Inspection Report

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

West Lane Hospital

Acklam Road, Middlesbrough, TS5 4EE

Tel: 01642352114

Date of Inspections: 26 April 2013
23 April 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Tees, Esk and Wear Valleys NHS Foundation Trust
Overview of the service	West Lane Hospital provides services for children and young people with mental health conditions. There are both inpatient and community services provided from this site. There are three inpatient units on site. This includes an assessment unit; a low secure unit and a specialist service for those children and young people with an eating disorder. At the time of the inspection there was extensive building work taking place on site to further develop and improve the inpatient facilities.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013 and 26 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a pharmacist.

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

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

We talked with an advocate from the National Youth Advocacy Service (NYAS) who had regular input into the service.

What people told us and what we found

We undertook this inspection, as concerns had been raised with us about some aspects of care at West Lane Hospital. We chose the outcomes to inspect based on these concerns. However, during this inspection we did not find evidence to support most of these concerns.

Comments from other children and young people included, "I believe Evergreen to be a Life Saver," "I can talk with staff about anything they are ace." and "staff help me look positively to the future."

We also spoke with the relatives of nine people using the service. Comments included, "There are regular reviews and I am included in these."; "I ring in for a weekly catch up and that is ok"; and, "The plan of care is very person centred and we have family sessions. They are twice weekly reviews"; "Family therapist is brilliant"; "A fantastic place we are really lucky", and "Care is fantastic and staff are brilliant."

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

Patients were aware of the medication they were taking and had been informed of any possible side effects before starting treatment.

We saw that there was a facility on each unit to print medicines information leaflets for specific medicines which could be provided to patients, or their parents, when the medication was first prescribed.

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

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During this inspection we were accompanied by a Mental Health Act Commissioner, who carried out a visit within CQC's powers under the Mental Health Act 1983. They make sure that the powers of the Mental Health Act are used properly.

We looked at the records for all patients detained on one of the wards (five people). We found that all patients had been legally detained and saw full reports by the approved mental health professional for those patients detained
under sections 2 and 3 of the Mental Health Act 1983. Staff told us and we saw evidence in the clinical records that all patients were informed of their rights each month and that their level of comprehension and understanding of the information was recorded at the time. This meant the provider had taken appropriate action to ensure that people were only detained under the mental health act, in accordance with legal requirements.

We spoke with an advocate from the National Youth Advocacy Service (NYAS) who had regular input into the service. They spoke positively about staff understanding and support of the advocacy service. They said that staff regularly referred people to the advocacy service and worked with the advocacy service to ensure that person centred plans were developed for people. They told us that advocates were supported to visit the service frequently, so they were available if people who used the service wished to speak with them.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We saw that the children and young people who used the service were encouraged to make their own decisions on a day to day basis. For example, where appropriate, they were given choice in what they wanted to eat, with plenty of snacks and drinks available to them during day time hours. On the Newberry Unit, people had access to kitchen area to make their own drinks and snacks. We also saw that people were encouraged to take part

in education and activities, but it was their choice as to whether they participated or not. Where people wanted to undertake individual activities, we saw this was encouraged.

We spoke with a large number of children and young people who used the service across all wards. Not everyone could remember getting a copy of their care plans. However we saw that where able, people had signed their care plans to show that they agreed with the plans in place.

We found that those who were able to understand and consent felt informed and were able to make decisions about their care. For example, one person told us, "I hate getting injections, but I trust one staff member to take my blood." Comments from other children and young people included, "I believe Evergreen to be a Life Saver." and "I can talk with Staff about anything they are ace."

We also spoke with the relatives of eight people using the service. Comments included, "There are regular reviews and I am included in these."; "I ring in for a weekly catch up and that is ok"; and, "The plan of care is very person centred and we have family sessions. There are twice weekly reviews" However, one relative told us that they felt the service did not listen to them when they raised concerns about their child's care.

Some family members for people staying on the Westwood Unit raised concerns about how they had been informed and involved. One relative told us that "I have found there is slow progress. I have found there are a lot of crossed wires and communications are poor. I don't feel I am a Mum anymore, as I feel excluded from discussions and decisions. I am not kept informed or consulted but hear of things happening from others." Another relative told us, "I don't get told much at Care Programme Approach (CPA) meetings. I wonder about my parental rights."

We looked at the records of at least three children and young people on each of the units. We saw evidence within these that people were able make decisions about their own care, their consent was obtained prior to receiving care or treatment. Where appropriate consent was sought from parents or guardians.

We spoke with a large number of staff across all three units. We found they had a good understanding of the mental capacity issues for children and young people, and understood where a child or young person would be able to make their own decisions, where consent should be obtained under parental responsibility or where a person needed to be detained under the Mental Health Act 1983.

Overall we found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the care records for at least three people who used the service on each of the wards we visited. We saw that these included detailed individualised risk assessment. Each persons needs were assessed at the start of using the service, and this was updated as needs changed. Individualised risk assessments and care plans were in place for people. Care plans detailed the level of monitoring to manage the identified risk. People were cared for in accordance with their needs because risk assessments were carried out and care plans written to manage risks.

Children and young people told us that staff talked to them about their care. We spoke to the family members of eight people who used the service, comments included "Family therapist is brilliant"; "A fantastic place we are really lucky", and "Care is fantastic and staff are brilliant"

Staff told us that on the Newberry and Evergreen units, most people had access to their own mobile phones. People on the Westwood unit were able to use the unit phone every day, supervised, in a quiet room following education and any therapy sessions. This allowed them to keep links with their family, friends and local community. All three wards had also implemented a pilot on access to the internet for people using the service. Staff told us this had gone really well. We saw there were computer terminals for people who used the service to access.

We saw that on two of the wards there were a wide range of appropriate activities arranged, in addition to the educational sessions available on site. On the Newberry unit we saw they had a suggestion box scheme in place, to encourage people who used the service to input ideas and raise concerns. People told us that they discussed this once a week with staff. Three people told us that they had submitted ideas on how everyone could work together to make sure the unit remained a nice place to be. They spoke very positively about this with us.

However, on the Westwood Unit people told us that if they did not access educational services, there were no other activities developed for them to meet their social and activity needs. For example people told us, "There is only education, gym or TV activities and I wish there was more to do." Also "there is a long wait for therapies" and "I would like to

know more about what therapies are available."

We spoke with staff about this. They told us that previous attempts had been made to develop a range of meaningful recreational and therapeutic activities. They said this had been greatly hindered as there was no occupational therapist input to this ward. A previous bid for this support had been unsuccessful. Staff felt this impacted greatly on the development of life skills for the children and young people on this unit. We saw there was a stark contrast between the availability of recreational and therapeutic available on the other wards, where we saw there were a wide range available.

Some people who used the service told us that they did not like that male staff provided care to them during the night. A male staff member would be placed on close observation duty and as such would sit outside the bedrooms of female patients. We spoke with the ward management about this. They said that where ever possible they attempted to ensure that female staff provide care to female patients. In particular any assistance with personal care, such as bathing or toileting was provided by female staff. However there had been a change in the demographic of people using the service, which meant the service had a higher ratio of females to males. This had made it difficult to rota staff across all time periods to reflect the demographic of the service. They had managed this by ensuring there was a mix of male and female staff on duty at any time, so where needed a female staff member could be available to assist with personal care. They had also swapped staff with adjacent units, so that enough female staff were available at peak times of need.

We spoke to the ward managers about care planning for the management of behaviour that can challenge and any key incidents that took place. They showed us the process for managing this, and the triggers in place to ensure that any patterns in incidents or behaviour were flagged up and assessments and care plans were amended to meet the emerging needs of people using the service. We found this assisted the service in continuing to meet the needs of people.

We checked the records for the use of seclusion within the Westwood Unit. We found that seclusion was used infrequently and only for the least amount of time needed. Staff told us that other methods of de-escalating situations were attempted first, such as verbal de-escalation or the use of rapid tranquilisation. We found that there had been contemporaneous notes made throughout the period of seclusion. We found that seclusion was managed in line with the Trust's policies and procedures.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Reasons for our judgement

We looked at how medicines were handled and administered on two units and looked at the medicine administration records for 11 people.

We found that medicines were kept safely. The systems in place for the ordering and disposal of medicines were well managed and medicines storerooms were regularly checked to help make sure that stock was safely managed.

We saw that medicines were prescribed appropriately. We found that all mental health medicines for patients we checked were legally prescribed using the correct documentation. Prescription charts were clearly written and patient's allergies to medicines were recorded. We were told that pharmacy staff visited each unit twice a week and provided good support to doctors and nurses on medicines management.

During our visit we met the trust clinical support pharmacist who told us that they visited each unit on site every week to review medicines in use and to make sure they were correctly prescribed. The pharmacist told us that they took part in regular rounds with the consultant and other healthcare professionals where issues around the use of medicines could be discussed and any action agreed. We saw evidence of the interventions made by the pharmacist including the addition of special administration instructions to prescriptions. We also identified an intervention made by the pharmacist because a medicine had been prescribed outside the normal dose range and saw that prompt action had been taken to amend the dose.

We saw that medicines were given to people appropriately. Patients had access to medicines that they needed for their physical needs, as well as their mental health needs. The records showed that these medicines were being given when patients needed them. We saw that medicines were given to people in a way that protected their privacy and dignity.

When medicines were prescribed on a 'when required' basis there was clear guidance on prescription charts showing the reason for the medication, how frequently it could be prescribed and the maximum amount that could be given in any 24 hour period. We saw that there was detailed guidance on the management and monitoring of patients who

required rapid tranquillisation and we saw completed monitoring forms demonstrating that correct procedures had been followed.

Nursing staff confirmed they received induction training and competence assessment at the start of employment but one nurse said her competence to handle medicines had not been checked for nearly two years. The unit manager told us that a programme of regular competence assessment had recently commenced and we saw evidence of this.

There was a process in place to report drug errors. We were shown details of action taken to address a recently reported medication error which included appropriate remedial supervision with the member of staff involved.

We looked at how medicines were checked and audited and saw that regular checks were carried out by nurses and the pharmacist. Where discrepancies had been identified, or records had not been fully completed, action had been taken promptly to address the issues.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that overall the premises were well maintained and appropriately decorated. We saw that on each of the three units, managers and staff undertook regular walk around the wards to check the quality and suitability of the environment, and identify any remedial action required. We saw that any remedial work was undertaken immediately or referred quickly for action.

We saw that a record was kept of the work undertaken, and we could see that where maintenance of the environment was required, this was conducted promptly.

People who used the service told us that there was enough space within the service for them to move around. They said they had areas where they could spend quiet time. They told us about the garden areas, and how they helped keep it clean and tidy. They said it gave them enough room to play ball games. There was also a gym on site for people to access physical activities.

Each unit had undertaken a risk assessment of the environment, including a suicide prevention risk assessment. We looked at these and saw that where risk were identified mitigating action was put in place to reduce the risk.

There was building work underway at the time of our inspection. Staff told us this would further improve the environment, and improve the facilities for people using the service. For example one unit only had a limited number of bedrooms with ensuite facilities. Once they had moved into the new premises, all bedrooms would be ensuite.

We also saw evidence that children and young people had been fully involved in the decision making process for the new build. Sessions had been chaired by the National Youth Advocacy Service (NYAS) to seek the views of people who used the service on the new ward environment, furniture and fittings.

We saw that although all three units were mixed sex, the provider had used zones to provide appropriate areas for male and female patients.

Before this inspection, concerns had been raised with us about the use of barbed wire on

the outside garden wall. We found that the wall in the garden area in the Westwood unit was fitted with turning spiked barbs, as a security mechanism. We looked at the environmental risk assessment in place for the unit, and found that this was not noted as a risk. We asked ward staff about this. They told us that it had featured in the original risk assessment put in place during the planning stages for building the Westwood Unit. The provider may find it useful to note that the National Minimum Standards in Psychiatric Intensive Care Units (PICU) and Low Secure Environments from the Department of Health states a sensible balance should be drawn between the construction and height of the fence against the oppressive image created by fencing. Similarly the Environmental Design Guide from the Department of Health for medium secure services states that razor or barbed wire or rotating spiked toppings are not acceptable within a healthcare setting.

However, overall, the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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