CareQuality Commission

Review of compliance

Brookdale Health Care Limited Milton Park Hospital	
Region:	East
Location address:	The Lane Wyboston Bedfordshire MK44 3AS
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Date of Publication:	July 2011
Overview of the service:	This service is registered with the CQC as Hospital services for people with mental health needs, and/or learning disabilities, and/ or problems with substance misuse. It is registered to provide regulated activities 'Treatment of disease, disorder or injury' and 'Assessment or medical treatment of persons detained under the Mental

	Health Act 1983'. This independent hospital can accommodate up to 75 service users. There is a registered manager in post.

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

Our current overall judgement

Milton Park Hospital was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review 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, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our visit to Milton Park hospital on the 09 June 2011 people that we spoke with told us that they were treated well and were involved in making choices about their day to day care and support and discharge planning.
One person said, "I think I have been treated well", and another person said, "I do not have any complaints, the staff are all very supportive".
Generally people were aware of what was in their records and they had been involved in the review of care plans and risk assessments relating to their care.
We spoke with numerous people during this visit on 09 June 2011, and those that were mentally well enough to discuss the matter of consent told us that they understood and agreed with the care that they were receiving. They told us that they appreciated that at times they had not been well enough to verbally give consent, but they knew that some procedures such as restraint had to be done in their best interests, and to safeguard themselves and others.
The only negative comments that we received were in relation to activities. Some people told us that their activities were sometimes cut short or cancelled because there were not enough staff available to drive the hospital vehicles and transport them into the community. However on the wards people generally felt well cared for.

What we found about the standards we reviewed and how well Milton Park Hospital was meeting them

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

The provider was compliant with this outcome. People were supported to make choices and decisions about their care and daily living. Care was provided in a way that promoted people's dignity and respected their wishes.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was compliant with this outcome. There were systems in place to ensure that people's consent to care was obtained. Where there was a lack of mental capacity indicated, the appropriate documentation was completed to ensure that care was given in the best interests of the individual, and that their human rights were respected and taken into account.

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

The CQC had minor concerns in this outcome area.

There were care plans and risk assessments in place to ensure that people received safe and appropriate care, treatment and support to meet their needs and protect their rights. However there was a need to incorporate further information into risk assessments relating to leave to ensure that contingency plans were in place to minimise any risks to the individual or to others.

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

The provider was compliant with this outcome. People were offered a nutritious diet and a choice of where their meals could be eaten. There was evidence that people were encouraged to be involved in the preparation of meals, and that individual needs were considered with regards to nutritional needs and how they were met for individuals with particularly challenging behaviour.

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

The provider was compliant in this outcome area. People using the service could expect to be protected from abuse because staff had appropriate training, knowledge and guidance about safeguarding people. The provider had systems in place to enable them to recognise any emerging trends or patterns regarding safeguarding.

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

The CQC had minor concerns regarding this out come area. People using this service has single accommodation with en suite facilities that met their personal needs, however some communal areas were poorly decorated and cramped and would benefit from improvements to enhance the environment.

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

The CQC had minor concerns in relation to staffing. Although we consider that there were sufficient staff that were appropriately skilled to meet the basic needs of people using this service, we were concerned that the staffing levels were not always sufficient to ensure that people always had the opportunity to engage in certain leisure activities.

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

The provider was compliant with this outcome. There were structure plans and records in place for staff training and supervision. This meant that people using this service would benefit from a staff team who received sufficient training and support to carry out their care effectively.

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

The provider was compliant with this outcome. There were comprehensive systems in place to gather information about the quality of the service and to ensure improvements were made where needed.

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

The provider was compliant with this outcome. The staff were familiar with protocols and policies relating to record keeping, and people using the service could be assured that records relating to their care were kept and used appropriately.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our visit to Milton Park hospital on the 09 June 2011 people that we spoke with told us that they were treated well and involved in making choices about their day to day care and support, and discharge planning.
One person said, "I think I have been treated well" and another person said, "I do not have any complaints, the staff are all very supportive".

Other evidence
Care plan documentation that we looked at during our visit on the 09 June 2011 was clearly signed by the respective individuals to indicate that they had been involved in this process. People had also signed an agreement allowing staff to share their personal information with other health professionals.

We also saw documentation regarding someone's discharge/ transfer planning meeting dated 08 June 2011. This showed that the individual and their next of kin had been involved in this process. It also identified that a referral to the advocacy service had been completed to ensure that they had someone independent of the hospital, acting on their behalf and able to assist them with achieving their goals.

Our judgement

The provider was compliant with this outcome. People were supported to make choices and decisions about their care and daily living. Care was provided in a way that promoted people's dignity and respected their wishes.

Outcome 02:
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 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
We spoke with people during this visit on 09 June 2011, and those that were mentally well enough to discuss the matter of consent told us that they understood and agreed with the care that they were receiving. They told us that they appreciated that at times they had not been well enough to verbally give consent, but they knew that some procedures such as restraint had to be done in their best interests, and to safeguard themselves and others.

Other evidence
The records that we looked at during our visit on 09 June 2011 indicated that people had been involved in discussions about their care management. Care plans and risk management plans had been signed by the individual indicating whether or not they agreed.

Where people were too unwell mentally to be involved in this process, and they were detained under the Mental Health Act 2003, documentation relating to 'treatment orders' were appropriately completed and signed, and were being kept under review by the responsible medical officer.

Our judgement
The provider was compliant with this outcome. There were systems in place to ensure

that people's consent to care was obtained. Where there was a lack of mental capacity indicated, the appropriate documentation was completed to ensure that care was given in the best interests of the individual, and that their human rights were respected and taken into account.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
People that we spoke with during our visit on the 09 June 2011 told us that they knew what was in their care plans, and were involved both when care plans were written and when they were reviewed.

Other evidence
This visit to Milton Park hospital on the 09 June 2011 was carried out jointly with Bedford Borough Council safeguarding team. We visited five different ward areas, where we spoke to some people who were detained under the Mental Health Act and others who were there informally.

The care plans that we looked at on Elstow four and Elstow five were well written and clearly identified the involvement of people who use the service. They were all produced using pictorial format as well as transcript so that they could be easily understood by everyone involved. There were clear instructions for staff to follow to ensure that people were supported with continuity. Where people had challenging behaviour the boundaries and management of these behaviours were clearly defined. Care plans were being regularly reviewed to reflect any changes in peoples needs.

There were also risk assessments in place which had been regularly reviewed in line with care plans. This was to make sure that all activities of daily life were assessed to identify and minimise any related risks. For one person whose file we looked at, these included risks related to activities such as accessing the community, self medication, absconding from the premises, self neglect and substance misuse.

When we spoke with people about their care and support, they were able to tell us what was in their care plans. They also told us that the care plans could be flexible depending on their personal choices if they changed their mind. For example one person told us, "I go to bed when it is lights out which is at 11pm" and this was recorded in the care plan. However they stated that they often went to bed before that and it did not cause any problems. They also told us that they were given time in the morning to wake up naturally and were not hurried. The care notes clearly reported that this was how this person's needs should be addressed.

Another care file had very clear plans of care to support a wide variety of activities, such as cooking and accessing the community as well as issues such as minimising anxieties relating to loud noises like fire alarms. These were all written in a way that focused on the individual's needs, and had been signed by the staff and the service user. All had been reviewed monthly.
The daily records that we saw were clearly written and very descriptive. All had been appropriately signed by staff who had also recorded their role within the organisation.

In another ward that we visited we were a little concerned about the way care was being delivered to one particular person. When we looked at this individual's care file and it clearly reflected a variety of very complex needs and indicated that the safest and most appropriate course of treatment/ support, was as we had seen.
Some of the behaviour that we witnessed during our visit indicated that there was a need for a structured care regime that would protect the individual and others.
The care plan clearly stated the level of observation required for this person and instructed staff how to react during episodes of inappropriate behaviour. During feedback with the registered manager and psychologist, they gave us examples of this persons behaviour and how it may result in injury or self harm.
The daily activity sheet that we looked at for this person indicated that activities they had attended recently had been very limited. However this was due to various reasons, such as the individual declining activity sessions, and also difficulties that the provider had experienced finding appropriate activity venues that were able to meet this persons' complex needs.
Whilst talking to this particular individual it was clear that they knew their rights in relation to the Mental Health Act, and they asked us to call them a 'consent doctor' or an advocate.
We explained that we could not do this directly, but would pass this request on to the hospital manager. We were informed by staff that this person was due to have a Mental Health Act Tribunal on the 02 July 2011. This was confirmed in their records.
We were aware that previously this person's care had been closely reviewed on numerous occasions by various specialists in learning disabilities, psychology, Aspergers Syndrome and Autistic Spectrum disorder. However on this occasion we asked the CQC Mental Health Act Commissioners to facilitate a visit to re assess this case. Although we had not received full feedback from their visit at the time of writing this report, early indications were that they were satisfied that the care approach for this individual's complex care needs was appropriate.

During our visit on the 09 June 2011 we were accompanied by our colleagues from Bedford Borough Council safeguarding team. They visited two other wards and similarly found that the personal files contained detailed care plans and risk assessments that were being reviewed regularly.
One file that they looked at identified a list of incidents for one person which included

self harming behaviours and outbursts of both verbal and physical aggression. Reviews of risk management plans were clearly recorded following each of these incidents, and there was clear evidence that the incidents were associated to an increased activity of another medical condition. Daily records fully corresponded to the care plans and all incidents were recorded. The file was up to date and easy to read.

Most of the people on these two wards had the potential use of restraint written into their risk management/ care plans which were reviewed by the individual's 'Key Nurse' monthly.
Where an incident had occurred and restraint had been necessary, the incident was clearly recorded and reviewed by the multi disciplinary team at their daily meetings, where subsequently changes to risk/care plans were amended and agreed.

Where people were detained under the Mental Health Act, there was documentation in place to indicate that the risks surrounding any individual's leave were discussed and risk assessed by the multi disciplinary team and appropriate medical officer before leave was agreed. However there was not always clear evidence as to how decisions had been made based on the known risks to self and others, and contingency arrangements for leave periods were not always clear.
Pre and post leave risk assessments were also completed by ward staff in relation to each leave period.

Our judgement
The CQC had minor concerns in this outcome area.

There were care plans and risk assessments in place to ensure that people received safe and appropriate care, treatment and support to meet their needs and protect their rights. However there was a need to incorporate further information into risk assessments relating to leave to ensure that contingency plans were in place to minimise any risks to the individual or to others.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
When we visited this service on the 09 June 2011 people told us that they had a good choice of food. One person told us that they prepared and cooked their own lunch most days as part of their activity programme.
Another person told us. "I can eat what is on the menu or have an alternative or go to the cafeteria." They also told us that there was a breakfast club held at the day centre that they could attend.

Other evidence
We did not observe a mealtime during our visit on the 09 June 2011, however everyone that we spoke with told us that there was ample choice of what they could eat, and there were options as to where they could eat, such as breakfast clubs, the cafeteria, or self cooked meals in the day centre as part of individual's activity programmes.

On one ward we saw a care plan that stated that because the individual did not like crowds and noise they normally accessed the kitchen to eat during the night.

On another area that we visited, staff told us that someone had prepared a meal for everyone on the ward the previous day. This had been a social event that everyone had enjoyed.

Our judgement
The provider was compliant with this outcome. People were offered a nutritious diet and a choice of where their meals could be eaten. There was evidence that people were encouraged to be involved in the preparation of meals, and that individual needs

were considered with regards to nutritional needs and how they were met for individuals with particularly challenging behaviour.

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
People that we spoke with generally told us that they felt safe in the hospital, and although some told us that there had been occasions in the past where staff had had to restrain them, they considered this had been done in a controlled way that had not caused them any unnecessary pain or discomfort.
We spoke with one person who was cared for continuously locked in their room, however when it was opened, they immediately asked for it to be locked again, there was a care plan that supported the rational for this care approach.

Other evidence
During our visit on the 09 June 2011, we had the opportunity to talk to numerous staff about their understanding of the safeguarding policy, their role in these processes and reporting alerts.

We spoke with one member of staff regarding restraint. They told us that the all staff undergo training in restraint and that it was "restrictive and not pain compliance". They were generally very competent and talked us through the de-escalation procedures that would be tried, where appropriate in the first instance, before any physical restraint was used. They were also able to verbally demonstrate what should be done following any restraint procedure, both in relation to the individual's care and support, and to the completion of documentation and alerting the doctor where a review was required. They knew what incidents should to be reported under Safeguarding to the local authority and to the CQC via the notification process.

Other staff that we spoke with were also able to demonstrate a good knowledge of safeguarding processes and local protocols. A new member of staff, who was working for their first week on one ward that we visited, told us that there was a definite focus on training related to safeguarding and restraint, and that it was addressed with all staff during a two week induction programme prior to working on the wards. The staff were able to tell us where the policies for safeguarding and 'whistle blowing' were located and how they could access them.

Our colleagues from Bedford Borough Council safeguarding team accompanied us on this visit to the hospital. They looked at the restraint policy and told us that they were happy with it and that it clearly identified good practices and de escalation techniques.

On one ward the staff showed us safeguarding leaflets which they told us were given to people when they were admitted to the hospital to ensure they knew their rights and who they could contact if they had any concerns regarding this subject.

Generally the staff that we spoke with were knowledgeable and confident in this subject. The CQC and Bedford Borough Council safeguarding team, had received notifications and safeguarding alerts from this provider in a timely fashion. Notifications were detailed in content and demonstrated that safeguarding issues were being managed appropriately.The risk management plans were reviewed following any incidents.

The registered manager told us that they had an electronic system in place, that they used to feed in the information about Safeguarding which assisted them in identifying trends and emerging patterns relating to alerts. The more senior staff in the hospital that we spoke with were familiar with this system and knew that it formed part of the clinical governance data each month.

Our judgement
The provider was compliant in this outcome area. People using the service could expect to be protected from abuse because staff had appropriate training, knowledge and guidance about safeguarding people. The provider had systems in place to enable them to recognise any emerging trends or patterns regarding safeguarding.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
We did not speak with people using the service about the safety and suitability of the premises

Other evidence
During our visit on the 09 June 2011, we visited five different wards / units in the hospital.
We found that there was a vast contrast between the environments in the different areas. For example we found two units to be homely and comfortable. One person showed us their room, it had en suite bathing facilities, and they had their own belongings around them. Communal areas appeared comfortable and fit for purpose.

However other areas that were visited were bare, lacked homeliness and would not provide any stimulation for the people who lived there, however we appreciate that in some cases this was to safeguard people from injury and self harm. The communal areas, such as the dining rooms in some units were noted to be rather cramped and CQC considered that this could potentially be a precipitating factor regarding outbursts of challenging behaviour amongst some service users.

Our judgement
The CQC had minor concerns regarding this out come area. People using this service has single accommodation with en suite facilities that met their personal needs, however some communal areas were poorly decorated and cramped and would benefit from improvements to enhance the environment.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that there activities were sometimes cut short or cancelled because there were not enough staff available to drive the hospital vehicles and transport them into the community. However on the wards people generally felt well cared for.

Other evidence
During our visit on the 09 June 2011 we spoke with the Registered Manager regarding staffing, as previously there had been an excessive use of agency staff. He told us that staffing numbers in the hospital varied because of ward closures, transfers to and from the hospital of individuals, and the changing needs of individual patients. He said there were currently 180 staff employed to care for 33 patients, and the need for agency staff had considerably reduced over the past year.

On one ward that we visited we looked at the staff rotas for last three months. There was evidence that each shift had one qualified nurse and four healthcare workers, one of which should be Senior, on duty. The Unit Manager was additional on the shift. At the time of our visit there were no patients on this unit that required one to one staffing observations, however four were on 15 minute observations during the night as risk reducing measures for self harming and aggression towards other patients.

Another ward that we visited had eight people on it, and four staff to carry out their care. None of these people were on 1:1 observations, however we witnessed one person's afternoon activity of a walk in the community, being cut very short because their staff escort was needed to drive the hospital transport to take other people to other locations

for their activities.
We were told by some people that this was a regular occurrence. We were also told that numeracy and literacy sessions had ceased due to the teacher being made redundant.

When we asked staff what happened in the event of sickness, we were told that agency staff would be requested to ensure there were sufficient staff on duty.

Our judgement
The CQC had minor concerns in relation to staffing. Although we consider that there were sufficient staff that were appropriately skilled to meet the basic needs of people using this service, we were concerned that the staffing levels were not always sufficient to ensure that people always had the opportunity to engage in certain leisure activities.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We did not speak to people about supporting staff during our visit on the 09 June 2011

Other evidence
We spoke with numerous staff during this visit to the hospital, and they were generally confident in their roles. They told us that before working on the wards all staff undertook a two week induction programme. This involved all mandatory training such as safeguarding, moving and handling, First aid, specialist training in Autism Spectrum Disorder, Mental Capacity Act and Deprivation of Liberty (DoLs), and also included a three day 'securicare course' which involved learning to use de escalation techniques and safe restraint holds.
Some of the staff that we spoke with were able to demonstrate how restraint holds were carried out and confidently tell us what procedures they would follow to report safeguarding alerts.

We were shown the guidance document for the induction of all staff including those from agencies. This clearly identified that the provider understood the importance of investing in a thorough induction programme to ensure that new staff were appropriately equipped for their roles. Following the two week induction programme staff were introduced to the ward environment through a shadowing process. This meant that they were not immediately included in staff numbers on the wards. New staff also had to complete a progress booklet relating to common induction standards such as 'communicating effectively' and 'equality and inclusion'. The staff competencies in relation to these common standards were signed off by ward managers when they were achieved.

Generally staff that we spoke with confirmed that they were having regular supervision, and related data given to us by the provider supported this. The CQC consider that this service had a strong registered manager in post leading and supporting the staff to provide appropriate and effective care for people who had very complex needs.

Our judgement
The provider was compliant with this outcome. There were structure plans and records in place for staff training and supervision. This meant that people using this service would benefit from a staff team who received sufficient training and support to carry out their care effectively.

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
We did not speak with people who use the regarding how the provider assessed and monitored the quality of service provision.

Other evidence
During this review the registered manager gave us a variety of documents which clearly showed us how they monitored and assessed the quality of service that was being provided in the hospital.

These were in the form of data collection sheets which contained information that was then put into graphs and charts so that it was easy to identify where improvements had been made, or where there were areas where improvements were needed.
The graphs allowed monthly comparisons to be made, and allowed emerging trends and patterns to be easily identified. For example the audit tool for incidents that had occurred monthly identified the numbers and types of incident, the time of day they had occurred, the people involved, the type of injury sustained and the location of the incident. A further analysis was then carried out to summaries how many incidents had involved individual staff, patients or the public each month, who they were reported to, the type of injuries that had occurred and where intervention had been required. This was a very detailed document which allowed the provider to easily identify where changes in the provision of care for individuals maybe required, such as increasing staffing levels at certain times of day or reviewing key workers for individual people.

Other areas that we could see were being closely monitored were staff training, staff

supervision, the attendance and involvement of individuals at multidisciplinary meetings related to their care and the completion of behavioural management plans.

During our feedback session with the registered manager, it was evident that he was very familiar with the care approach for every person that we discussed, every incident we discussed, and where improvements or increased management of each individual had occurred. This indicated that the audit processes he used were working effectively

Our judgement
The provider was compliant with this outcome. There were comprehensive systems in place to gather information about the quality of the service and to ensure improvements were made where needed.

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
During this visit on the 09 June 2011 we spoke with people about their personal records. Generally people were aware of what was in their records and they had been involved in the review of care plans and risk assessments relating to their care.

Other evidence
Records for people using the service were securely stored either in the ward offices in hard copy or electronically, and the induction of staff included understanding the importance of secure storage of records and accurate record keeping.

Records that we looked at in the ward areas during this visit were well written by staff and being used effectively as working documents to ensure that care for people was being delivered with continuity. People had signed consent forms for sharing information and had been included in the preparation and review of their personal plans.

There were policies in place for recording information, sharing information and storing information which staff were also introduced to during their induction period.

Our judgement
The provider was compliant with this outcome. The staff were familiar with protocols and policies relating to record keeping, and people using the service could be assured

that records relating to their care were kept and used appropriately.

Action
we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The CQC had minor concerns in this outcome area. There were care plans and risk assessments in place to ensure that people received safe and appropriate care, treatment and support to meet their needs and protect their rights. However there was a need to incorporate further information into risk assessments relating to leave to ensure contingency plans were in place to minimise risks to the individuals and others. .	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The CQC had minor concerns in this outcome area. There were care plans and risk assessments in place to ensure that people received safe and appropriate care, treatment and support to meet their needs and protect their rights. However there was a need to incorporate further information into risk assessments relating to leave to ensure contingency plans were in place to minimise risks to the individuals and others. .	

<table>
<tr><td rowspan="2">Assessment or medical treatment for persons detained under the Mental Health Act 1983</td><td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 10: Safety and suitability of premises</td></tr>
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<tr><td rowspan="2">Assessment or medical treatment for persons detained under the Mental Health Act 1983</td><td>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 13: Staffing</td></tr>
<tr><td colspan="2">How the regulation is not being met:
The CQC had minor concerns in relation to staffing. Although we consider that there were sufficient staff that were appropriately skilled to meet the basic needs of people using this service, we were concerned that the staffing levels were not always sufficient to ensure that people always had the opportunity to engage in certain leisure activities.</td></tr>
<tr><td>Treatment of disease, disorder or injury</td><td>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 13: Staffing</td></tr>
</table>

	How the regulation is not being met: The CQC had minor concerns in relation to staffing. Although we consider that there were sufficient staff that were appropriately skilled to meet the basic needs of people using this service, we were concerned that the staffing levels were not always sufficient to ensure that people always had the opportunity to engage in certain leisure activities.

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

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

The provider's report should be sent to us within 14 days of this report being received.

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

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

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