

# Review of compliance

## Leeds and York Partnership NHS Foundation Trust St Mary's Hospital

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Greenhill Road Armley Leeds West Yorkshire LS12 3QE
<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>	April 2012
<b>Overview of the service:</b>	We inspected 3 Woodland Square, at St Mary's Hospital. This service provides a continuing treatment in-patient service for people with a learning disability who require longer-term treatment in a hospital setting. The unit provides care for people, who have complex needs. The service can accommodate up to

	eight patients and at the time of our inspection, seven patients were in residence.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**St Mary's Hospital was meeting all the essential standards of quality and safety.**

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 to check whether St Mary's Hospital had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 6 March 2012.

### What people told us

We carried out a visit to 3 Woodlands Square at St Mary's Hospital on 6 March 2012 to follow up compliance actions made following the previous review of compliance at 3 Woodlands Square in October 2011.

Because we needed specific information from the management to demonstrate their compliance with the essential standards, we did not need to speak directly with patients from the wards.

### What we found about the standards we reviewed and how well St Mary's Hospital was meeting them

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

The necessary improvements have been made and will continue so that patients who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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

## **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 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

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

Because we needed specific information from the management to demonstrate their compliance with the essential standards, we did not need to speak directly with patients from the ward.

##### Other evidence

At our previous visit to the service in October 2011, we found that patient's care and risks associated with this were not properly recorded, provided insufficient detail and were not regularly reviewed. We also found that patients had little involvement in how their care was provided and delivered, and restrictions had been made to their liberty so their rights were compromised. Because this meant essential standards were not being met, we issued a compliance action requiring the care provider to take actions to achieve compliance.

During this visit on 6 March 2012, we found that a number of improvements had been made since we last visited the service. Patient's care records are now detailed, patient centred and regularly reviewed. Patients have involvement in their care and are involved in decision making about potential restrictions to their liberty.

We looked at three patients' care records. These were all well organised and information was easy to access. Care records were informative, easy to follow and provided up to date information about the patient's care. They are also available in different formats depending on the needs of the individual. For example, some information in the care records is in picture format for those patients with

communication difficulties. Regular care plan reviews are undertaken so that staff are aware about any changes to the patient's care.

Information within the care records is now much more patient centred. We saw that each patient has an 'Individual Pen Picture' document within their care records. Where practicably possible the patient had completed these themselves. The document provides information about the patient's past and current history. It also explains such things as the patient's hobbies and interests and their likes and dislikes. This kind of approach encourages staff to see the patient as an individual with their own personalised needs so that care and support can be provided in a patient centred way.

Each week the patient has a meeting with their key worker/named nurse to plan their activity programme for the forthcoming week. One patient's care records stated that the patient likes to visit church every week and enjoys visiting their family. When we looked in this patient's records we found evidence to show that staff support the patient to be able to do these things.

Staff use the Functional Analysis of Care Environment (FACE) assessment tool to identify any risks to the patient or others from their behaviour. This information is well detailed and includes warning signs which may indicate the patient is becoming unwell, trigger factors for behaviours and actions to be taken in the event of any relapse. This enables staff to identify concerns promptly so that the appropriate care and treatment can be put in place to prevent further relapse.

Behaviour management plans involve the patient, their relatives and other agencies such as the police where appropriate. The current behaviour management plans are very informative but contain a lot of detail. New documentation is in the process of being introduced and the psychologist who is involved in the development of the management plans showed us an example of the new documentation. This provides more specific information and is easier for people to read and understand than the existing documentation.

We saw in one patient's behaviour management plan that the patient had explained to staff the actions they wanted them to take if their behaviour caused problems to themselves or others. This helps in making sure any deterioration in the patient's mental health is identified quickly so that appropriate actions can be taken in accordance with the patient's wishes to reduce any distress to the patient or others.

Care plans are regularly reviewed and multi-disciplinary meetings are held weekly with the patient to discuss how their care and treatment is progressing. Staff explained that some patients choose not to attend this weekly meeting. A form titled 'What do I want from my meeting' has been developed so that patients who do not want to attend their meeting can still offer their views about their progress and wishes and this is recorded. This information is then passed onto members of the multi-disciplinary team by either a member of staff or independent advocate acting on behalf of the patient. This again shows a commitment to empowering patients to be involved in decision making about the care they receive.

Each patient has a detailed Health Action Plan (HAP). These ensure that all patient's health needs are identified and assessed, and incorporate the views of the patients about how they would like these needs to be met. These are regularly reviewed and are



available in different formats to help patients with communication difficulties. Patients have a yearly health check and any issues from this are included within their HAP. HAP documentation includes input and views from medical professionals involved in the patient's care and treatment.

In addition to the HAP each patient also has a hospital passport document. This is a booklet containing information about the patient if they need to go into hospital. This includes such things as how the patient wishes medical interventions to be done, their preferred ways of communication and various likes and dislikes. This enables hospital staff to have a better understanding of the patient's needs and helps in reducing anxieties for the patient.

We looked at the care records of one patient who was informal (voluntary patient) and so could leave the ward of their own volition. We saw in the patient's records there was a care plan to guide staff about how to maintain the patient's rights as an informal patient. The patient had also been given a booklet called 'Your rights and responsibilities as an informal patient', which is available in different formats. Because of their mental health problems, the patient sometimes had difficulties in making their own decisions. Mental Capacity Assessments had been carried out to determine in what kind of situations the patient would be able to or not make this decision.

We saw in the informal patient's care plan that the patient had 1:1 support from staff when going out. Staff explained this is because of the patient's physical health and evidence showed that the patient was in agreement with this action being taken in order to maintain their safety. Where potential restrictions are placed on a patient, a meeting is arranged so that all the relevant people can make a decision about the actions that need to be taken in the patient's best interests.

Staff told us that when informal patients are admitted to 3 Woodlands Square, a risk assessment is carried out to determine whether the patient is able and safe enough to have access to the keypad code so they can leave the building if they wish to do so.

All staff have received external training about care records and patient centred care. Monthly care plan audits are also undertaken by senior staff. Where there are identified shortfalls, this is addressed with individual staff within their regular supervision sessions and this is clearly recorded.

### **Our judgement**

The necessary improvements have been made and will continue so that patients who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## Outcome 07: 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 07: Safeguarding people who use services from abuse

#### Our findings

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

Because we needed specific information from the management to demonstrate their compliance with the essential standards, we did not need to speak directly with patients from the ward.

##### Other evidence

At our previous visit to the service in October 2011, we found actions taken to address one patient's allegations had not been effectively implemented and managed to fully protect the patient from potential harm. We also had concerns incidents where restraint had been used were not recorded or reported via the correct procedures so putting patients at risk of receiving inappropriate care, treatment and support. Because this meant essential standards were not being met, we issued a compliance action requiring the care provider to take actions to achieve compliance.

During this visit on 6 March 2012, we found that improvements had been made since we last visited the service. Proper action has now been taken in response to address previous allegations made by a patient, as identified at our last visit. Incidents of restraint are properly recorded so there is less risk to patients from receiving inappropriate care, treatment and support and de-briefing sessions are now held with staff so they can learn from serious incidents to prevent it reoccurring.

We found there are more robust safeguarding protocol and procedures in place to protect patients from abuse. Where possible or actual risk is identified, the safeguarding alert is now immediately sent to the Safeguarding Adults' Enquiry Co-ordinator (SAEC),

the Trust's Safeguarding Lead and the local authority's safeguarding team so that necessary actions can be put into place to protect people. The Clinical Care Manager told us staff also contact the local safeguarding team by telephone to notify them about alerts and to seek any advice if this is needed.

We looked at the incident records. They describe what type of incident has occurred, the immediate action taken and whether a safeguarding alert has been made to the relevant people and agencies. The incident forms are reviewed on a daily basis by either the Clinical Care Manager or a senior nurse to look at what actions need to be taken following an incident to prevent risk of re-occurrence. Where incidents involved either abuse or potential abuse, safeguarding referrals had been made to the local authority.

When we looked in patient's care records we saw that each patient has a safeguarding care plan. One patient had suffered verbal abuse from another patient and this had been recorded in the patient's notes. A safeguarding strategy meeting was arranged to discuss ways of managing this situation so that the victim of the verbal abuse was protected from further abuse. Other patients made allegations about the staff team, and their care plans clearly detailed that safeguarding referrals are to be made when these allegations are made.

In another patient's care records we saw there had been three incidents between two patients. Because of concerns about this, senior staff had arranged for this information to be sent onto the local safeguarding authority who are closely monitoring the situation.

When patients need restraining this is now fully recorded on an incident form and within the patient's care records. These provide detail about the types of restraint used and staff actions following this. Patient's care plans are very clearly set out explaining the different stages of managing the individual's behaviours with restraint used as only a last measure if all other actions have been unsuccessful.

Following serious incidents, the psychologist holds group debriefing sessions with the staff team to offer support to them and to look at what has been learned from the incident to prevent a possible repeat of it happening again.

### **Our judgement**

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

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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