Chalkdown House

Quality Report

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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

Overall summary

In summary we found the following:

- Concerns surrounding the privacy and dignity of patients had improved. These being addressed through training, supervision, capacity assessments, the admission process, (although this was still to be implemented due to Chalkdown House not accepting admissions). The use of opaque covering on the lower bedroom windows and doors which faced onto the internal courtyard had been used.
- Concerns surrounding the dietary needs of patients had improved and we saw information and new initiatives being implemented to support improvement.
- Although not yet complete, we saw progress had been made with regards to staff fundamental training.
- We were concerned to see that the recording of patient observations and adherence to Chalkdowns policy regarding observations was not being completed and or adhered to.

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Background to Chalkdown House

Chalkdown House is an independent hospital that provides specialist neuro-behavioural care for people with a non-progressive acquired brain injury. It forms part of the nationwide network of specialist rehabilitation services provided by The Brain Injury Rehabilitation Trust (BIRT), which is a division of The Disabilities Trust.

The service opened in May 2013 and is a 20 bedded male facility with two self-contained flats situated on the ward for patients nearing discharge. The types of services at Chalkdown house include long term rehabilitation care; hospital services for people with mental health needs, learning disabilities and problems with substance misuse.

Regulated activities at Chalkdown house are asessment or medical treatment for persons detained under the Mental Health Act 1983; diagnostic and screening procedures and treatment of disease, disorder or injury.

Chalkdown House was first inspected in December 2014.This inspection also included a full review of those patients' that were detained under the Mental Health Act. As a result of this inspection, Chalkdown House received two compliance actions as they were found to be in breach of Regulations 9 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 the Care and welfare of people who use services and Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 and staffing. At the time of our visit on the 2nd and 3rd June 2015, the two breaches of the above regulations had been met. We reviewed patient and staff records to show that this was the case. However during our inspection on the 2nd and 3rd June 2015 we found breaches relating to Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect; Regulation 9 HSCA (RA) Regulations 2014 Person-centred care and Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. We revisited Chalkdown House on the 5th January 2016 to review the Chalkdown House action plan and were able to remove two requirement notices relating to Regulation 9 and 10 due to improvements. Although progress had been made with regards to Regulation 12, this remains in place with an additional action plan to complete.

Our inspection team

Team leader: Lisa McGowan

The team that inspected the service comprised of three CQC inspectors.

Why we carried out this inspection

This inspection was a follow up visit from a comprehensive inspection that was undertaken in June 2015. We specifically looked at the three existing requirement notices (Regulations 9, 10 and 12) and did not inspect any other areas of care on this occasion. We do not rate the outcome of a focused follow up inspection. As a result, the ratings that were awarded at the time of the comprehensive inspection in June 2015 remain, which overall was an outcome of requires improvement.

How we carried out this inspection

Before the focused inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- Inspected Chalkdown house.
- spoke with the service manager, head of care and the acting deputy manager for the service.

Summary of this inspection

- spoke with catering staff.
- Looked at eight staff managerial supervision records.
- Reviewed five care records.
- Reviewed four staff training records.
- Reviewed various other documents and records held onsite.

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?

- Although not yet complete, we saw progress had been made with regards to staff fundamental training. The service manager and the deputy told us they anticipated reaching 85% of the permanent staff beingcompliant with this training by April 2016.
- We were concerned to see that the recording of patient observations and adherence to Chalkdown House policy regarding observations was not being completed and or adhered to.

Are services effective?

- Although not yet complete, we saw progress had been made with regards to staff fundamental training.

Are services caring?

- Previous concerns about patients privacy and dignity had been addressed. Changes were being implemented to ensure that privacy and dignity was routinely discussed.

Are services responsive?

- Concerns surrounding the privacy and dignity of patients had improved and were being addressed through training, supervision, capacity assessments, the admission process and by using opaque covering on the lower bedroom windows and doors which faced onto the internal courtyard.
- Concerns surrounding the dietary needs of patients had improved and we saw information and new initiatives being implemented to support improvement.

Are services well-led?

- Records surrounding staff fundamental training were up to date and accurate.
- Records of patient observations and adherence to Chalkdown House policy regarding the observations were not being completed and or adhered to.

Detailed findings from this inspection

Services for people with acquired brain injury

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are services for people with acquired brain injury safe?

Safe and clean environment

- We did not inspect the safety and cleanliness of Chalkdown House during this inspection.

Safe staffing

- Although not yet complete, we saw significant improvement had been made by the service manager and the deputy to implement a new system surrounding fundamental training. We saw evidence to show the status of the current backlog of outstanding fundamental training for staff.The acting deputy manager told us how she had been appointed by the provider to address this particular issue. We were shown the training plan which had been devised to address how the back log and gaps in training were to be met over the next three months. Additional training had been secured by the provider and was being undertaken by staff each month. This included face to face training, e learning and role specific training. An example we were shown was additional training for the chef on meeting nutritional needs for high dependency patients. The original date for completion had been set as the end of March 2016. Due to the scale of outstanding training this had now been revised to the end of April 2016 with an aim to achieve 85% overall compliance. As a result, Regulation 12 will remain in place and Chalkdown House will provide CQC with a report for a minimum of three months from the date of inspection in order to monitor improvements.

Assessing and managing risk to patients and staff

- We did not inspect the assessment and management of risk to patients and staff at Chalkdown House during this inspection.

Track record on safety

- We were concerned to find on the day of our inspection that only one patient observation record out of eleven was complete and up to date. The remaining 10 showed numerous gaps, indicating that patients were not being checked by care staff as the patients observation care plan directed. We bought this to the immediate attention of the service manager, the divisional manager and the head of care. We have asked that the CQC receive a report from Chalkdown House within seven days post this inspection, as to how the matter will be addressed. In addition CQC have asked that an ongoing monthly report for a minimum of six months and until further notice is provided which demonstrates the ongoing monitoring of observations and adherence by staff to the observation policy.

Reporting incidents and learning from when things go wrong

- During our inspection in June 2015 and following a serious incident in 2015, Chalkdown House were found not to be adhering to the observation policy. On the day of our inspection the recording of observations had not improved. We were concerned that no learning had occurred following the findings of the previous inspection and the outcome of the serious incident in 2015. Only one patient observation record out of eleven was fully completed and up to date. The remaining 10 showed numerous gaps, indicating that patients were not being checked by care staff as their observation care plan directed.

Are services for people with acquired brain injury effective?
(for example, treatment is effective)

Assessment of needs and planning of care

Services for people with acquired brain injury

- We did not inspect the assessments of needs and the planning of care at Chalkdown House during this inspection.

Best practice in treatment and care

- We did not inspect best practice in treatment and care at Chalkdown House during this inspection.

Skilled staff to deliver care

- As previously stated, we saw significant improvement had been made by the service manager and the deputy with regards to the management and monitoring of fundamental training. This and all other training had now been linked to the supervision process to ensure supervisors could monitor compliance and support any additional training requests. This process now formed part of the annual appraisal system.

Multi-disciplinary and inter-agency team work

- We did not inspect multi-disciplinary and inter agency team working at Chalkdown House during this inspection.

Adherence to the MHA and the MHA Code of Practice

- We did not inspect adherence to the MHA and MHA Code of Practice at Chalkdown House during this inspection.

Good practice in applying the MCA

- We did not inspect the good practice surrounding the MCA at Chalkdown House during this inspection.

Are services for people with acquired brain injury caring?

Kindness, dignity, respect and support

- Previous concerns surrounding the privacy and dignity of patients had been addressed. Staff had spoken with patients and put opaque film over the lower half of the door to protect their privacy.
- Privacy and dignity issues were discussed in handover meetings between shifts and we saw this documented.
- The service had made changes to the supervision forms to make privacy and dignity a part of supervision. However this was still being fully implemented. Three of the six staff supervision records showed that privacy and dignity had been discussed in line management.
- Staff said that there were plans to change the admission pack to include a discussion about the patients privacy and dignity needs and wishes. However, at the time of inspection no new admissions had taken place and this change had not been implemented.

The involvement of people in the care they receive

- Patients at Chalkdown house had access to and attended service user community meetings. Patients could raise concerns with staff at these meetings. We found evidence that issues raised at the last inspection regarding patients privacy and dignity had been discussed at a service user forum and staff had acted on this.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Access and discharge

- We did not inspect the access and discharge arrangements at Chalkdown House during this inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff had displayed guidance from the Royal College of Nursing on privacy and dignity in the reception area and the staff room. The nursing office had been recently decorated and the notice board that was waiting to be installed also had this guidance.

Meeting the needs of all people who use the service

- Staff were completing capacity assessments and routinely thereafter to check for patients ability to ask for their own privacy and dignity needs to be met. We saw good documentation of the capacity assessment being made in the care record of a patient who was deemed to lack capacity to make decisions.
- Concerns surrounding the dietary needs of patients had improved and we saw information and new initiatives being implemented to support improvement. Catering staff were using a picture recognition system so that patients with specific dietary requirements and food

allergies were easily identifiable. Menus were clearly displayed and additional information around how patients preferred to be supported during meal times was available to both catering and care staff.

- Of the fourteen patients currently at Chalkdown House, one had been identified as having food allergies. We asked to view the care plan specific to this need and although staff initially were unable to locate it in the patients records, one was produced and we were able to see that it was up to date and specific to food allergies.

Listening to and learning from concerns and complaints

- We did not inspect how Chalkdown House listened to and learned from concerns and complaints during this inspection.

Are services for people with acquired brain injury well-led?

Vision and values

- We did not inspect the visions and values of Chalkdown House during this inspection.

Good governance

- We found that patient observations were still not being recorded and that 10 out of 11 observation records were incomplete.
- We saw how the Service Manager and the deputy had established governance systems for the monitoring and reporting of fundamental training for staff. This formed part of a wider management reporting system which the service manager completed each month which in turn advised the providers senior management team of progress.
- Staff told us that they had planned to include audits of when privacy and dignity issues were discussed, for example on admission, but that this had not yet been implemented.
- Staff managerial supervision systems were not fully up to date with the latest changes the service had made, for example frequency of supervision and discussion of privacy and dignity. However, these changes had been implemented only a couple of months prior to this inspection.

Leadership, morale and staff engagement

- We did not inspect staff leadership and engagement and morale of staff.

Commitment to quality improvement and innovation

- Following the previous inspection the service manager for Chalkdown House was able to demonstrate through record keeping and action planning their commitment to quality improvement since the last inspection. We saw records to evidence the improvements to the requirement notices placed during the inspection in 2015 and as a result are able to remove Regulation 9 and Regulation 10.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Chalkdown House must take immediate action to address the gaps in the recording of patient observations to ensure that patients are safe and to ensure that observations of patients are occurring as per each patient plan of care. Chalkdown House must report to the CQC within seven days of the focused inspection their plan to monitor adherence to the observation policy. In addition CQC has asked that a monthly report be provided as to their continued improvements for a minimum of six months and until further notice.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) 2014: Good Governance We found that Chalkdown House did not have effective governance, systems and processes that assessed, monitored and mitigated any risks relating to the health, safety and welfare of people using services. In addition, Chalkdown House must securely maintain accurate, complete and contemporaneous records in respect of each person using the service. This is a breach of Regulation 17 (1) (2a and 2b and 2c) and (3a and 3b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records of patient observations and adherence to Chalkdown House policy regarding observations was not being completed and or adhered to.

This section is primarily information for the provider

Enforcement actions

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.