

Four Seasons Ltd

# Huntercombe Hospital Maidenhead

## Quality Report

Huntercombe Hospital Maidenhead (ID:

1-130101073)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Kennet Ward

**Service provided:** Eating Disorder Service

**Male/female/mixed:** mixed

**Capacity:** 20 beds

### Tamar Ward

**Service provided:** Child and adolescent mental health wards

**Male/female/mixed:** mixed

**Capacity:** 11 beds

### Severn Ward

**Service provided:** Psychiatric intensive care unit

**Male/female/mixed:** mixed

**Capacity:** 15 beds

### Thames Ward

**Service provided:** Psychiatric intensive care unit

**Male/female/mixed:** mixed

**Capacity:** 14 beds

The services provided were safe. Staff knew how to recognise and report potential abuse in order to protect children and young people. The service had an open and transparent reporting culture, incidents were fully investigated to identify learning. Learning was shared with staff to minimise risk of reoccurrence.

There were systems in place to ensure an effective service. Patient satisfaction surveys were carried out twice a year, we saw there was a 75% response rate to the survey carried out in July 2014. The hospital carried out audits to ensure they were following their own policies and procedures; for example the training audit measured staff compliance with mandatory training and we saw they had plans in place to improve this. Despite good access to GP services there were inconsistencies in the monitoring of physical health care and some care plans did not contain evidence of children and young people's involvement in the planning of their care and treatment.

Staff followed best practice guidelines when providing care and treatment. Staff received the training and supervision they needed to enable them to care for people appropriately. The staff team worked well together to meet the needs of people. Staff applied the Mental Health Act and Code of Practice correctly

The services provided were caring. This was confirmed by observations of the care and treatment being provided and subsequent discussions with staff. Children and young people expressed that they felt safe on the wards and had good care. They said they felt staff listened to them and explained to them reasons for their treatment. Patients and staff told us about methods used to support their involvement and maintain relationships with families and carers. Staff were kind and respectful towards children and young people using the service and were positive when planning their care and support. Care was person-centred and people were involved in developing their own care plans. Staff recognised children and young people's individual needs and understood how to care for them. Families and friends were involved in care when this was appropriate. Children and young people gave feedback about the service and this was listened to by staff and managers and used to influence the running of the service. Children and young people knew how to access advocacy services and this information was displayed on the ward.

The services provided were responsive. There was evidence that the provider encouraged feedback from children and young people and staff and used this to influence the running of the service. All patients knew how to make a complaint and staff responded appropriately when patients voiced issues. Children and young people had access to outside space and could take part in a range of activities and groups both inside and outside the service, including access to on-site gym facilities. Children and young people were supported to practice their faith and a religious items box was available. Staff focussed on people's recovery and helped them build on their strengths. Meals were cooked on site and there were choices available.

The services provided were well led. Most staff told us that they felt supported and could approach senior management. Staff across all of the wards inspected told

# Summary of findings

us that there were difficulties with the recruitment and retention of staff. We found that there was widespread use of bank and agency staff on the wards, but staff told us that most of these staff were 'regulars' and therefore familiar with the patients routines.

Staff knew the vision and values of the organisation. The manager knew that staff had received the training they

needed and conducted checks to see that policies and procedures were being followed. Staff actively learned from incidents, complaints and feedback from people and colleagues, and took action to improve the quality of service.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The services provided were safe. Staff knew how to recognise and report potential abuse in order to protect people. The service had a good safety record, incidents were fully investigated and learning was shared with staff to minimise risk of reoccurrence. Patients told us they felt safe, safe staffing levels were clearly evidenced, and there were enough staff on duty to meet people's needs. Detailed environmental and individual risk assessments were carried out and action taken to manage the risks identified. Medicines were managed safely.

Risk assessments were brief and contained no narrative.

We found that there was widespread use of bank and agency staff on the wards, but staff told us that most of these staff were "regulars" and therefore familiar with the patients' routine.

### **Are services effective?**

There were inconsistencies in the monitoring of physical health care and some care plans did not contain evidence of people's involvement in the planning of their care and treatment.

Staff followed best practice guidelines. Staff received the training and supervision they needed to enable them to care for people effectively. There were regular audits in place to ensure effective delivery of care. Surveys and audits measured the quality and effectiveness of care. The multi disciplinary team worked well together to meet the needs of patients. Staff applied the Mental Health Act and Code of Practice correctly.

### **Are services caring?**

The services provided were caring. This was confirmed by observations of the care and treatment being provided and subsequent discussions with staff and patients. Patients said they had good care. They said they felt staff listened to them and explained to them the reasons for their treatment. Patients and staff told us about methods used to support the involvement of families and carers. Staff were kind and respectful towards people using the service and were positive when planning their care and support. Care was person centred and people were involved in developing their own care plans. Staff recognised people's individual needs and understood how to care for them. People were enabled to give feedback about the service and this was listened to by staff and managers.

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## **Are services responsive to people's needs?**

The services provided were responsive. There was evidence that the provider encouraged feedback from patients and staff to influence the running of the service. All patients knew how to make a complaint and how to access advocacy, staff responded appropriately when patients voiced issues. Patients had access to outside space. Patients could take part in a range of activities and groups both inside and outside the service. Staff focussed on people's recovery and helped them build on their strengths. Meals were cooked on site and there were choices available.

## **Are services well-led?**

The services provided were well-led. Most staff told us that they felt supported and were able to approach senior management. Staff across all of the wards inspected told us that there were difficulties with the recruitment and retention of staff.

Staff knew the vision and values of the organisation. The registered manager knew that staff had received the training they needed and conducted checks to see that policies and procedures were being followed. Staff actively learned from incidents, complaints and feedback from people and colleagues, and took action to improve the quality of service.

# Summary of findings

## What people who use the location say

In the July 2014 Patient Satisfaction Survey, which had a 75% response rate, children and young people said:

They liked "The dignity, respect, care and communication" shown to them by staff

"It's friendly and people seem to care for everyone"

"Out of four hospitals where I was admitted before, this is the one where I have been most involved with my treatment like medication, care plan & involvement with my family"

People using the service were positive about the support, care and treatment offered to them. Staff were described as kind and caring.

## Areas for improvement

### Action the provider **MUST** take to improve

- The service must ensure risk management plans are clear for all identified risks affecting individuals and that all care plans are reviewed and updated when new risks are identified

### Action the provider **SHOULD** take to improve

- The service should ensure that physical health screening is consistent across all wards.

## Good practice

- Summer and Christmas fetes are co-facilitated by patients and staff. Ex-service users and their families are invited and involved. Children and young

people and staff told us these events were valued and highly motivating. Children and young people reported that their families took great emotional support from these events.

# Huntercombe Hospital Maidenhead

## Detailed findings

### Services we looked at:

Child and adolescent mental health wards; specialist eating disorder service

## Our inspection team

### Our inspection team was led by:

Team leader: Natasha Sloman, Head of Hospital Inspection, Care Quality Commission

The team included one CQC inspection manager, two inspectors and two specialists; an expert by experience, a supporter, a pharmacist and a Mental Health Act reviewer.

## Background to Huntercombe Hospital Maidenhead

Huntercombe Hospital Maidenhead is a specialist child and adolescent mental health services hospital (CAMHS). It is a 60 bedded independent hospital owned by Four Seasons Ltd. It provides specialist mental health services for adolescents and young people from 12 to 25 years of age and is registered to treat detained and non-detained patients. Huntercombe delivers specialised clinical care for young people of both genders in CAMHS including eating disorders.

The hospital and its surrounding grounds are within a rural setting and are situated near a town with easy access to

transport links and shops. In-house sports and social facilities include a gymnasium, an enclosed garden and a sports area. Patients are supported in their education via the hospital school. Where appropriate the patients also have access to the hospital grounds and local community facilities.

The hospital consists of four wards, all wards are mixed gender:

- Kennet ward provides eating disorder services and has 20 beds.
- Tamar ward provides Tier 4 CAMHS general adolescent services and has 11 beds.
- Thames and Severn wards provide psychiatric intensive care services (PICU) and have 29 beds.

We have inspected Huntercombe Hospital Maidenhead five times, three of these inspections were in 2013 and 2014. At the time of this inspection Huntercombe Hospital Maidenhead was non-compliant with essential standards relating to the management of medicines (regulation 13 of the Health and Social Care Act 2008 (regulated activities) regulations 2010). This compliance action was inspected as part of the comprehensive review and the requirements had been met.



# Detailed findings

## Why we carried out this inspection

We inspected this hospital as part of our programme of comprehensive inspections.

## How we carried out this inspection

To get to the heart of the experience of persons who use services, we always 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?

Before the inspection visit we reviewed information we hold and asked other organisations to share what they knew about the hospital. We carried out announced visits

on the 3rd and 4th of December 2014. We talked with patients and staff from all areas of the hospital. We observed how people were being cared for and talked with carers and/or family members who shared their views and experiences of the hospital.

During the inspection visit we reviewed 21 care or treatment records and 10 Mental Health Act Records of people who use services. During the visit we talked with 21 children and young people. We held focus groups and talked with 31 members of staff, including nurses, doctors, support workers and a range of allied health professionals, including occupational therapy assistants, social workers and dieticians. We interviewed the quality manager and the registered manager with responsibility for the service and senior staff within the organisation. Members of the inspection team attended two multi-disciplinary ward rounds.

We also:

- observed how staff were caring for children and young people;
- carried out a specific check of medication management in the service;
- looked at a range of records and documents relating to the running of the service.

# Is the service safe?

## Our findings

### Safe and clean ward environment

All areas of the hospital were generally clean. People looked after their own bedrooms and were supported and encouraged by staff to keep the areas clean and clutter free. Furniture and fittings were maintained to a satisfactory standard. The wards were clean and there were completed checklists in place for fridge temperature and emergency equipment checks. CCTV was situated in communal areas which covered all of the blind spots.

Detailed environmental risk assessments were carried out and action taken to manage the risks identified. There was evidence that the environment had been improved for safety and that further improvements were planned. For example, ligature risks had been reduced by the placement of ligature safe fixtures.

There was a fully equipped treatment room with resuscitation equipment readily accessible to staff. Records showed that emergency equipment was checked regularly by staff to ensure it remained fit for purpose. Other medical equipment was checked weekly and cleaned. Stickers were dated and applied to equipment to notify staff when it was last cleaned. This helped minimise the risk of cross infection. Staff were trained in the use of equipment effectively.

Medicines were stored in locked cabinets. A pharmacist attended the hospital weekly and checked that medicines were being managed safely. Drug fridge temperatures were checked and recorded every day to ensure that medicines requiring cold storage remained effective. Out of date medicines were recorded and disposed of appropriately. Medicine administration records we reviewed were completed accurately. Staff noted children and young people's allergies on their medicine administration records. When medicines were omitted a reason was recorded. Service managers checked the competency of staff to administer medicines safely.

### Safe staffing

There were enough staff on duty to meet people's needs. People using the service told us there were enough staff and they were always able to take up agreed escorted leave

from the service. There was often use of bank and less frequent use of agency staff. Bank staff were described as "regular" and were familiar with routines and patients' needs.

Staff who have not completed their mandatory training are barred from overtime.

### Assessing and managing risk to patients and staff

All children and young people using the service were individually risk assessed. Risks were regularly reviewed and where risks were identified actions were taken to mitigate the risks. For example, levels of observation were increased in line with the level of risk identified to ensure people were safe. However risk assessments were brief and contained no narrative.

The manager and staff informed us that risks were discussed on a daily basis at each handover, at the weekly team meetings and monthly reviews. There was evidence to show that this was the case. However, the management of risk was not clearly recorded or individualised within care records. There was no clear record of how to manage specific risks on an individual basis. We observed that the practice was good, but the failure was in recording the management of risk

We could not establish from the risk assessment what the signs were that a person was becoming upset or agitated and how staff should approach individuals. This meant that bank, agency or new staff might not know how to approach specific patients in order to reduce the risk of aggression or self-harm.

We reviewed three care records on Severn Ward. All three care records contained a checklist which was used to identify risk. The manager and one staff nurse confirmed that these forms were the risk assessments used by the ward to identify any risks relating to each of the service users.

We saw twenty one risk assessments across the hospital. The risk assessments we saw were minimalistic, they provided a list of possible risks and identified a score from one to three as to the level of risk. It was not clear how these risk scores had been reached or to what extent each person's risk history had been recorded. The space on the back of the forms which was provided for details and further information was blank on three forms.

# Is the service safe?

When we asked staff if there was a risk management plan in place for one young person, they told us “We work by positive risk taking. We manage risk with observation and risk assess each day.” This showed us that staff were very conscious of risks and had an understanding of assessing risk on a day to day basis. However, the lack of established risk management plans in place resulted in inconsistencies in how risk was managed. When we examined one young person's records in detail we found that there had been five recorded incidents where they had tied a ligature, two of which had the potential for serious consequences had staff not responded promptly. Their risk assessment score had been updated, however without looking through the care notes it would not be possible to identify that these serious incidents had occurred.

Seclusion is not used at this service. Staff are trained in the PRICE method of de escalation and restraint. PRICE stands for “Protecting the Rights In a Caring Environment.” The principles of PRICE state that physical intervention is a last resort and should form part of a wider strategy for managing challenging and violent behaviour and promotes the least intrusive intervention. Staff and patients told us that distraction techniques were routinely used to reduce the need for restraint methods.

## **Track record on safety**

Incident records showed there had been few incidents in the service.

Staff knew how to recognise and report potential abuse in order to protect people.

## **Reporting incidents and learning from when things go wrong.**

There were systems in place to ensure incidents were appropriately recorded and fully investigated, learning from incidents was shared with staff, therefore improving standards of safety for people who use the services.

The senior social worker led on safeguarding for the service and was available to advise staff about any concerns they had. There was a poster on display in each ward office which outlined the local safeguarding referral process. This reminded staff about what they needed to do to raise a safeguarding alert in a timely manner and ensured consistency of approach.

All staff we spoke with knew the type of incidents they should report and how to report them.

We asked the manager how the ward learns from incidents in order to reduce them and where possible prevent them. The manager told us that the organisation completes audits of incidents and this information is fed back to her. There was no audit information available for us to see at the time of this inspection.

# Is the service effective?

## Our findings

### Assessment of needs and planning of care

Risk assessments were brief and contained no narrative.

The manager and staff informed us that risks were discussed on a daily basis at each handover, at the weekly team meetings and monthly reviews. There was evidence to show that this was the case. However, the management of risk was not clearly recorded or individualised. There was no clear record of how to manage specific risks on an individual basis. We observed that the practice was good, but the failure was in recording the management of risk

For example, we could not establish from the risk assessment what the signs were that a person was becoming upset or agitated and how staff should approach individuals. This meant that bank, agency or new staff might not know how to approach specific patients in order to reduce the risk of aggression or self-harm.

We reviewed three care records on Severn Ward. All three care records contained a checklist which was used to identify risk. The manager and one staff nurse confirmed that these forms were the risk assessments used by the ward to identify any risks relating to each of the service users.

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When we asked staff if there was a risk management plan in place for one of the service users, they told us "We work by positive risk taking. We manage risk with observation and risk assess each day. We take away any potential risk on the day." This showed us that staff were very conscious of risks and had an understanding of assessing risk on a day to day basis. However, there were no written or established risk management plans in place resulting in inconsistencies in how risk was managed. This meant that bank, agency or new staff might not know how to approach people in order to reduce the risk of aggression or self-harm. When we examined one patient's records in detail we found that

there had been five recorded incidents where they had tied a ligature, two of which had the potential for serious consequences had staff not responded promptly. Their risk assessment score had been updated, however without looking through the care notes it would not be possible to identify that these serious incidents had occurred.

We saw from records that one person was frequently restrained. The care records noted that staff had attempted to de-escalate the situation verbally before using restraint. However, it was not clear what verbal de-escalation had been used or why exactly it had not been successful. The incident forms provided a description of the incidents but they did not analyse what could have been done differently, if anything. The key-worker for this individual had a good knowledge of their needs and discussed the therapeutic support that they provided to the person.

The needs of people using the service were assessed in detail. This included their physical as well as mental health needs. However physical health monitoring was not always consistent, with the exception of Kennett Ward, where there was evidence of good physical health care monitoring. Staff used the Mental Health Act and Code of Practice correctly.

There was a lack of measurement of patient outcomes. The hospital managers told us that they were working on developing appropriate outcome measures for children and young people but these were not available to us on inspection.

### Best practice in treatment and care

Staff followed best practice guidelines when providing care and treatment.

### Skilled staff to deliver care

Staff have the opportunity to debrief and attend reflective practice groups. A reflective practice meeting for nursing staff was held every week, facilitated by a psychologist. Staff discussed specific concerns about patients and challenges, exploring how they could best help or resolve them.

Training records showed that most staff were up to date with the statutory and mandatory training required. Staff were able to attend additional training where this was identified as important to their professional development.

### Multi-disciplinary and inter-agency team work

## Is the service effective?

Staff described supportive team working, good communication and decision making. We observed respectful interactions and the multidisciplinary team worked well together to meet the needs of people.

### **Adherence to the MHA and the MHA Code of Practice**

Staff used the Mental Health Act and Code of Practice correctly.

Staff received training in the MHA and had good understanding of the main provisions of the Act and MHA Code of Practice. Staff completed MHA documentation appropriately and discussions of people's rights were regularly repeated and recorded in people's records.

Children and young people using the service had access to an independent mental health advocate who could support them. The advocate reported a good working relationship with staff at the service.

# Is the service caring?

## Our findings

### **Kindness, dignity, respect and support**

Staff spoke about patients in a positive and caring way. It was evident they were motivated to ensure that people who used the services were safely cared for.

Where we observed clinical team meetings we saw active involvement and participation from both staff and patients. We observed and heard staff communicating in a way that enabled people to understand and contribute meaningfully to the process

Patients told us they were treated with dignity and respect and we observed this. Families and friends were involved in care when this was appropriate. People gave feedback about the service and this was listened to by staff and managers.

Patients told us that staff were warm, responsive and always available when they needed to talk.

Children and young people using the service were positive about the support, care and treatment offered to them. They described staff as kind and caring: “They want to support you, they make sure you don’t just know something, they make sure you understand”

### **The involvement of people in the care they receive**

People were able to personalise their bedrooms with their own belongings. A person using the service showed us around the service and their bedroom and was very positive about their experience of the service

# Is the service responsive?

## Our findings

### **Access, discharge and bed management**

During admission the team opened up communication with the community CAMHS team. The hospital maintained good links with children and young people's community CAMHS teams.

Discharge planning was discussed during CPAs to ensure children and young people, their families and their community CAMHS teams were suitably prepared.

### **The ward optimises recovery, comfort and dignity**

Staff focussed on children and young people's recovery and helped them build on their strengths.

There was a range of rooms on each ward to support treatment and care including a "quiet lounge" an activities room and a gym.

Children and young people had access to outside space. They told us that some groups and lessons were held in the grounds when the weather was good.

We saw motivational messages and personalised placemats in the dining room. There was a choice of food available, which was cooked on site. A food survey had been introduced so that children and young people could make suggestions for improvements to the menu. Children and young people were able to eat with friends and families in the main dining room during visits.

Children and young people showed us mood boards on their bedroom walls where they could choose to share their feelings.

### **Meeting the needs of all people who use the service**

Information leaflets were available on each ward. There were noticeboards with posters informing patients about Independent Mental Health Advocacy services and information about children and young people's rights and how to access local services.

A spiritual needs box was kept at the main reception and was able to be accessed by children and young people.

Children and young people could take part in a range of activities and groups provided throughout the week including some at weekends. Activities were designed to meet people's individual needs and included groups for specific age and gender. Family Therapy was offered where appropriate and there was a Family Therapist employed full time at the hospital. These all supported the recovery of people using the service.

### **Listening to and learning from concerns and complaints**

People knew how to make a complaint and staff responded appropriately when they did. Regular community meetings involving staff and people using the service allowed people to raise concerns about the service and supported a prompt response by staff. Complaints were investigated and responded to promptly. Records of complaints were detailed and showed the action taken in response. Where wider learning was identified this was shared with staff and improvements made.

# Is the service well-led?

## Our findings

### **Vision and values**

Staff knew the vision and values of the organisation and were familiar with senior managers.

### **Good governance**

There were good systems in place to measure how well the service provides care and treatment. The manager knew that staff had received the training they needed and conducted checks to see that policies and procedures were being followed. Staff actively learned from incidents, complaints and feedback from people and staff, and took action to improve the quality of service.

There was evidence of an effective system of governance which linked Huntercombe Maidenhead with other CAMHS hospitals run by the provider, Four Season Ltd. This enabled the provider to have an overview of service performance.

Quality monitoring and assurance systems were effective in identifying areas for improvement in the service. Action plans were put in place to address concerns and these were monitored to ensure progress was measured and planned improvements implemented. A number of audits were carried out on a regular basis. These included: infection control, people's care records appraisal and clinical supervision records. Where shortfalls were identified action plans were put in place. Action plans

identified a named lead person and date by which improvements would be made. Progress checks were recorded. This helped ensure actions were completed and the service continually improved.

### **Leadership, morale and staff engagement**

The service was well-led by the registered manager who was experienced and had been in post for 12 years.

Staff told us that managers listened to and acted upon feedback. They felt able to voice any concerns they had about the service/ service delivery and were confident their concerns would be listened to. Staff expressed their admiration and respect for the registered manager, it was clear she was held in universally high regard.

There was good team working in the service. Staff were positive about the multi-disciplinary team who worked well together to provide consistent care and treatment to people.

### **Commitment to quality improvement and innovation**

Training records showed that most staff were up to date with the statutory and mandatory training required. Staff were able to attend additional training where this was identified as important to their professional development.

The hospital participates in the Royal College of Psychiatrists Quality Network for Inpatient CAMHS. Kennet ward was peer reviewed in October 2014 and we saw that recommended improvements had been put in place by the time of our inspection.



This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services <b>The provider must ensure risk management plans are clear for all identified risks affectin individuals and that all care plans are reviewed and updated when new risks are identified.</b>