Alders

Quality Report

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Date of inspection visit: 8 August 2017
Date of publication: 12/09/2017

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?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This was an unannounced focused inspection. We undertook this inspection to review the progress the provider had made regarding the breaches of regulations identified at the previous inspection in July 2016.

During our inspection in July 2016, we found that the provider was not monitoring the physical health of patients in line with organisational policy and national guidance following the administration of rapid tranquilisation. We found that while some attempts had been made to monitor physical health symptoms post-administration, this was poorly and inconsistently recorded.

During this inspection we found that the provider had reviewed their policy and practice with regards to the monitoring of physical health and rapid tranquilisation. There were systems in place to ensure that staff monitored the effects of rapid tranquilisation on patients post administration. Therefore the requirement notice had been met.

Summary of findings

Contents

Good

Alders

Services we looked at:
Tier 3 personality disorder services

Summary of this inspection

Background to Alders

Alders (previously known as Cambian Alders) is a 20 bedded service for women with complex mental health needs and personality disorder diagnosis.

The care pathway consisted of three in-patient areas within the hospital. These were Severn ward where patients would receive on going assessment into their individual needs. The second area was Avon ward, where patients would receive treatment based on the outcome of their assessments. The third area was Coln ward, where patients would be engaged in discharge planning and preparation.

Our inspection team

Team leader: Lisa McGowan Inspector, Care Quality Commission

The team that inspected the service comprised: a CQC inspector and a CQC assistant inspector.

Why we carried out this inspection

We undertook this inspection to review the previous requirement notice issued during the last inspection in July 2016, and to check what improvements had been made.

Following the July 2016 inspection, we told the service it must take the following actions:

- The provider must ensure that all procedures relating to the administration of rapid tranquilisation are adhered to in line with local and national guidance.

We found the provider to be in breach of the following regulations under the Health and Social Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe Care and Treatment.

How we carried out this inspection

To fully understand the experience of people who use services, we normally ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

For this unannounced inspection, we were looking specifically at the safe domain only.

Before visiting, we reviewed a range of information we held about Alders. We carried out an unannounced inspection on 8 August 2017.

During the inspection, the inspection team:

- spoke with the registered manager and the head of care
- reviewed the service policy on rapid tranquilisation
- reviewed 16 medication and care records in relation to rapid tranquilisation

What people who use the service say

We did not speak with any patients on this inspection.

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?

Good 

We found the following areas of good practice:

- During our last inspection in July 2016, we found that the provider did not always adhere to rapid tranquilisation monitoring procedures.
- At this inspection, we found that the provider had reviewed their policy on rapid tranquilisation and were monitoring physical health in line with national guidance.
- Care records were audited on a regular basis and any concerns related to practice and staff performance were addressed as and when they were identified by the head of care.

Are services effective?

Good 

We did not inspect the effective domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are services caring?

Outstanding 

We did not inspect the caring domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are services responsive?

Good 

We did not inspect the responsive domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are services well-led?

Good 

We did not inspect the well-led domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Tier 3 personality disorder services	Good	Good	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Good

Tier 3 personality disorder services

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are tier 3 personality disorder services safe?

Good

Assessing and managing risk to patients and staff

- During our last inspection, we found that rapid tranquilisation (RT) practices and post administration of physical health were not always being adhered to in line with the national institute for health and care excellence (NICE) guidance. Rapid tranquilisation is the use of specific oral and or intra muscular (IM) medicines to sedate patients in the event of agitated behaviour.
- During this inspection we found that improvements had been made with regards to the monitoring of physical health post RT administration. The organisational policy relating to RT had been reviewed. It clearly reflected what level of physical health monitoring was required following both IM and oral administration. Where RT had been given via IM, patients vital signs were to be monitored every 15 minutes for one hour. Where RT had been administered orally, staff were to maintain visual checks based on risk assessment, known health complications and ongoing contact with the patient post administration.
- We reviewed 16 patient records relating to RT, including medication charts and care plans. All 16 patients had care plans in place that were up to date and clearly outlined what level of post administration monitoring was required. All relevant paperwork had been completed to show that physical health monitoring had taken place. All prescribing was in line with NICE guidance and all 16 medication cards had been completed correctly.
- We reviewed 37 separate incidents relating to the administration of RT over the three months prior to this inspection. We saw that the administration of RT had been recorded appropriately in the medication and NEWS (National Early Warning Signs) charts in all 37 cases. We also reviewed the electronic care record system, and found that while the summary of each RT event had been recorded on 28 occasions, nine had not. We found that this was due to the systematic practice of the administrating nurse not always completing the summary notes on the electronic care note system, as this was a shared duty among nurses. We bought this to the attention of the head of care and the registered manager who have since reviewed how care notes summaries are allocated on shift. As a result, nurses who had administered RT would now be responsible for writing all entries related to RT events in the electronic care note system.
- In addition, the head of care completed weekly random checks of care records and RT monitoring records to ensure these are filled out correctly and in line with organisational policy. Where errors had occurred, reminders were circulated to staff and actions related to rectifying missed records were followed up. We saw evidence to show that this was the case. Furthermore, RT adherence was addressed routinely through supervision and although there were none currently, the head of care and the registered both told us that staff performance procedures would be followed to address any ongoing problems related to staff practice and RT.

Good

Tier 3 personality disorder services

Are tier 3 personality disorder services effective?

(for example, treatment is effective)

Good

We did not inspect the effective domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are tier 3 personality disorder services responsive to people's needs?

(for example, to feedback?)

Good

We did not inspect the responsive domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are tier 3 personality disorder services caring?

Outstanding

We did not inspect the caring domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.

Are tier 3 personality disorder services well-led?

Good

We did not inspect the well-led domain as since the last inspection we have not received any information that would cause us to re-inspect this key question.