

Review of compliance

**Sussex Partnership NHS Foundation Trust
The Harold Kidd Unit**

Sussex Partnership NHS Foundation Trust The Harold Kidd Unit	
Region:	South East
Location address:	The Harold Kidd Unit Bloomfield Drive Chichester West Sussex PO19 6AU
Type of service:	NHS Healthcare organisation
Date the review was completed:	25 February 2011
Overview of the service:	<p>The Harold Kidd Unit is a psychiatric inpatient unit catering for older people with mental health problems in the West Sussex Area. The unit is a location of Sussex Partnership NHS Foundation Trust.</p> <p>The service is situated on the outskirts of the city of Chichester in a residential area close to a large park.</p> <p>The unit is divided into three wards;</p>

	<p>Orchard Ward which is a 16 bedded acute assessment unit for people with functional illnesses.</p> <p>Vine Ward, a 10 bedded high dependency unit for people with organic illnesses. This ward only accepts referrals from other locations within the Trust.</p> <p>Grove Ward, a 10 bedded acute assessment unit for people with Dementia.</p> <p>The accommodation provided is a mixture of single, double and multibedded rooms. The lounges and recreational spaces are mixed sex and there are secure outside spaces.</p> <p>Each ward has a Ward Manager and there is a Modern Matron with overall responsibility for West Sussex older person's mental health services</p> <p>The unit is also registered to undertake community mental health and domiciliary care services – the community services did not form part of this review.</p>
--	--

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

What we found overall

We found that the Harold Kidd Unit was meeting all the essential standards of quality and safety we reviewed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24th January 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us they were involved in decisions about their or their relatives care and treatment. People described the care as 'excellent' and told us that any concerns are quickly addressed. We were told that staff are always 'polite and respectful'

What we found about the standards we reviewed and how well The Harold Kidd Unit was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found that people's care and treatment was based on their individual needs and that they were given opportunities to make choices in their daily lives. We found that the staff ensured that people's privacy, dignity and independence were promoted.

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

We found that the service had arrangements in place to gain consent for the care and treatment that people received. Where people lacked capacity to consent or were receiving care and treatment under section of the Mental Health Act, there were appropriate policies and procedures in place to safeguard their human rights.

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

We found that people's care and treatment was tailored to their individual needs and preferences and that risk assessments were carried out routinely. Care plans documented the care and treatment that was planned and provided. We found that people were happy with the care and treatment they received.

- 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 5: 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. Nutritional assessments were undertaken on admission. Staff supported people during meal times in a sensitive and caring manner.

We found that people were at risk of not having their dietary needs met as care plans did not always document special dietary requirements. There was insufficient information available on the menus to allow people to choose a meal suited to their dietary requirements.

- Overall we found the Harold Kidd Unit compliant with this outcome and the associated regulations but, to maintain this, we have suggested that some improvements are made.

Outcome 6: People should get safe and coordinated care when they move between different services

We found that people received co-ordinated care, treatment and support at the Harold Kidd Unit. We found the Care Coordinator was an effective link between all those involved in caring and supporting the people treated at unit. There were procedures in place to make sure that information was shared appropriately.

- 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 7: People should be protected from abuse and staff should respect their human rights

We found that there were appropriate adult protection policies and procedures in place and that staff were aware of how to implement the procedures in practice.

- 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 8: People should be cared for in a clean environment and protected from the risk of infection

We found that the Harold Kidd Unit was clean, tidy, hygienic and suitably maintained to prevent and control infections. The staff had training in infection control and were able to access infection control policies and procedures. Cleanliness and infection control were routinely monitored by the Trust.

- 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 9: People should be given the medicines they need when they need them, and in a safe way

We found that there were systems, policies and procedures in place to safely manage people's medication. The management of medicines was regularly monitored and audited.

- 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 premises were generally maintained in a safe and suitable condition and provided a safe and comfortable environment for the people who stay there. Individual environmental risks were identified and plans had been put in place to address any issues.

- 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 11: People should be safe from harm from unsafe or unsuitable equipment

We found that equipment used in the unit was maintained in a safe and suitable condition. There were procedures in place to make sure that the equipment was properly installed, used and maintained according to the manufacturer's instructions.

- 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 12: People should be cared for by staff who are properly qualified and able to do their job

We found that people received care from staff who had been checked for their suitability to carry out their role by the Trust. There were recruitment policies and procedures in place.

- 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 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

We found that there were sufficient numbers of suitably qualified staff on duty. The service was able to provide flexible cover to meet the varied needs of the people who used the service.

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

We found that the staff were trained, supported and supervised in order that they could meet the needs of people treated at the Harold Kidd Unit. Training opportunities were available and staff had been encouraged to undertake further training and development.

- 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 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We found that there were systems and processes in place to monitor and assess the quality of care and treatment provided. We found that risk assessments had taken place and were updated regularly. We found that the ward managers had responsibility for reporting on risks and making sure that appropriate actions were taken when indicated.

- 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 17: People should have their complaints listened to and acted on properly

We found that there were systems in place for people to voice their concerns and make complaints if needed. The people who use the service knew their concerns and complaints were listened to and acted upon. We found that complaints and their outcomes were closely monitored by the Trust.

- 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 21: People's personal records, including medical records, should be accurate and kept safe and confidential

We found that the Harold Kidd Unit maintained care records securely and confidentially. We found that staff were knowledgeable in how to complete records and were supported with robust information management policies and procedures provided by the Trust.

- 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 service to take

We found that the Harold Kidd Unit, a location of Sussex Partnership NHS Foundation Trust, was fully compliant with 15 of the 16 essential standards of quality and safety.

For one of the essential standards, although compliant, we believe there is a risk that they will not maintain compliance with this outcome. We have a minor concern that they may not be able to sustain compliance in this area and have set an improvement action upon the trust in this area.

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.

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 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People who use this service said that they felt staff supported them to make choices and receive the care they need. Relatives and carers told us that they had seen the care plans and that staff had taken the time to explain them in depth. Relatives on Vine ward told us that staff were “polite and respectful” at all times and that they show consideration such as adjusting the television for position and sound when the person is in bed.

Other evidence
We found that people’s daily routines were detailed in their care plans. The staff we spoke to confirmed that people were encouraged to socialise and take part in daily living activities but their wishes were always respected.

During our visit we saw that staff treat people with respect by knocking on doors before entering and asking each person individually to come to the dining room for their meals. We saw that where the bedrooms accommodated more than one

person, there were privacy screens available.

We saw that although the wards are mixed sex there were areas where people could go to be on their own or to be more private. Staff told us that only female staff gave personal care to female patients and if needed, the staff gender mix was adjusted with the other wards to make sure this happened. We were told that there were designated male and female toilets apart from the assisted care areas which were shared.

The ward manager told us that the service had identified areas which could be improved such as auditing the involvement of the people receiving care and their carers; and ensuring that every person received appropriate orientation and the wards welcome pack on admission. The service has told us that this will be achieved by adapting the checklists and audit tools to make sure this always happens.

Our judgement

We found that people's care and treatment was based on their individual needs and that they were given opportunities to make choices in their daily lives. We found that the staff ensured that people's privacy, dignity and independence were promoted.

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 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People told us that they had the opportunity to see their care plans and be involved in their care. Some people told us that they had seen a copy and others said that they didn't want to. We were told that people were encouraged to attend care planning meetings including discharge planning. A person on Vine Ward described to us how they were involved in their relatives care and how the care plan had been explained to them by their allocated nurse. They said they found this "very reassuring".

Other evidence
Staff told us that capacity assessments were undertaken on every patient. On admission an initial assessment was made by the admitting doctor and then further assessments were undertaken during the course of treatment. We were told that the service undertook a weekly audit which focused on consent. We saw information leaflets, which were freely available to help people understand their condition and treatment. Each person was allocated a Named Nurse, who worked with them to support decision making around consent issues.

We saw that where there were restrictions in place, that these were based on specialist needs and were part of the person's treatment plan. For instance when a person received treatment under section of the Mental Health Act, their movements within the unit was restricted with the use of keypads on the doors. We saw that there were appropriate policies and safeguards in place to review and assess the restrictions as the person progressed through their treatment.

We saw that people and their relatives were involved and consulted about their care and treatment. We saw that there was a space in the care plans for people to sign to confirm they had seen and read them. This was a recommendation made by the Mental Health Act Commissioner which the service had put into action.

We were told that where people had capacity to consent, that medication was not given covertly. If a person refused their medication then staff gave the person an explanation and tried to find an acceptable alternative such as liquid medicine. Where a person lacked capacity and then refused their treatment, the medication may be given covertly under strict guidelines and was recorded in the plan of care. This was audited weekly.

The Mental Health Act Commissioner visited the service in November 2010 and noted that people were helped to make all sorts of choices; for example whether to stay in one rooms or to walk about, what to eat or drink and whether to join in an activity. They noted that people were treated as individuals and their human rights are respected.

Our judgement

We found that the service had arrangements in place to gain consent for the care and treatment that people received. Where people lacked capacity to consent or were receiving care and treatment under section of the Mental Health Act, there were appropriate policies and procedures in place to safeguard their human rights.

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 4: 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

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
The people we spoke to during our visit to the Harold Kidd Unit told us that they can be involved in the planning of their care and treatment if they wish. They told us that they were welcomed onto the ward and that they got on well with the staff. One person told us that when they ask for assistance to have a bath they sometimes feel a nuisance for asking as the staff are less friendly and more distant. People told us that they watch TV and do puzzles to pass the time and that they had no complaints.

A relative described the care as “excellent” and told us that their relative was “always well cared for”. They pointed out to us that the person was always well dressed in matching casual clothes, clean shaven with clean and tidy hair which is how they always were before they were taken ill.

Other evidence
The service told us that they used the Care Programme Approach for documenting care. The records were kept on computer and hard copies were available in the notes. During our visit we reviewed the records and saw that the care plans included an initial assessment, risk assessments and care plans. The records

provided good information about the care, treatment and support that each person required. We saw that the records had been recently reviewed and were updated regularly.

On the day of our visit we saw on each ward that the staff were warm and supportive to the people receiving care and treatment. They were cheerfully chatting with people, giving unobtrusive assistance when required. Staff told us that they had undertaken training in dementia care.

Staff told us that they were aware that many of the older people that use their service have physical health needs as well as their mental health problems. They told us that basic health needs can be addressed on the wards but where specialist input is needed then people are referred outside the unit. They gave us examples of diabetic patients who are referred to the local general hospital for specialist advice where needed.

The most recent report by the Mental Health Act Commissioners noted that the activities room on Grove Ward was well used. There was a notice board giving clear information on the range of activities on offer.

We were told that any untoward incident is reported through the Trust's reporting systems. The Trust Board monitors and provides feedback on high level or unusual incidences. There were systems in place to share learning from any untoward incident that occurred anywhere in the trust. We were told that carers and relatives were advised about incidents when this was relevant and that this was recorded on the electronic forms.

Our judgement

We found that people's care and treatment was tailored to their individual needs and preferences and that risk assessments were carried out routinely. Care plans documented the care and treatment that was planned and provided. We found that people were happy with the care and treatment they received.

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 5:
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 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People who use the services of the Harold Kidd Unit told us that they enjoyed the food and that there was a good choice of food available including diabetic and vegetarian options. They said that they choose the meals from the menu the day before and that it was always hot. We were told that people usually went to the dining room for their meals.

A relative on Vine Ward told us that staff allowed her to bring in food and assist with feeding her husband. She said that this made her feel that she was contributing positively to his care on a daily basis.

Other evidence
The provider told us that people were able to enjoy their meals undisturbed as protected mealtimes were in place. We were told that every person had their nutritional needs assessed using a local nutritional screening tool as part of the admission process. Their weight, nutrition, dehydration and swallowing was assessed and a plan agreed and documented along with a specialist referral being made if needed. The plan included an agreement as to the level of help needed to support the person with eating and drinking. The ward managers confirmed that everyone was weighed on admission and specialist advice obtained if necessary i.e Diabetic Nurse.

When we visited the service we saw that lunch in Grove Ward was served in a bright airy dining room, laid out attractively with tablecloths and condiments. There was fruit squash in jugs available on the table Staff calmly invited each person to the dining room individually. They then put on disposable aprons and gloves to serve the meal. We noted that when people required assistance, that this was given by staff who sat at the same level, smiled and gently encourage the person to eat. We saw that where one person needed a quieter area, they were supported to the lounge where they had their meal.

Staff told us that food was not cooked on the premises and they had recently stopped providing full cooked breakfasts. We were told that although breakfast was served from 08.15, people were able to have it later if required. Staff said that any concerns about the quality of the food were raised with the Hotel Services Manager. We spoke with staff on Vine Ward who told us that they were aware that pureed food could be dry and dull and that they tried to personalise the meals where possible.

On Grove Ward we looked at one set of notes for a person who was noted to be underweight on admission. We saw that on admission it was recorded that this person was on a low fat diet for gall stones. This had not been developed or identified in the care plan.

We asked how people are given the choice of what they want and we were told that people made their choices from the menu the day before. The set menu worked on a four weekly rotation. We saw that the menus did not identify the various options for instance low fat, diabetic, gluten free etc. which made it difficult for people to choose the most appropriate food for their diet.

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. Nutritional assessments were undertaken on admission. Staff supported people during meal times in a sensitive and caring manner.

We found that people were at risk of not having their dietary needs met as care plans did not always document special dietary requirements. There was insufficient information available on the menus to allow people to choose a meal suited to their dietary requirements.

Overall we found the Harold Kidd Unit compliant with this outcome and the associated regulations but, to maintain this, we have suggested that some improvements are made.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
This outcome was not specifically discussed with people at the Harold Kidd Unit. There have been no concerns raised relating to the care shared between different services.

Other evidence
The provider told us that every person under the care of Sussex Partnership NHS Foundation Trust has a nominated Care Coordinator. The Care Coordinator was notified when a person was admitted to the unit and then liaised with the other agencies and the multi-disciplinary team to coordinate care from admission to discharge. They told us that all care and treatment was based on a person's assessed needs and planned within the multidisciplinary team. People and their carers if appropriate, were included in this meeting to enable them to express their views and make choices about their care.

When we visited the service we found that staff obtained specialist advice when needed. We saw evidence that the Tissue Viability Nurse and Diabetic Nurse had been asked for advice and on Vine Ward the ward manager told us that she was the link person for end of life care with the local hospice and was drawing up protocols for the unit to use.

The service had policies and procedures which documented how information should be shared between providers, for instance during emergency transfers. There were also information leaflets available about how Sussex Partnership NHS Trust used information and safeguarded confidentiality.

The local social services safeguarding team told us that staff on the Harold Kidd Unit were fully involved in the safeguarding process and reported concerns and shared information appropriately.

Our judgement

We found that people received co-ordinated care, treatment and support at the Harold Kidd Unit. We found the Care Coordinator was an effective link between all those involved in caring and supporting the people treated at unit. There were procedures in place to make sure that information was shared appropriately.

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 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they felt safe in the Harold Kidd Unit. They told us that they had no complaints with the care and treatment they received. Relatives told us that the care was “excellent” and that staff were always “polite and respectful”.

Other evidence
The service told us that they had Safeguarding Vulnerable Adults policies and procedures in place. They told us that all staff attended yearly training in safeguarding which was monitored by each Ward Manager. They told us that there was a 24 hour reporting system for safeguarding incidents and that any incident was recorded on the electronic reporting system.

Staff told us that they felt able to raise any concerns about the service. The local social services safeguarding team told us that staff on the Harold Kidd Unit were fully involved in the safeguarding process and reported concerns and shared information appropriately. For instance an unusual number of falls within the unit had been reported and an alert was raised concerning the heating in the wards. Following each investigation actions had been taken to minimise the risks of reoccurrence.

When we visited the service we found the staff fully engaged in providing a safe and therapeutic environment for the people that have treatment there. In particular we

noticed that on Vine Ward the Ward Manager has worked with staff to provide a quiet, calm and stress free environment for the high dependency people that use the service. This has reduced the risk of people becoming agitated and incidents occurring.

Our judgement

We found that there were appropriate adult protection policies and procedures in place and that staff were aware of how to implement the procedures in practice.

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 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
The people we spoke with did not have any concerns over the cleanliness of the Harold Kidd Unit.

Other evidence
The service told us that they undertook regular audits to make sure that cleaning and infection control standards were maintained. They told us that nursing staff did daily 'scans' to make sure that everywhere was clean and tidy. We were told that periodically 'deep cleans' took place which were carried out by the facilities staff with input from the infection control lead and Modern Matron.

We were told that The Harold Kidd Unit had two Infection Control Link Practitioners and an Infection Control Specialist. There was a Trust wide Infection Control Policy and procedures for reporting any outbreak of infection. All staff were trained in infection control including basic hand hygiene.

When we visited the service we found that all the wards were bright, clean and airy. There were no offensive odours and appropriate procedures for waste disposal in place. We spoke with staff who told us that the hard flooring made cleaning easier. They told us that the ward areas are vacuumed and cleaned twice a day with a sanitizer. We saw staff wearing protective gloves and disposable gloves when appropriate.

The service told us that the Modern Matron is reviewing the current cleanliness and infection control systems and practice. The action plan includes working with the ward managers to involve patients and carers more in their experience of the cleanliness of the unit.

Our judgement

We found that the Harold Kidd Unit was clean, tidy, hygienic and suitably maintained to prevent and control infections. The staff had training in infection control and were able to access infection control policies and procedures. Cleanliness and infection control were routinely monitored by the Trust.

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 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

The people we spoke with did not have any concerns about the management of their medicines. They told us they were happy to take their medication as they know what it's for.

Other evidence

The service told us that they had administration of medication policies and medication guidelines in place. We were told that pharmacy audits have taken place regularly and that staff were clinically assessed before taking responsibility for administering medication.

We saw that there were information leaflets freely available on the wards giving information about the various drugs, their usage and side effects. Staff told us that the qualified staff were responsible for administering the medicines.

There were clear guidelines available on giving covert medicines for people who refuse their medicines but lack capacity. We were told that medicine was never given covertly where someone had capacity to consent. Staff told us that if a person was reluctant to take their medication they would always give them an explanation of the drug and find alternative means of administration if possible.

Our judgement

We found that there were systems, policies and procedures in place to safely manage people's medication. The management of medicines was regularly monitored and audited.

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

The provider is compliant
with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
The people we spoke with told us that where they shared a room with someone else that there were privacy screens in place. They told us that there were enough bathing facilities and they had no complaints about the general upkeep of the environment. One person said that her sleep is sometimes disturbed by the noise made by the hard floors.

Other evidence
The Harold Kidd Unit is a two storey older hospital style building which had been upgraded to provide a therapeutic environment. This included a lift and wide doors for wheelchair users. The unit was divided into three ward areas. The bedroom accommodation was mainly single rooms with some double rooms and one multi-bedded area. The unit had declared compliance with the single sex accommodation guidance. Vine Ward had a female only area and the accommodation in Orchard and Grove Wards could be adjusted if needed depending on the gender mix.

During our visit we saw that the ward areas were warm, functional, well maintained and in good decorative order. We noted the helpful, bold signage on Grove Ward which includes pictures and words. There are also dedicated dining rooms, activity and quiet areas with bright multi coloured chairs. 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. Outside there were secure areas which were laid mainly to lawn. We were told that there were plans to develop these areas in the coming year, to provide improved access throughout the areas and provide therapeutic garden areas.

We were told that the unit had completed ligature audits and had in place risk assessments and action plans. We did note that there were ligature points throughout the building and when queried were told that these have all been assessed as low risk and this risk was managed by the Ward Managers.

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.

The service told us that the maintenance and general upkeep of the building was dealt with through the Sussex Partnership NHS Foundation Trust's maintenance and estates department who were responsible for maintaining the appropriate records and ensuring that the building met recognised standards for lighting, ventilation and heating. The service did not have access to these records on site.

We were told that there had been a problem with staff on the ward not having control of the heating system. This is turned on and off at set times of the day and year. This has led to times in spring and autumn when the unit has been cold. The procedure had been for the staff to contact the contractor who then requested permission from the Trust for the heating to be turned on. While they were waiting for approval the unit provided space blankets, portable heaters and extra layers of blankets and clothes for those at high risk. We were told that an advice notes had been sent to all locations reminding staff of the procedure for adjusting the heating in order to minimise delays in the future.

Our judgement

We found that premises were generally maintained in a safe and suitable condition and provided a safe and comfortable environment for the people who stay there. Individual environmental risks were identified and plans had been put in place to address any issues.

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 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
The people we spoke with did not have any concerns regarding the equipment in the unit.

Other evidence
The service told us that they had a Medical Devices policy. There was a Medical Devices Coordinator allocated to each ward who was responsible for maintaining the equipment records and risk assessments. The Trust had an agreement with an outside contractor to service and maintain all equipment.

We were told that equipment that was needed in an emergency, was provided by the Trust's Resus' Coordinator and that this equipment was checked and audited weekly.

Staff told us that they had training in the safe use of equipment including moving and handling training.

The unit had identified that there was a need to make sure that all staff are aware of the Emergency Plan for Major Incidents and Disaster Recovery Plan and how the

policy and procedure would work in a real life situation. They had told us that all staff will understand their roles and responsibilities in relation to these plans by March 2011.

Our judgement

We found that equipment used in the unit was maintained in a safe and suitable condition. There were procedures in place to make sure that the equipment was properly installed, used and maintained according to the manufacturer's instructions.

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 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
The people we spoke with did not comment on this outcome.

Other evidence
The service told us that the Trust undertook many of the recruitment processes centrally. This included the persons legal entitlement to work, their health checks, CRB, qualifications and making sure they met the person specification for the job. The ward managers on the unit were involved in the interviewing of staff once all the mandatory checks had been completed.

The service told us that there were policies and procedures available on the intranet that all staff had access to with hard copies of key policies kept on Grove Ward. These described the recruitment and selection process and gave guidance on the actions to take when staff were unable to work through illness or circumstance.

Our judgement
We found people received care from staff who had been checked for their suitability to carry out their role by the Trust. There were recruitment policies and procedures in place.

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 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that the staff always had time to chat with them and there were no concerns raised about the number of staff on duty in the unit.

Other evidence
We were told that there was low staff turnover for all the wards in the Harold Kidd Unit and that the ward teams remained stable. The multidisciplinary ward teams included nurses, doctors, Occupational Therapists, Physiotherapists and two inpatient consultants who worked across the three wards.

The service told us that staffing levels were flexible to make sure that there were enough staff on the wards at any one time. If a need for additional staff was identified the service used bank, agency staff or staff on overtime.

When we visited the Harold Kidd Unit we saw staff provided care, treatment and support in a relaxed and unhurried manner. For instance during lunch a member of staff sat at the table so as to support people while they ate their meal.

The staff we spoke to told us that staff tend to work at the unit for a long time and that they felt they could raise any concerns at the weekly staff meetings. They told

us that there were usually one or two qualified nurses per shift plus a Ward Manager between Mondays to Friday. Staff did not raise any concerns regarding the number of staff on duty.

Our judgement

We found that there were sufficient numbers of suitably qualified staff on duty. The service was able to provide flexible cover to meet the varied needs of the people who used the service.

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 14: Supporting workers

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

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
The people we spoke with did not comment on this outcome

Other evidence
We were told that there was an induction programme for new staff and that learning and development needs were identified through annual appraisal and development plans. The Trust Learning and Development Team stored the training records electronically and maintained the training attendance registers. We were told that there were a wide range of work force policies available including whistle blowing and protecting staff from violence, harrasment and bullying.

The service told us that each member of staff had an identified line manager who undertook regular supervision and appriasal with them. Orchard and Grove Wards also had a Reflective Practice Group run by a psychologist.

We spoke with staff who told us that staff meetings were held weekly so that all staff could attend at least once a month. They told us that there were training courses always available. They gave some examples such as moving and handling, dementia care mapping and venepuncture courses. A bank care assisant told us about her induction training which included moving and handling.

The Mental Health Act Commissioners visted the service in November 2010 and

commended the service on most of the staff having completed dementia care mapping.

Our judgement

We found that the staff were trained, supported and supervised in order that they could meet the needs of people treated at the Harold Kidd Unit. Training opportunities were available and staff had been encouraged to undertake further training and development.

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 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
The people we spoke with did not comment on this outcome

Other evidence
The service told us that there were systems in place for assessing and monitoring the quality of services for the three wards at the Harold Kidd Unit. They gave several examples including Risk Indicator form, the Ward weekly audit and the Productive Ward “Knowing How We’re Doing” Data, which demonstrated that the quality of care and environmental risks were monitored on an ongoing basis.

Staff told us that there were clear lines of reporting, accountability and responsibility and gave us the examples of the on line incident reporting, serious untoward incident reporting and the report and learn bulletin.

We saw that risk assessments take place routinely for both individuals using the service and the general environment.

We were told that the Modern Matron intends to improve the monitoring and local

governance around safeguarding and incident monitoring by chairing a group that will review incidents, look at themes or trends and action plans on a quarterly basis.

Our judgement

We found that there were systems and processes in place to monitor and assess the quality of care and treatment provided. We found that risk assessments have taken place and were updated regularly. We found that the ward managers had responsibility for reporting on risks and making sure that appropriate actions were taken when indicated.

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 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
The people we spoke with told us that they had no complaints or concerns about the Harold Kidd Unit. The relatives we spoke with were complimentary about unit and told us that any concerns raised are “quickly sorted”. One person gave an example where they had a concern about their relative’s physical condition. They told us that the staff clearly explained the situation and followed this up with a further discussion with the doctor. They found this “very reassuring”.

Other evidence
The service told us that that there was a complaints policy and that all complaints were responded to using this. They told us that they worked towards local resolution in the first instance and involve the Patient Advice and Liaison Service (PALS) where this might be helpful.

They told us that the Modern Matron for the service took the lead on all complaints in order to encourage a consistent response. Formal complaints were monitored by the Service Director on a weekly basis and were monitored through the complaints monitoring reports.

Staff told us that they felt free to raise concerns. We were told that staff learnt from any complaints through the feedback from surveys, the report and learn quarterly publication and during staff meetings.

Our judgement

We found that there were systems in place to for people to voice their concerns and make complaints if needed. The people who use the service know their concerns and complaints are listened to and acted upon. We found that complaints and their outcomes are closely monitored by the Trust.

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 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
The people we spoke with did not have any concerns about the records kept about them at the Harold Kidd Unit. One person told us that they knew that records were kept about their stay in the Unit but did not want to see a copy.

Other evidence
The service told us that there was a records management policy. They told us that records were stored securely on the wards in lockable filing cabinets in locked rooms only accessible by staff.

They told us that there were systems and processes in place to make sure that records were created, completed, stored and destroyed appropriately. They told us that there were systems to monitor this and gave examples including a weekly records audit.

Staff members spoken with explained the systems for completing, updating and reviewing the records. We looked at a sample of records and found that they had been regularly updated and included initial assessments, medical records, care plans and risk assessments.

Our judgement

We found that the Harold Kidd Unit maintains the records of the people who use services securely and confidentially. We found that staff were knowledgeable in how to complete records and were supported with robust information management policies and procedures provided by the Trust.

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 14	Outcome 5 Meeting nutritional needs
	<p>Why we have concerns:</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. Nutritional assessments were undertaken on admission. Staff supported people during meal times in a sensitive and caring manner.</p> <p>We found that people were at risk of not having their dietary needs met as care plans did not always document special dietary requirements. There was insufficient information available on the menus to allow people to choose a meal suited to their dietary requirements.</p> <p>Overall we found the Harold Kidd Unit compliant with this outcome and the associated regulations but, to maintain this, we have suggested that some improvements are made.</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 within 28 days of this report being received.

CQC should be informed in writing when these improvement 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 Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA