

# Review of compliance

## Sussex Partnership NHS Foundation Trust Millview Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Nevill Avenue Hove East Sussex BN3 7HZ
<b>Type of service:</b>	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	<p>Millview Hospital is a psychiatric inpatient unit caring for people with acute mental health problems. The service is situated on the outskirts of the town of Hove.</p> <p>The unit is divided into four wards; Pavillion Ward a psychiatric intensive care facility, Regency, Meridian and Caburn Wards, which provide acute</p>

	<p>assessment and treatment for people with acute mental health problems. Each ward has a Ward Manager and there is a Modern Matron with overall responsibility for inpatient care.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Millview Hospital was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 10 - Safety and suitability of premises
- Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

People told us that in general the staff were kind and compassionate and although they always seemed to be desperately busy, they tried to make time for them.

We were told that the recent changes to the menu to include more salad and fresh fruit were very much appreciated.

Those people spoken with told us that they were happy with the activities on offer, but felt that staffing pressures meant that these couldn't always be accessed.

### What we found about the standards we reviewed and how well Millview Hospital was meeting them

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

We found that Millview Hospital took steps to ensure that privacy, dignity and independence were promoted where possible. Information was provided about the service to help people make informed choices. Care and treatment was based on the individual

needs of each person and there were opportunities for people to make choices in their daily lives.

However the documentation of care on Caburn Ward did not show that people had agreed to their care plan or had been involved in its reviews. The people we spoke with on Caburn Ward told us they did not feel involved in the planning of their care. Few staff at Millview Hospital had recorded training in equality, diversity and human rights.

We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

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

We found that in general people received good care and treatment tailored to their individual needs and preferences. Each person using the service had an assessment and plan of care. Regular reviews were carried out usually with the involvement of the people who used the service and these were fed back into the care planning process. People who used the service were encouraged to be involved in the review process and spoke highly of staff care and commitment.

However we found that the delivery of care was not always safe, effective and flexible enough to meet individual needs.

We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

#### **Outcome 05: Food and drink should meet people's individual dietary needs**

We found that people received a balanced diet and were given control and choice over what they ate and where they had their meals within the limits of their illness. Nutritional assessments were undertaken on admission.

We found that people were at risk of having their health care compromised as care plans did not always document special dietary requirements such as food allergies.

We have a minor concern that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

#### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

We found that the refurbished areas of the hospital provided a therapeutic environment for patients. However the rest of the premises were generally tired and in need of refurbishment to maintain a suitable, safe and comfortable environment for the people who stay there. The Trust has an ongoing plan in place to address these areas.

Although there are risk assessments in place for ligature points, we found that vulnerable people had unaccompanied access to the environment where ligature points still exist placing them at risk of harm.

We have a major concern about compliance with this outcome and have set a compliance action upon the provider for this area.

Overall therefore we found that Millview Hospital had areas of non-compliance with this outcome.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

We found on each of the wards staff worked well as a team and helped and supported each other. Staff were knowledgeable about their patient group and knew the actions to take in an emergency and how to report adverse incidents, errors and near misses.

We found that although training opportunities were available, the majority of staff had not undertaken mandatory training and further development. Staff told us that due to staffing pressures formal supervision and appraisals had not taken place. We found that the quality of leadership and management on the wards was variable.

We have a moderate concern that the hospital may not be able to sustain compliance in this area and have set a compliance action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

### **Other information**

Please see previous reports for more information about previous reviews.

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

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

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us that they have choices in daily life such as when to get up, choices at meal times and what activities to join.

Most people told us they felt involved in decisions about their care. One person told us that since they had recovered from having an acute episode they had nothing but admiration for how the staff treated the ill people on the ward.

People told us about the ward 'coffee mornings' held each day where feedback was invited. They told us that they felt able to discuss any issues with staff.

However on Caburn Ward, the people we spoke with told us that they had not been involved in compiling their care plans. They told us that they had not seen or signed them and generally did not feel involved in the planning of their care. One person told us they had asked to see a copy of their care plan and had been told that they would have to wait 24 days to get a copy.

Generally people told us that staff treated them with dignity and respect. They told us that staff always knocked on bedroom doors before entering. One person told us that staff were always very considerate and discrete when dealing with their personal



hygiene needs.

### **Other evidence**

The provider stated that they were complaint with this outcome and submitted a Provider Compliance Assessment document which provided good supporting statements and the documentation that they had used to enable them to make this declaration.

On the wards we saw staff engaging with people in a respectful manner. In particular we noticed on Pavilion Ward staff interacting with people respectfully with consideration of their individual needs. Staff we spoke to on Pavilion Ward confirmed that patient privacy and dignity was always at the forefront of staff thinking and that the views and wishes of patents were vital to the development of each person's care plan.

We saw that even when tensions were running high in the other units, staff responded appropriately and treated people calmly with respect.

We saw that in general the environment helped people to maintain their dignity. The bedroom windows had observation panels. The staff we spoke to were all aware of how and when these were used and the people we spoke to did not feel that they were used inappropriately. We saw that the hospital had a seclusion room which was fitted with a closed circuit television monitor. The Ward Manager told us that the camera situated in the en-suite facility would only be used if there was a clinical indication and this would be recorded.

We reviewed a sample of care plans and generally they were well completed, demonstrating that people's choices and opinions were recorded and that they had signed their care plans.

However on Caburn Ward we saw that the care plans did not demonstrate that people had seen and agreed to their care plan. Staff told us that people had the opportunity to have a copy of their care plan if they wished although this contradicted what one person had told us. The admission assessments did not always indicate what people's personal needs and preferences were, in regard to their care and treatment.

The staff we spoke to told us that they had not received training in equality and diversity. This was verified in the training records which indicated that few staff had received training in equality and diversity or the Mental Capacity Act 2005.

We saw that there was information available on the wards in different formats regarding information and orientation to the wards, making a complaint, medication and advocacy. We saw that independent support and advice was readily available from representatives from MIND who offered an advocacy service. They also maintained a resource room with internet access.

We were told that each ward held community meetings. We looked at the minutes from these meetings and saw that people felt able to voice their opinions and gave feedback on their experience of the ward. During these meetings, which were well attended by all parties, issues were openly discussed and the resulting action points appropriately monitored. We saw that people made positive comments about staff being approachable and one to one time was readily available.

The hospital also uses Patient Experience Postcards, which enabled people to give feedback on the quality of care they received. The result of this survey were collated into quarterly reports and reported through the Clinical Governance Committee

The Trust told us that staff had access to an interpreting service, signage for deaf clients and larger print for people with visual impairments.

We saw that a small sacred space room was available although this was kept locked and could only be accessed under supervision as it contained ligature points.

### **Our judgement**

We found that Millview Hospital took steps to ensure that privacy, dignity and independence were promoted where possible. Information was provided about the service to help people make informed choices. Care and treatment was based on the individual needs of each person and there were opportunities for people to make choices in their daily lives.

However the documentation of care on Caburn Ward did not show that people had agreed to their care plan or had been involved in its reviews. The people we spoke with on Caburn Ward told us they did not feel involved in the planning of their care. Few staff at Millview Hospital had recorded training in equality, diversity and human rights.

We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We spoke to people in each of the four wards about their care and treatment.

People receiving treatment in Pavilion and Regency Wards were very complimentary about the kindness of the staff, their involvement in their treatment and therapeutic activities.

One person on Pavilion Ward told us that the new ward environment helped encourage the positive atmosphere that existed between staff and patients. They confirmed that the staff were friendly, supportive and mindful of their personal views and dignity.

On Regency Ward one person told us that they had been admitted to Millview Hospital several times and the hospital was better each time. They told us that staff were highly considerate in managing their personal needs and they didn't know of anything which could make it any better. They told us 'the nurses always have time for you even when they are busy; I don't know how they do it!'

On Caburn and Meridian Wards people spoke more negatively about their care and treatment.

On Meridian Ward one person told us that patient's views were often ignored by staff and gave an example of during art therapy sessions where staff insisted on playing their own music during the sessions, rather than letting patients decide the music. They told us that they felt the art sessions were repetitive, dull and often pointless as people often would spend time 'just messing about' as staff didn't provide any real structure to the sessions.

On Caburn Ward people told us that they felt the ward was desperately short of staff.

They said that the staff tried to do their best and that the cleaners worked hard, but the staff didn't have time to meet their needs especially their practical needs. They told us that accompanied leave often did not take place due to staff shortages.

One person we spoke with was extremely agitated as their medications due at 12 had not been given by 2pm They told us that this was not unusual as there was not enough staff especially during handover and doctors rounds when the staff qualified to administer the medicines were not available on the ward.

### **Other evidence**

The provider stated that they were complaint with this outcome and submitted a Provider Compliance Assessment document which provided good supporting statements and the documentation that they had used to enable them to make this declaration.

We were told that the hospital uses the Care Programme Approach. This was to ensure that the people's needs and views were continually sought and used to inform the delivery of care.

We reviewed samples of care plans across the wards and noted some inconsistencies in practice. We noted that there was clear daily recording in the care plans but on Caburn Ward this did not always include the involvement of the person and their family. People had a full physical assessment as well as mental health review on admission. We saw that people's diagnosis and all prescribed medications were recorded. Each person had an Acute Mental Health Assessment and an Assessment of Capacity. The care plans had the primary needs recorded, the goal to be achieved and the plan on how to achieve this. We saw evidence of discharge planning which staff told us starts on the day of admission.

We saw risk assessments were in place for suicide prevention, medication, violence and aggression, falls and vulnerability of self neglect. We noted that not all wards had fully completed these or updated them on a regular basis.

During our visit we noted the tense, volatile atmosphere on Caburn Ward. We saw that staff were kept very busy in a chaotic environment. This was in marked contrast to the other wards. This was confirmed by speaking to staff who told us that Caburn Ward was short of staff. They told us that staffing and on going management issues on Caburn Ward had been raised with the hospital management. On the day of our visit we saw that on Caburn Ward people's medication was not given in a timely fashion.

We spoke with staff throughout the hospital who told us that the majority of their time on the ward was spent supporting patients and that they understood the importance of reporting and recording any activity or issues that occurred. They told us that there was an emphasis placed on effective 'handover' sessions, which occurred three times a day.

Staff on Pavilion Ward spoke with great enthusiasm and passion about the new ward environment and the commitment of staff to support patients. They told us levels of patient incidents had reduced as a result of moving to the new ward and the improved environment.

We saw that each of the wards had notice boards, which gave information about the various activities on offer and included information about healthy eating and lifestyle advice, support to stop smoking, benefits and housing advice and local police

engagement. An activities time table was available, which showed a wide range of therapeutic activities were available on a daily basis. During our visit we observed people involved in the breakfast club and making fruit drinks with the occupational therapist.

Staff told us that the patient group was highly demanding but had stabilised of late. They thought that the client group had changed and people being admitted now were more unwell as they remained in the community for longer. They told us that they had concerns that the restraint policy indicated that each shift should have one person trained in Prevention and Management of Violence and Aggression (PMVA) however due to staff shortages there were often shifts without anyone trained in this prevention technique. They told us that the patient groups were not being run so often and the ward round nurse and 1:1 nursing were absorbed into the shift numbers. They said that facilities such as escorted leave were not happening because of staffing numbers. They told us that the lack of regular staff meant there was less time to care. Staff told us that they felt that care plans and record keeping used to be good but had slipped recently because of the staffing pressures.

On Caburn, Regency and Meridian Wards both patients and staff felt that there was insufficient time available to deliver safe therapeutic care and practical support.

We were told that weekly multi disciplinary meetings were held where all the therapeutic activities and clinical treatments were discussed with the person and their relative or advocate if appropriate. Information and outcomes from these meetings was used to inform and update the care plans. People then signed the care plans and could have a copy if desired.

All staff that we spoke with were aware of the Trusts policies and procedures relating to reporting untoward incidents and told us that there were systems in place for learning from such incidents and to minimising reoccurrence.

### **Our judgement**

We found that in general people received good care and treatment tailored to their individual needs and preferences. Each person using the service had an assessment and plan of care. Regular reviews were carried out usually with the involvement of the people who used the service and these were fed back into the care planning process. People who used the service were encouraged to be involved in the review process and spoke highly of staff care and commitment.

However we found that the delivery of care was not always safe, effective and flexible enough to meet individual needs.

We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

There are minor concerns with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We spoke with a number of people using the services of Millview Hospital on each of the wards we visited. We were told that the quality of the food was good and that there were always choices available.

People told us that the menus had changed recently to provide more healthy options and although in general the women preferred the new menu, which included more salads and fresh fruit, the men told us that they would often rather purchase food from the hospital food shop than the healthy food provided by the hospital. One person told us that the breakfast club was always well attended as the bacon rolls were very good and much better than the healthy food provided by the hospital.

On Meridian Ward people told us that the Friday breakfast club started over an hour after the hospital started serving breakfast, despite patient objections. They felt that people ought to have access to the breakfast club an hour earlier as they struggled to wait for the Breakfast Club which reduced patient participation.

People on Regency Ward told us that the food was OK and that each morning the ward held a coffee morning for feedback and a chat. They told us that they valued this informal chance for a get together.

We spoke with one person on Caburn Ward who had been admitted to the hospital on other occasions. They told us that the food was so much better during this admission. They told us that they knew the healthy food options were important as the medication they were on could lead to weight gain. They told us that they felt an exercise

programme would be useful but although the hospital had a small gym it couldn't be used as there were not enough staff to supervise its use.

### **Other evidence**

The provider stated that they were complaint with this outcome and submitted a Provider Compliance Assessment document which provided good supporting statements and the documentation that they had used to enable them to make this declaration.

During our visit we saw the inpatient dining room, where both staff and patients were able to eat. We were told that the food was cooked on the premises and because of this the hospital could be very flexible in the menu and food choices offered. A recent initiative to have more salads and fresh fruit has been rolled out across the hospital. We were told the hospital catering service offered themed catering activities such as barbeques and a recent Mexican themed evening. We saw that the dining room was light and airy with ample seating provided around circular tables. We saw that the menu was displayed and an electronic notice board provided additional information.

We were told that people could leave their ward to eat in the main dining room, however if their risk assessment required them to remain on the ward, each ward had a dedicated dining area where their selected meals were delivered. Staff told us that the hospital did not offer protected mealtimes but they tried to make sure that everyone had eaten.

We saw the hospital had a small shop with open access, which offered an out of hour's service. The shop offered sandwiches and baguettes in addition to snacks, sweets, chocolate and crisps. We were told there were also vending machines available which offered a selection of drinks and snacks.

On each of the wards we looked at a sample of care plans and saw that people had their nutritional needs assessed using a local nutritional screening tool as part of the admission process. Their weight, nutrition and hydration were assessed and a plan agreed and documented along with a specialist referral being made if needed. We were told that the hospital would be introducing a national nutritional screening tool to standardise nutritional screening across the Trust.

On Caburn Ward a person told us they were worried about their nut allergy as their allergy medication had been taken away. When we looked at their notes there was not a risk assessment of their alleged food allergy condition apart from a note to obtain more information about this from the GP. There was no evidence that this had been done.

### **Our judgement**

We found that people received a balanced diet and were given control and choice over what they ate and where they had their meals within the limits of their illness. Nutritional assessments were undertaken on admission.

We found that people were at risk of having their health care compromised as care plans did not always document special dietary requirements such as food allergies.

We have a minor concern that the hospital may not be able to sustain compliance in

this area and have set an improvement action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.



## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

There are major concerns with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

We spoke with people from each of the four wards about the general environment of Millview Hospital.

The people we spoke to in Pavilion Ward were very complementary about the newly refurbished ward. One person who had been treated in the old ward told us that they felt the bright new building helped to further encourage the positive atmosphere that existed between staff and patients.

The people we spoke to on Caburn, Meridian and Regency Wards told us that they felt their in-patient areas were dull, tired looking and lacked any form of imaginative or inspiring art work or posters.

People on the first floor Meridian Ward also told us that because access to the ground floor garden area was via a lift, people could not access the garden as often as they would like, as this required staff to accompany them to the lift and supervise them if needed.

##### Other evidence

Millview Hospital is a purpose built hospital which is in the process of being refurbished. The refurbishment of Pavilion Ward was finished in June 2011.

On our tour of the premises we noted that Pavilion Ward had been refurbished to a high standard offering accommodation suitable for the type of people needing treatment in the unit. The communal facilities offered opportunities for people to comfortably

participate in social, therapeutic and daily living activities either individually or with others. We saw there was art work throughout the ward which contributed to the calm and pleasant environment. The ward manager told us that the ward had also been entered for NAPIC awards from the Department of Health for psychiatric intensive care facilities.

We saw the new windows which had been fitted were anti ligature. The ward office gave direct views over the social areas. The day space gave direct access to a large enclosed area of grass. On the day of our visit we noticed that the grass was long and unkempt. We were told that the upkeep of the outside spaces is managed by an outside contractor who visited infrequently. The long grass was not deterring a number of the patients from playing football and enjoying access to the outside space.

We saw that all rooms in the Pavilion Ward were for single use with en-suite WC and wash hand basin. There were two shower rooms available. The rooms were accessed by a key card system. Each room had an observation window. There was a quiet room and OT room in addition to the day room and dining area. The quiet room had access to music and mood lighting. There was an on site laundry with washer dryer. We saw there was a de-escalation room where music was available if needed.

The ward also contained a seclusion room which was used by the whole hospital. This included a WC. CCTV monitored all areas of this suite including the WC. We were shown that the CCTV could be adjusted if needed to provide privacy but were told that most people using this facility needed line of sight observation.

During our tour of the building we noticed the contrast between the new Pavilion Ward and the rest of the hospital. We saw that in general the rest of the hospital was tired, bland and uninviting. Bedrooms were all for single use, but did not have en-suite WC facilities.

We spoke to one person on Caburn Ward who told us that they had been admitted because they were suicidal, they showed us their room. We noticed that the wash hand basin and window catches in their bedroom provided firm ligature points. During our tour of the premises we noted that there were other ligature points throughout Caburn, Meridian and Regency Wards. We saw door closure devices, taps, rails on baths, window fixings and towel rails. We were told that the unit had completed ligature audits and had in place risk assessments and action plans. We were told that ligature points would be addressed during the renovations to the unit and in the meantime will be addressed through observation and risk management.

Copies of the ligature audits were provided following the visit. The ligature audit provided demonstrated that in 2009 the service identified a number of unprotected ligature points throughout the hospital. Those areas with the highest risks were rated red. These have been risk assessed on an annual basis by the ward managers, the last risk assessment having taken place in August 2011. We noted that although a large number of the ligature hazards have been addressed there remains a number of high risk 'red' rated ligature hazards in areas where vulnerable people have unrestricted access.

We saw that fire equipment was displayed and maintained regularly with appropriate signs showing what to do and where to go in the event of fire.

The service told us that each manager completed an annual health and safety audit which included health and safety issues, the physical environment and ligature points. We were told that the ward managers held the actions plans which were developed from this. They told us that Patient Environment Action Teams (PEAT) undertook assessments of the unit's environment and produced reports on the food, cleanliness, infection control and patient environment.

### **Our judgement**

We found that the refurbished areas of the hospital provided a therapeutic environment for patients. However the rest of the premises were generally tired and in need of refurbishment to maintain a suitable, safe and comfortable environment for the people who stay there. The Trust has an ongoing plan in place to address these areas.

Although there are risk assessments in place for ligature points, we found that vulnerable people had unaccompanied access to the environment where ligature points still exist placing them at risk of harm.

We have a major concern about compliance with this outcome and have set a compliance action upon the provider for this area.

Overall therefore we found that Millview Hospital had areas of non-compliance with this outcome.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are moderate concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

This outcome was not specifically discussed with people at Millview Hospital however the people that we spoke with told us that, in general the staff were kind and compassionate and although they always seemed to be desperately busy, they tried to make time for them. One person told us 'I just don't know how they do it day in, day out.'

The people we spoke with were keen to praise the working effort and commitment of staff who were friendly, supportive and mindful of their personal views and dignity. They told us that staff carefully discussed their care plans with them and that consent was always sought.

##### Other evidence

The provider stated that they were compliant with this outcome and submitted a Provider Compliance Assessment document which provided good supporting statements and the documentation that they had used to enable them to make this declaration.

The majority of staff that we spoke with had worked at Millview Hospital for some time. They acknowledged that it had been a difficult time for staff as the hospital had been through a major reorganisation and jobs had been at risk for a long time. Because of this the staff felt that they had lost a number of experienced staff which had an adverse impact on the wards.

We spoke with staff on each of the wards about the training, support and supervision

that they received. Staff told us that the Trust was very good at organising training but due to staff shortages they had not been able to access the training they wanted. One staff member told us that recent training has been cancelled due to staff absence.

When asked about supervision and appraisals staff told us that they had not had supervision, one person said 'That doesn't happen'. Staff on Caburn Ward told us that they felt that more regular staff were needed as agency staff had had to be used because a lot of people were off sick. They told us that the lack of regular staff meant there was less time to care and they didn't have time for supervision and appraisals.

However staff on Meridian Ward told us about staff business meetings which were held twice each month during which staff would discuss patient and staff issues including 'best' practice.

On each of the wards staff told us that there was good peer support within their teams. Staff told us that they often work longer hours than they were paid for but they all helped each other and worked as a team.

Staff on Pavilion and Meridian Wards commented on how very supportive the staff were of each other and that the Ward Managers were very good in terms of leadership and direction. However this was not the same across all of the wards.

Staff on Regency Ward told us that the Ward Manager was not a presence and that day to day support was through the Charge Nurse who took responsibility for running the ward.

From the training matrix submitted by the hospital we saw that large numbers of staff had not undertaken mandatory training within the specified timeframes. For example the Trust's policy is for all staff to undertake Mental Capacity Act update training annually, from the records submitted only two members of staff out of 169 had any recorded training. We noted that all staff should undertake training in equality and diversity every three years, from the records submitted 14 members of staff out of 169 had any recorded training. We saw that all clinical staff should have received infection control training every three years, from the records submitted 13 staff out of approximately 123 members of clinical staff had received infection control training within the last three years.

### **Our judgement**

We found on each of the wards staff worked well as a team and helped and supported each other. Staff were knowledgeable about their patient group and knew the actions to take in an emergency and how to report adverse incidents, errors and near misses.

We found that although training opportunities were available, the majority of staff had not undertaken mandatory training and further development. Staff told us that due to staffing pressures formal supervision and appraisals had not taken place. We found that the quality of leadership and management on the wards was variable.

We have a moderate concern that the hospital may not be able to sustain compliance in this area and have set a compliance action upon the provider for these areas.

On the basis of the evidence provided and the views of the people using the service,

we found the service to be compliant with this outcome.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b></p> <p>We found that Millview Hospital took steps to ensure that privacy, dignity and independence were promoted where possible. Information was provided about the service to help people make informed choices. Care and treatment was based on the individual needs of each person and there were opportunities for people to make choices in their daily lives.</p> <p>However the documentation of care on Caburn Ward did not show that people had agreed to their care plan or had been involved in its reviews. The people we spoke with on Caburn Ward told us they did not feel involved in the planning of their care. Few staff at Millview Hospital had recorded training in equality, diversity and human rights.</p> <p>We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.</p> <p>On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b></p> <p>We found that in general people received good care</p>	

	<p>and treatment tailored to their individual needs and preferences. Each person using the service had an assessment and plan of care. Regular reviews were carried out usually with the involvement of the people who used the service and these were fed back into the care planning process. People who used the service were encouraged to be involved in the review process and spoke highly of staff care and commitment.</p> <p>However we found that the delivery of care was not always safe, effective and flexible enough to meet individual needs.</p> <p>We have minor concerns that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.</p> <p>On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p><b>Why we have concerns:</b></p> <p>We found that people received a balanced diet and were given control and choice over what they ate and where they had their meals within the limits of their illness. Nutritional assessments were undertaken on admission.</p> <p>We found that people were at risk of having their health care compromised as care plans did not always document special dietary requirements such as food allergies.</p> <p>We have a minor concern that the hospital may not be able to sustain compliance in this area and have set an improvement action upon the provider for these areas.</p> <p>On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this outcome.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008



(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises  <b>How the regulation is not being met:</b> We found that the refurbished areas of the hospital provided a therapeutic environment for patients. However the rest of the premises were generally tired and in need of refurbishment to maintain a suitable, safe and comfortable environment for the people who stay there. The Trust has an ongoing plan in place to address these areas.  Although there are risk assessments in place for ligature points, we found that vulnerable people had unaccompanied access to the environment where ligature points still exist placing them at risk of harm.  We have a major concern about compliance with this outcome and have set a compliance action upon the provider for this area.  Overall therefore we found that Millview Hospital had areas of non-compliance with this outcome.
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises  <b>How the regulation is not being met:</b> We found that the refurbished areas of the hospital provided a therapeutic environment for patients. However the rest of the premises were generally tired and in need of

	<p>refurbishment to maintain a suitable, safe and comfortable environment for the people who stay there. The Trust has an ongoing plan in place to address these areas.</p> <p>Although there are risk assessments in place for ligature points, we found that vulnerable people had unaccompanied access to the environment where ligature points still exist placing them at risk of harm.</p> <p>We have a major concern about compliance with this outcome and have set a compliance action upon the provider for this area.</p> <p>Overall therefore we found that Millview Hospital had areas of non-compliance with this outcome.</p>	
Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 14: Supporting staff</p>
	<p><b>How the regulation is not being met:</b></p> <p>We found on each of the wards staff worked well as a team and helped and supported each other. Staff were knowledgeable about their patient group and knew the actions to take in an emergency and how to report adverse incidents, errors and near misses.</p> <p>We found that although training opportunities were available, the majority of staff had not undertaken mandatory training and further development. Staff told us that due to staffing pressures formal supervision and appraisals had not taken place. We found that the quality of leadership and management on the wards was variable.</p> <p>We have a moderate concern that the hospital may not be able to sustain compliance in this area and have set a compliance action upon the provider for these areas.</p> <p>On the basis of the evidence provided and the views of the people using the service, we found the service to be compliant with this</p>	

	outcome.
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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