

Whorlton Hall

Quality Report

Whorlton House
Whorlton
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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

Are services safe?

Are services effective?

Requires improvement



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.

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

Summary of findings

Overall summary

Whorlton Hall is an independent hospital in Barnard Castle, County Durham, which cares for people living with a learning disability or autism and complex needs, and for people who have additional physical or mental health needs and behaviours that challenge.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

We inspected Whorlton Hall in March 2016 and published our report in June. We rated the hospital as good overall but as requires improvement for safe.

This inspection was prompted by concerns about the quality of care that were brought to our attention since June.

We did not rate the safe domain for Whorlton Hall during this inspection because we did not carry out a full inspection. However, our findings during this inspection meant that we did rate the provider in the effective domain.

We found the following:

- We saw one patient who we considered to meet the Mental Health Act definition of long term segregation but were not identified as such by the provider.
- The hospital had had recent changes in management. A newly appointed registered manager had left at short notice resulting in temporary management arrangements needing to be put in place. An interim manager was in place and a permanent manager had been recruited. Staffing levels had not always been sufficient to keep staff and patients safe. This had resulted in concerns regarding the care of patients. At the time of our visit we saw that the provider had taken positive steps to ensure there were sufficient numbers of staff on duty to keep patients and staff safe.
- Some areas in the hospital were unclean despite the hospital having domestic staff. The provider had an improvement action plan which included a review of cleaning rotas.
- Care plans identified risks but did not always describe how to manage these risks.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism		Inspected but not rated

Summary of findings

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Whorlton Hall

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Whorlton Hall

Whorlton Hall is an independent hospital owned by the Danshell Group. It provides assessment and treatment for men and women aged 18 years and over living with a learning disability or autism and complex needs. The service also cares for people who have additional physical or mental health needs and behaviours that challenge.

Whorlton Hall is registered with the Care Quality Commission to provide the following regulated activities;

- Assessment or medical treatment for people detained under the Mental Health Act 1983/2007.
- Treatment of disease, disorder or injury.

At the time of our inspection the Project Director was providing support prior to the permanent manager taking up post. The registered manager left the service after four months of employment in July 2016. The hospital is registered to provide care for up to 24 patients. Changes to the layout of the hospital resulted in the service only being able to accommodate a maximum of 19 patients. At the time of our inspection there were nine patients.

The hospital has been inspected on two previous occasions over the last twelve months.

- In August 2015 the hospital was inspected as part of our comprehensive inspection programme. At this inspection not enough evidence had been gathered in order to give an accurate assessment of the service. No report was published and a further inspection was carried out.
- The service was re-inspected in March 2016 when the service was given an overall rating of good. A rating of requires improvement was given in the 'Safe' domain and the provider was given a requirement notice because appropriate equipment and medicines required in an emergency were not available. As this was a focussed inspection the requirement notice was not looked at during this inspection.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one learning disability nurse specialist advisor.

Why we carried out this inspection

We inspected Whorlton Hall on 15 August 2016 as part of a focused inspection because we were concerned about potential risks to patients and staff safety owing to low staffing levels. This included concerns about patients not being given an appropriate level of support, a lack of staff working at the hospital and a number of police incidents. The inspection was unannounced, which meant that staff did not know we would be visiting.

At the time of our inspection, there was also a representative from the local safeguarding authority and the local clinical commissioning group inspecting the service.

Our inspection focused on the safe domain key questions. We inspected but have not rated the safe domain for Whorlton Hall. However, our findings during this inspection led us to rate the effective domain.

Summary of this inspection

How we carried out this inspection

We asked the following question:

- Is it safe?

Before the inspection we reviewed information we had received about the location and spoke with a member of the Local Safeguarding Authority.

During the inspection visit, the inspection team;

- Toured the hospital, looked at the quality of the environment and observed how staff interacted with patients.
- Spoke with one patient who used the service.
- Spoke with the Project Director for the service.
- Looked at the care and treatment records of four patients.
- Looked at a range of documents which related to the running of the service.

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 did not rate safe during this inspection.

We found the following issues that the service provider needs to improve:

- There had been staff shortages in the service over recent months. This meant staffing levels were not always sufficient to keep staff and patients safe and had resulted in concerns regarding patient care. Staff had been assaulted by patients.
- Areas of the hospital were not clean.

However:

- The provider had taken steps to ensure there were sufficient numbers of staff on duty to keep patients and staff safe.
- An improvement action plan was in place which included a review of cleaning rota's and maintenance schedules.

Are services effective?

We found the following issue that the service provider needs to improve:

- We saw one patient who we considered to meet the Mental Health Act definition of long term segregation but were not identified as such by the provider.

Requires improvement



Wards for people with learning disabilities or autism

Safe

Effective

Requires improvement



Are wards for people with learning disabilities or autism safe?

Safe and clean environment

Whorlton Hall was a converted period house. Observations were an essential part of maintaining the safety of patients and staff. The layout of the building meant there were no clear lines of sight and patient observation was used to mitigate any risks.

The hospital accommodated both male and female patients and complied with Department of Health eliminating mixed sex accommodation guidance.

On the first floor there were three self-contained areas of which had been specially adapted for the patients who were living in them. Each had a lounge and bedroom with en-suite facilities. These accommodated patients who required enhanced observations. One of the rooms had an outer room attached, which was used to store activity equipment and to house a monitor and closed circuit television equipment. Although the outer room was not for patient use, there had been an incident where the patient had accessed the room and a number of objects had been thrown at staff.

The hospital had adequate furnishings and decoration. However, we saw areas where maintenance had not been completed and carpets on the ground floor of the building had visible debris on them. We also saw some rooms had dead flies on window sills and there were several areas where there were stains on walls. We spoke with the manager about these things and were told that they were waiting for contractors to complete the works. This was also included on the provider's action plan.

An environmental risk assessment had been carried out and formed part of the hospital's business continuity plan which was dated 20 July 2015. However, there were no environmental risk assessments in place for patient access to the kitchen. We did not see an assessment for access to the top floor of the building and were told by the Project Director that there were areas where environmental risk

assessments had not been carried out. Environmental risk assessments are carried out to ensure patient and staff safety. They should identify risk and a way to remove the risk.

We were provided with an improvement action plan which included a review of cleaning schedules, ensuring all areas of the service were clean and completion of building work.

Safe staffing

Before our inspection we received concerning information about the service. This included the registered manager leaving after only four months in post and insufficient staff on duty to support patients. We were told some staff had been required to work in multiple roles.

When the registered manager left the service, the provider arranged for the Project Director to provide support prior to the permanent manager taking up post. We spoke with the Project Director about the concerns that had been raised. We were told that the provider knew about the concerns with staffing levels.

Staffing was based on patient need and staff worked on a shift pattern of 8am to 8pm and 8pm to 8am. We reviewed the staff rotas for June, July and August 2016 and found that in June and July there was not enough staff on duty to provide the level of support assessed by the provider to meet the needs of the patients. During this period it appeared that patients were not receiving care as documented in their care plans because there was not enough staff to assist them. Since the Project Director had been supporting staff steps had been taken to rectify this situation and during August there were no staffing concerns. We found there had been an increase in staff absence due to sickness partially due to some staff being injured at work. The Project Director and multi-disciplinary team had reviewed patients who presented challenges to the service.

With the support of the wider hospital management, the Project Director had taken steps to rectify the concerns

Wards for people with learning disabilities or autism

around staffing. This included the review of staff rotas and core staffing numbers. The staffing situation had improved in August and staffing levels were sufficient to keep patients safe.

Assessing and managing risk to patients and staff

We looked at the care and treatment plans of four patients. All records we reviewed contained risk assessments which covered potential risks to patients and staff. Risk assessments provided a clear overview of historical and current risks. However, two of the files did not contain strategies and approaches to manage risks.

The hospital did not have a seclusion room and did not seclude patients.

Prior to our inspection we received information that there had been a number of incidents where staff and patients had been assaulted by patients. We reviewed the information given to us by the Project Director and found there had been 183 incidents in the five months prior to our inspection. The majority of these related to patients allegedly assaulting staff. We spoke with the Project Director about this and were told there had been incidents of assaults on patients and staff, which had resulted in some staff members being off work.

A number of patients at the hospital required care on at least a one to one basis. During our inspection we found that staff were not always able to go for breaks without the help of the Project Director. Although this was acceptable in some circumstances, this happened regularly and there was no plan to show how staff would be supported to have breaks or debrief sessions after these incidents.

An incident had occurred before the Project Director began supporting the service where staff called for immediate assistance. However, it was 30 minutes before they received support. The provider's action plan included plans for a response team. A response team is a group of people who are called on to assist when a patient has presented with behaviour that needs additional support.

Staff were trained in de-escalation and methods of restraint. In the five months from 19 February to 19 July 2016 there were 233 episodes of restraint. None of these had been in the prone position, which is when a person is held face down.

We reviewed the incident records for one of the patients who had been restrained on multiple occasions and found

that staff did not record de-escalation attempts prior to the use of restraint. De-escalation should be recorded to show that staff have complied with positive behaviour support plans and to ensure least restrictive practice is used. The patient's care plan showed that de-escalation should be attempted prior to restraint and we were told by the Project Director that staff do always try to de-escalate situations. However; the care record still did not show de-escalation was attempted.

Staff carried out monitoring of patients who received rapid tranquilisation and recorded the appropriate information in care records.

We received information prior to our inspection that staff had not been fully supported and that supervisions and appraisals had not been carried out. However, since the Project Director had taken over staff had started to receive supervisions and the Project Director had arranged weekly surgeries where staff were able to speak with company representatives regarding their concerns.

Track record on safety

In the six months prior to our inspection there had been 17 incidents reported to the Care Quality Commission by the hospital. Six related to incidents where the police were involved, ten related to allegations of abuse by a patient against another patient and one related to an allegation of abuse by two staff members against a patient.

Reporting incidents and learning from when things go wrong

We reviewed a number of incidents that were recorded on the provider's electronic reporting system. We found that incidents were reported with details of the event, although this did not include de-escalation attempts.

On previous inspections we found incidents were discussed at multi-disciplinary team meetings and staff meetings. However, over recent months we found these meetings were not being carried out regularly due to staffing levels. The provider's action plan included these issues and staff debriefs were to recommence following incidents.

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

Wards for people with learning disabilities or autism

Requires improvement



Adherence to the MHA and the MHA Code of Practice

We spoke with the Project Director about the patients who were accommodated in the purpose built accommodation. We were told that one of the patients was not encouraged to participate in activities with others and was given all meals in their room. The provider was concerned about potential violence to other patients. This was managed by keeping the patient apart from others. We considered this to meet the definition of long-term segregation as defined by the Mental Health Act code of practice although the provider had decided it did not.

According to the Mental Health Act Code of Practice 'long-term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other

patients on the ward or unit on a long-term basis. In such cases, it should have been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment.

The clinical judgement is that, if the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time'.

The Code of Practice states that 'the local safeguarding team should be made aware of any patient being supported in longer term segregation, staff supporting patients who are long-term segregated should make written records on their condition on at least an hourly basis and the patient's situation should be formally reviewed by an approved clinician who may or not be a doctor at least once in any 24-hour period and at least weekly by the full MDT'.

During our inspection we found that, due to the provider not recognising that the patient was in long-term segregation, they were not following the requirements as laid out in the Code of Practice. This meant the patient was not protected from the possibility of inappropriate treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must review its processes to identify patients who may meet the definition of long-term segregation as described by the Mental Health Act code of practice and ensure they meet its monitoring requirements.

Action the provider **SHOULD** take to improve

- The provider should ensure that environmental risk assessments are carried out for all areas of the hospital.

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 The provider was not carrying out monitoring for patients in long-term segregation as required by the Mental Health Act code of practice. This was a breach of regulation 9(6)