ward managers monitored this. This meant that the Trust ensured staff were prepared to manage the risks associated people with acute mental health problems.

We looked at a sample of care records for people who were particularly vulnerable on each of the wards we visited. We were able to locate the information we needed quickly. Each of the care records we looked at contained a detailed initial assessment, risk assessments, a daily record of care given, clinical interventions and a care plan. There

was evidence of good nursing risk evaluation and written evidence that demonstrated prompt nursing referral and assessment by medical staff when risks increased. However the provider may wish to note that the care plan documentation contained gaps between entries. This meant that there was a risk that records could easily be falsified or entries made some time after the event which is not best practice in record keeping.

We were told that all care plans were audited monthly to ensure that the care records reflected the risk assessments in place. We were told that the hospital undertook a random audit of care plans which fed into the Trust wide records audits. The records audits also looked at ensuring that patients were involved in their care planning. The records we looked at demonstrated that, where possible, patients had been involved in planning and agreeing with their plan of treatment and support. This meant that people's care and support was planned in line with their need and preferences.

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

At our last visit to Millview Hospital on the 2 February 2012, we found that the refurbished areas of the hospital provided a therapeutic environment for people. The hospital had started a refurbishment programme which included removing high risk ligature points. We found that although not all high risk ligature anchor points had been removed, the hospital had an action plan in place to substantially reduce the risks within a set time frame.

During this inspection we spoke with ward and hospital managers together with staff to ask what changes had taken place over the past year. As part of the inspection we looked at each ward to assess the changes made since our last inspection. We saw that the hospital had undertaken major improvement works to the environment in line with the Trust's capital expenditure programme.

We noted that the hospital had prioritised removing high risk ligature points from areas where vulnerable patients had unaccompanied access. This included replacing windows throughout the hospital and providing anti-ligature fixings in bathrooms and high risk areas. We reviewed environmental risk assessments and the measures the hospital had put in place to protect people from the risk of self harm. This demonstrated that the hospital was taking appropriate steps to manage the environmental risks in order to keep people safe.

We saw that in Regency ward, the 20 bedded acute male admission ward, the quiet lounge had been refurbished, the flooring changed and the lighting improved. Staff told us that the patients were much happier with the environment since it had been refurbished.

In Caburn ward, the 22 bedded female acute admission ward, the high risk ligature points had been removed; for example the en-suite bathrooms now had anti-ligature taps. The ward had been redecorated and the lighting replaced. However, the lighting in part of the ward was not working fully when we visited which made it appear darker.

We did not visit Pavilion ward, the ten bedded male intensive care unit, as at our last inspection this ward met the required standard.

Following refurbishment Meridian ward was empty awaiting patients transferring from nearby Neville Hospital. We saw that all the windows had been replaced, all high risk ligature points removed and the ward redecorated.

All the wards we looked at appeared clean and well presented and there was a calm atmosphere in most of them. Millview Hospital presented as a safe and therapeutic environment to care for people with acute mental health needs.

In addition to the patient safety improvements there had been other building work and refurbishments to provide improved facilities for patients and staff. A high specification kitchen had been provided for Occupational Therapists to undertake daily living assessments and to improve the patient's therapeutic experience. The hospital's dedicated sacred space had been upgraded with a replacement window, the cabling removed and new furniture provided. This meant that the sacred space was now a safe space for patients to use if needed.

Staff told us that there were plans to provide more art work and we noted improved signage in place throughout the hospital. Some work had taken place on improving the outside environment, making the gardens safer and more secure. We were shown plans to provide Meridian Ward access to the garden and a dedicated shed was planned for Regency Ward. The hospital managers told us that although the building work was not yet fully complete the hospital now provided an appropriate environment to care for acutely ill people. We saw a template which was used for weekly environmental monitoring. This involved staff walking through the hospital on a weekly basis to identify any new or emerging risks. We were told that it was the hospital matron and ward manager's responsibility to ensure that the known environmental risks were managed appropriately.

Staff told us about the risk management systems that were in place to ensure people's safety. These included a site safety group to identify, monitor and take appropriate action to minimise the risks to patients, visitors and staff. The group had reviewed all high risk ligature points and developed individual ward plans to reduce and manage the identified lower risk environmental hazards. This included local staff induction to the risks of ligatures within the environment. The updated ligature risk audits provided the information to the trust wide Ligature Reduction Group and the Patient Safety Team. We spoke with senior staff on the wards who told us that the refurbished ward environments provided improved therapeutic environments for patients and a much better clinical environment for the staff. The hospital demonstrated that there were systems in place to monitor and address any remaining environmental risks.

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 dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

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

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

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

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

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

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

How we define our judgements

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

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

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

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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