

South View Independent Hospital






Quality Report

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Date of inspection visit: 19 May 2016
Date of publication: 28/03/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Requires improvement	
Are services well-led?		Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated South View Independent Hospital as good because:

- Risks to patients were assessed and regularly reviewed.
- Mandatory training at the hospital was above the provider's requirement of 85%.
- Staffing levels were appropriate to the needs of patients and were adjusted to take account of changes.

- A risk register was in place and identified risks to the service and actions taken to manage them.
- Activities were planned to take account of patient needs and there were sufficient numbers of staff to ensure activities went ahead as planned.

However:

- At the previous inspection, we found a lack of discharge planning evident in the patients' care records.

Summary of findings

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Good



South View Independent Hospital

Services we looked at

Wards for older people with mental health problems

Summary of this inspection

Our inspection team

One CQC inspector carried out the inspection, Carole Charman.

Why we carried out this inspection

We undertook this unannounced inspection to find out whether South View Independent Hospital had made improvements to their wards for older people since our last comprehensive inspection in September 2015.

When we last inspected South View Independent Hospital in September 2015, we rated them as **requires improvement** overall.

We rated the hospital as requires improvement for safe and responsive and good for effective, caring and well-led.

Following the September 2015 inspection, we told South View Independent Hospital it must make the following actions to improve wards for older people:

- The provider must ensure that the stairwell is made safe for patients to use, and that ligature points are mitigated.

- The provider must ensure that their own policies and procedures are adhered to when managing medicines.
- The provider must ensure that discharge planning is in place to enable patients to move when it is appropriate to do so.
- The provider must ensure a risk register is in place.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 Person centred-care

Regulation 12 Safe care and treatment

Regulation 17 Good governance

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following questions:

- Is it safe
- Is it responsive to people's needs?

During the inspection visit the inspection team:

- Spoke with two patients.
- Looked at the records relating to an internal investigation.

- Carried out a check of the medication management throughout the hospital.
- Looked at the care records of three patients.
- Looked at policies, procedures and other documents relating to the safety of patients using the service.
- Observed staff carrying out interactions with patients.

Summary of this inspection

Information about South View Independent Hospital

South View Hospital is a 15-bed hospital that provides treatment and support for people aged 65 and over with mental health problems.

The hospital is registered with the Care Quality Commission to provide regulated activities;

- Assessment or medical treatment for persons detained under the 1983 Act.
- Treatment of disease, disorder or injury.

There is currently no registered manager in post, however a manager has been recruited and a temporary manager is in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is ran.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We re-rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the September 2015 inspection.
- In September 2015, we found that a stairwell with a waist height banister and open spindles was a risk to patient safety. The environmental risk assessment required updating, and no risk register was in place. Single use pots were being washed and re-used in the clinic room, and a teaspoon was used for administering medication. The provider did not follow their own medicines management policy. When we visited in May 2016, we found that staff had completed thorough assessments of risk for all patients when they were admitted to the hospital and these were regularly reviewed. A risk register was in place, which identified risks and actions taken to manage them. Staffing levels were appropriate to the needs of the patients and were adjusted when required. Compliance with staff training was high and all training carried out was above the providers required level. All areas of the hospital were visibly clean and tidy.

Good



Are services effective?

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services caring?

At the last inspection in September 2015 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive?

At the last inspection in September 2015 we rated responsive as **requires improvement**. We did not look at sufficient evidence to re-rate this question.

Requires improvement



Are services well-led?

At the last inspection in September 2015 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Detailed findings from this inspection






Mental Health Act responsibilities

We did not assess compliance with the Mental Health Act as part of this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not assess compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards as part of this inspection.

Wards for older people with mental health problems

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Requires improvement 
Well-led	Good 

Are wards for older people with mental health problems safe?

Good 

Safe and clean environment

We spent time looking around the hospital and found all areas were clean and tidy with seating and furnishings that were appropriate to the needs of patients who received care. The hospital was situated over two floors with lift access. The ground floor was used for male patients and had access to a conservatory and gardens. The upper floor had two separate corridors one for males and one for females.

The hospital complied with guidance on same-sex accommodation. All patients had their own bedrooms with en suite facilities and female patients did not have to walk past male bedrooms to access a bathroom. Female patients also had access to a female only lounge.

Patient bedrooms had en suite bathrooms which had anti-ligature handles and bathroom fittings. This included sensor operated taps and angled bathroom doors. Bathrooms aided patients to maintain their independence and protected them from the possibility of self-harm. We saw some patients had personalised their bedrooms and the manager told us they encouraged this. All patient bedrooms were warm, clean and well decorated.

Throughout our inspection, we saw domestic staff carried out all aspects of cleaning duties, ensuring all areas were clean and free from bad odours. The hospital cleaning schedule showed all areas of the hospital were cleaned regularly.

During our previous inspection, we found there were a number of ligature points throughout the hospital. The majority of these had been mitigated with the use of risk assessments however; we found one flight of stairs had open spindles which were not included on the risk assessment. In addition, we found the same stairs had a banister that was at waist height and could mean there was a risk of people falling over. We looked at these stairs as part of this inspection and found that the spindles had been removed and the gap filled in so there was no longer a risk. The low banister had removed and replaced with floor to ceiling clear safety glass.

The hospital had a clinic room on the first floor that was kept clean and tidy. All medicines were stored correctly, checks were carried out regularly to ensure the clinic room temperature, and the fridge temperatures were correct.

We looked at some of the emergency equipment held and found that appropriate safety checks had been carried out. Fire alarm checks were carried out weekly with an approved contractor carrying out servicing regularly.

During our previous inspection, we found staff were not following infection control principles. Single use medicine pots were being washed and re-used, a metal teaspoon was being used to administer medicines, washed and re-used and a pestle and mortar was being used to crush tablets, and again washed and re-used. The provider took immediate steps to rectify this practice and during this inspection we found single use medicine pots were used and disposed of and where patients required tablets to be crushed, an appropriate pill crusher had been purchased for each individual patient. Pill crushers were labelled with

Wards for older people with mental health problems

the patient's name to ensure there was no cross contamination. Plastic spoons were used for patients who required medicine and these were disposed of after one use.

Our last inspection found the provider did not have a central risk register in place. During the inspection we saw the provider now had a risk register and this was regularly reviewed. The risk register was used in conjunction with the provider's business continuity plan to ensure risks were minimised and the service was able to continue providing care if there was an unforeseen disruption to the service.

The hospital did not have seclusion facilities and did not seclude patients. The hospital did not use rapid tranquilisation.

Safe staffing

The hospital had used their own guidance to estimate the number and grade of nurses required to care for patients. The daily staffing establishment was two qualified nurses and five support workers during the day, with one qualified nurse and three support workers at night. The manager told us that staffing levels could be adjusted to meet the needs of the patients. We saw changes had been made over the previous week to ensure extra staff were on duty to assist with a patient who had been admitted to hospital. We looked at the staff rotas for the previous month and for the forthcoming month and found that there were enough staff to cover all of these shifts. The registered manager told us they did not use agency staff but occasionally used bank staff. Bank staff were familiar with the hospital and the needs of the patients.

During our inspection, we saw there were a sufficient number of staff available to meet the needs of patients and to deliver activities. We saw staff supporting patients with activities and escorting patients around the hospital. There were no reports of escorted leave or activities being cancelled due to insufficient staff.

The hospital had a multidisciplinary team which consisted of a consultant psychiatrist, occupational therapist, registered nurses (including a nurse prescriber and a clinical lead nurse) and support workers.

The consultant psychiatrist covered South View Independent Hospital and another Barchester hospital in the area. On call cover was provided by this psychiatrist and additional cover for was provided by two colleagues.

Staff and patients were able to access a doctor if needed and the manager told us there were good relationships with two local general practitioners. We saw evidence in patient care records that physical health care needs were assessed and patients were in receipt of ongoing physical care.

Staff working at the hospital were trained in the management of violence and aggression. Staff completed mandatory and legislative training that included Mental Health Act, Mental Capacity Act and Deprivation of liberty safeguards, infection control and fire training. The hospital had overall compliance with this training of 100%. Clinical risk management and unexpected deaths training was at 90%. All training was above the provider's compliance requirement of 85%.

Assessing and managing risk to patients and staff

Some of the patients being cared for displayed behaviour that challenged. Where this was the case, we saw care records contained information about the patient's triggers and interventions that could be used to help de-escalate or prevent an incident developing.

We looked at the care records of three patients. All care records contained assessments which had been carried out prior to admission. We also found that care records contained up to date risk assessments and there was evidence that these were regularly reviewed and updated. Individual risks were identified and a risk management plan was in place which would help to mitigate the risk.

We found regular meetings were held to discuss patient care and treatment and whether this was appropriate to the needs of the patient. These meetings were also used to discuss patient discharge and the risks associated with discharge.

There were weekly ward rounds and multi-disciplinary team meetings which were used to update staff on patient needs and to re-assess risk. Daily handover meetings took place every morning where department leads discussed the day ahead and shared information.

During our previous inspection, we found there was some confusion amongst staff as to whether patients' subject to a Deprivation of liberty safeguards authorisation was able to leave the hospital when they wanted to. However, during this inspection we found staff had been provided with

Wards for older people with mental health problems

pocket guides, which helped staff, understand the rules and regulations relating to the Mental Capacity Act. We also saw that staff were given further training relating to this to help with their understanding.

During our previous inspection, we found that nurses were routinely writing and transcribing prescription sheets and not all were being countersigned by either a doctor or nurse prescriber. We also found medication administration records were not being used in line with the providers Medicines Management policy. During this inspection, we reviewed the provider's policy and found this had been updated and an internal investigation had been carried out in order to determine what staff practices were and how they compared with policy. Following this investigation staff were given further supervision and reminded of their role and how it fit in with the provider's policy.

The hospital had child visiting procedures in place which applied to all wards. Children who visited were not able to access wards, instead there was a visitors room which was provided if children were visiting. All other visits were able to take place on wards provided there were no safety concerns at the time.

Track record on safety

There had been no serious incidents that required investigation in the six-month period prior to our inspection.

Reporting incidents and learning from when things go wrong

Staff were aware of how to report incidents and the process to follow. A paper based system was used for the recording of incidents, and these were used to input information onto the computer based clinical governance site. Details recorded included the name of the person affected, treatment given, witnesses, a body map and details of people informed. For example local safeguarding, Clinical Commissioning Groups and any relatives or representatives informed under the duty of candour. Investigations were carried out following incidents and lessons learned were shared with staff.

Are wards for older people with mental health problems effective?
(for example, treatment is effective)

Good 

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are wards for older people with mental health problems caring?

Good 

At the last inspection in September 2015 we rated caring as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Requires improvement 

Access and discharge

During our previous inspection we found there was no discharge planning in patient care records. Although we looked at 3 patient care records we did not look at sufficient evidence during this inspection in relation to discharge planning. If there were concerns that patients were not responding to treatment, reviews were carried out to discuss possible alternatives. Where a patient displayed behaviour that challenged, a six month period without incident was used as a baseline to help indicate that a patient may be ready for discharge.

Pre-discharge care programme approach meetings were held for patients who appeared ready for discharge. This allowed members of the multi-disciplinary team to discuss the patient's progress and decide if discharge was appropriate and also the best support for patients when they left the hospital.

Wards for older people with mental health problems

We were told by the acting manager that there had been some difficulties with discharges being delayed and that this was due to the lack of suitable alternative placements. We were also told that some of the patients' families were reluctant for their relatives to move as their family were well cared for and they were concerned about whether they would receive the same standard of care elsewhere.

The facilities promote recovery, comfort, dignity and confidentiality

The hospital had a range of rooms and equipment to support the care and treatment of patients. There was a fully equipped clinic room to enable patient treatment and patients had access to outdoor space with a smoking shelter. Visitors were able to see patients on the ward or in a visitor's room which was off the ward.

Patients were able to access their own bedrooms throughout the day and this helped ensure they were able to have time alone if they wished. Patient bedrooms were able to be personalised and we saw patient rooms had photographs, pictures and ornaments added.

Patients were able to have mobile telephones with them if they wished and those who did not have access to a mobile phone were able to make calls in private using one of the hospital phones.

The hospital had disabled access and rooms in the hospital could accommodate a wheelchair and hoist if needed. There were disabled toilet and bathroom facilities and some furnishings were made to accommodate the needs of specific patients. For example a lounge chair with a waist harness.

There was a programme of activities which was tailored to suit the interests and needs of patients. Activities staff spent time with patients both individually and as part of a group. Outside activities were planned and arrangements were in place to ensure patients were able to participate if they wished.

Leaflets and notices were available throughout the hospital to give patients and visitors information on things like their rights while detained, how to complain and how they could access local services however, we found none were in different languages or formats. The manager told us that although there were none on display these could be quickly sourced if they were needed.

Meeting the needs of all people who use the service

Children who visited the hospital were not able to go onto wards, however there was a family room which was situated off the wards to facilitate this.

At the time of our inspection there were no patients who required spiritual support, but the manager told us this would be facilitated if needed.

The hospital had disabled access and rooms could accommodate a wheelchair and hoist if required. We saw there were disabled toilet and bathroom facilities with specialist equipment to help people to get in and out of the bath.

All the food provided was cooked fresh on site and patients were given a choice about the meals they ate. The hospital was able to cater for individual dietary requirements if these were required.

Patients were able to access hot and cold drinks and snacks 24 hours a day. We saw evidence of patients asking for and being provided with drinks and snacks during our inspection.

Listening to and learning from concerns and complaints

There had been no complaints in the six months prior to our inspection.

The manager told us there was an open door policy and patients and carers were provided with information on how to raise a complaint when they were first admitted to the hospital. We also saw posters and leaflets throughout the hospital which gave patients information on how to do this and information for staff on whistleblowing and duty of candour.

Are wards for older people with mental health problems well-led?

Good 

At the last inspection in September 2015 we rated well-led as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that discharge planning is evident in patients' care records.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care There was no evidence of discharge planning for patients. This was a breach of Regulation 9 (3) (a)