

Abbey Court Independent Hospital

Quality Report

Ainscough Road
Birchwood
Warrington
WA3 7PN

Tel: 01925 854150




Website: alternativefuturesgroup.org.uk

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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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
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

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We conducted this unannounced focused inspection to review two requirement notices given at our last focused inspection in August 2016. The requirement notices related to the effective key question which we rated as requiring improvement due to breaches of regulation 12 – Safe care and treatment and regulation 17 – Good governance. Following the inspection in August 2016, the provider submitted action plans telling us how they would make improvements. This also covered areas where we had made recommendations.

We inspected Abbey Court on 12 December 2016 to check whether these improvements had been made. We found areas of good practice:

- We found staff were taking and recording physical health observations in line with their provider's policy. Staff were using the modified early warning score tool to identify and action any concerns with a patient's physical observations.

- Staff had completed training in modified early warning scores which enabled them to use the tool correctly.
- A risk assessment protocol had been put in place for the use of the posture support chair. This ensured that staff had an understanding of how to use this safely.
- There was a procedure in place for recording clinical room temperatures. Staff understood what to do if the temperatures rose above a certain point.
- Line management supervision was taking place regularly, in line with the service policy.

However,

- One patient who had an increase modified early warning score did not have this followed up as per the escalation procedure.
- The clinical room temperatures were not recorded on 11 occasions.
- Staff told us that they did not feel that they received enough clinical supervision

As we did not review the ratings for the other four domains the ratings for those remain as previously rated in August 2016.

Summary of findings

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Good 

Location name here

Services we looked at:

Wards for older people with mental health problems.

Summary of this inspection

Background to Abbey Court Independent Hospital

Abbey Court Independent Hospital in Birchwood, Warrington, was part of the Alternative Futures Group. It had a registered manager and provided the following regulated activities:

- assessment or medical treatment for people detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

Abbey Court provided care for up to 30 people with complex mental health problems, most commonly dementia. The hospital had two wards but at the time of our inspection, the service was closing down and was not receiving any admissions. Crossfield Ward had been closed in April 2016, and at the time of our inspection, there were three patients on Wilderspool Ward. These patients were due to be discharged before the end of January 2017.

The hospital had an accountable officer for controlled drugs.

We have inspected Abbey Court Independent Hospital five times since it was registered with CQC on 21 March 2011. The most recent inspection was conducted in August 2016. The hospital was found to be in breach of two regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12: Safe care and treatment, and Regulation 17: Good governance.

On this inspection we found that the required improvements had been made.

Our inspection team

Team leader: Allison Mayoh, Inspector, Care Quality Commission.

The team that inspected the service comprised one CQC inspector and one CQC inspection manager.

Why we carried out this inspection

We undertook this inspection to find out whether Alternative Futures Group had made improvements to Abbey Court Independent Hospital since our focused inspection in August 2016.

When we last inspected the service in August 2016, we rated Abbey Court Independent Hospital as requires improvement overall. During our last inspection we rated safe as good and effective continued to require improvement.

Following the August inspection, we told the provider that they must take the following actions to improve Abbey Court Independent hospital:

- The provider must ensure that patients' physical health assessments are accurately recorded to enable staff to make appropriate and timely interventions.

- The provider must ensure that there is a system in place to ensure staff are adequately monitoring and recording patients' baseline physical observations.
- The provider must ensure that staff have the necessary training to complete assessment tools used by the service to monitor and assess patients' needs.

We also told the provider that they should take the following actions to improve:

- The provider should ensure that the use of the posture support chairs are recognised as a potential mechanical restraint and a protocol be in place to guide staff on its correct use. These considerations should be captured in patients' care plans and risk assessments..

Summary of this inspection

- The provider should ensure staff are monitoring the clinical room temperature to ensure all medicines are appropriately stored.
- The provider should ensure that all staff receive adequate supervision.

We issued the provider with two requirement notices. These related to:

- Regulation 12 – Safe care and treatment
- Regulation 17 – Good governance.

How we carried out this inspection

On this unannounced focused inspection, we asked the following questions:

- Is it effective ?

We also reviewed whether the provider had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited one ward at the hospital
- spoke with the registered manager
- spoke with five staff members
- Looked at three care and treatment records of patients
- carried out a specific check of clinic room temperatures
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We did not interview patients during 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?

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Good



Are services effective?

We rated effective as good because:

- Staff were taking and recording patients' physical health observations, using the modified early warning score tool, and in line with the provider's policy.
- Staff had received training in how to use the modified early warning score tool.
- Monthly audits had been carried out that highlighted areas for improvement, and actions to be taken to address these. The audits also demonstrated improvements had been made.
- A risk assessment protocol was in place for the use of the posture support chair. There were no patients at the time of inspection that required this level of support.
- The service had implemented a procedure for monitoring clinical room temperatures.
- Supervision figures showed that staff were receiving line management supervision.

However,

- We found one patient did not have a high modified early warning score followed up or actioned.
- We found that staff were not always recording the clinical room temperature.
- Staff told us that they did not feel that they received enough supervision

Good



Are services caring?

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Good



Are services responsive?

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Good



Summary of this inspection

Are services well-led?

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Wards for older people with mental health problems

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

Are wards for older people with mental health problems safe?

Good 

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

During our previous focused inspection in August 2016, we found that patients were not having their base line physical observations completed as required in the provider's policy. The provider had not trained their staff in the use of the modified early warning scores tool, which is used to monitor patients' physical observations. There was no system in place to adequately monitor whether staff were recording physical health observations to ensure action could be taken to improve performance.

Modified early warning scores are a guide used by health care professionals to monitor changes in physical observation. Each observation taken is given a score. Then

a combined total score is given. If a patient reaches the score threshold an escalation protocol should be followed. This gives guidance to staff about steps and interventions that they should take.

During this inspection, we reviewed three patients' records specifically looking at their recorded physical observations. We found that each patient had had their physical health observation taken and that a modified early warning score had been calculated. We found that in all three cases these had been completed with greater frequency than the trust policy indicated (once per month). The qualified nurse and registered manager we spoke with told us that due to the reduced numbers of patients, they had agreed that the minimum standard for recording physical observations was weekly. We saw that from August 2016 to December 2016 that this had been done for all three patients that we reviewed.

In two of the records reviewed, we found that where a modified early warning score had been calculated as high, the escalation procedure had been followed with appropriate actions being taken such as increased frequency of taking observations. However, in one record we found one instance where a patient had a modified early warning score of six. The escalation process states that with a score of six, the patient should be placed on four hourly observations and consideration should be made by a registered nurse as to whether a referral to a GP should be made. We reviewed the charts and records for this patient and found that this had not occurred. The date documented on this particular occasion was unclear therefore; we were unable to tell how long following this

Wards for older people with mental health problems

the patient had gone before their observations had been retaken. However, from the last clear recorded date taken 13 October 2016 and the one following this instance 23 October 2016 there was a 10 day gap.

We found that 23 of the 24 staff had been trained in the use of the modified early warning score tool. We also found that agency staff had also been offered and received the training.

The integrated pathway lead for the Cheshire region had conducted an audit on physical health care and management, in August 2016 and September 2016 at Abbey Court. This identified where deficits had been identified particular in relation to recording of modified early warning scores and actions to be taken to address these deficits. It The provider acted on those recommendations. The following month showed an improvement in staff recording modified early warning scores.

Overall there had been significant improvements made in the physical health observations taken, recorded and actions taken as per the escalation procedure. This met the requirement notice issued to the provider following our previous inspection.

Best practice in treatment and care

During our inspection in August 2016, we found that the service was not recording the temperature of their clinic room. When clinic room temperatures go above a certain temperature, it can affect the integrity of medicines, such as giving them a shorter shelf life.

During this inspection, we found that the service had a system in place for monitoring the clinic room temperature. It was the qualified nurses' role to check the clinic room temperature daily. The nurse we spoke with was able to tell us the steps they would take if the temperature went above the agreed limits. We reviewed the clinic room temperature check from the end of August 2016 to the November 2016. We found that all weeks' records were completed with the exception of one week in October and there were a further 11 instances where the temperature had not been recorded on the charts. However, this was an improvement from our previous inspection where no temperatures were recorded. We did not find any instances in the weeks and dates recorded where the temperature had exceeded the agreed limit of 25 degrees.

During our previous inspection, we found that some patients who needed additional support with their posture were using posture support chairs. There was no identified protocol or procedure in place to guide staff on how to use the chairs appropriately and safely.

During this inspection, we found that there were no patients using posture support chairs as those patients that were assessed as needing this level of support had moved on to alternative placements. The registered manager told us that there was now a protocol in place and those patients that had been assessed as requiring a posture chair, following our inspection had a full risk assessment and care plan put in place to support this.

Skilled staff to deliver care

During our last inspection in August 2016, we found that staff were not receiving supervision regularly as detailed in the provider policy.

During this inspection, we reviewed the records provided by the service from August 2016 to November 2016, we saw that there had been an increase in the frequency that staff had received managerial supervision to once every three months. This was in line with the providers policy. The registered manger told us that those staff who had joined the service and were subject to periodic probationary reviews received supervision as part of their probationary review as the structure for this followed a similar format. However, we spoke with four substantive staff; two told us that they did not receive adequate supervision from the right people. There was a general concerns that supervision from a clinical lead was not available due to clinical leads leaving the service.

Are wards for older people with mental health problems caring?

Good 

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Good 

Wards for older people with mental health problems

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

(for example, to feedback?)

Good 

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

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

Good 

Not inspected on this occasion.

This domain was rated as good at the inspection completed in August 2016

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff follow the escalation procedure for those patients whose assessed need identifies further support is required.
- The provider should ensure that the service follows its own procedures for recording clinic room temperatures