Richmond House

Quality Report

Richmond House
38 Redenhall Road
Harleston
Norfolk
IP20 9HB
Tel: 01379 852354
Website: www.partnershipsincare.co.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?	Requires improvement
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.

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

We rated Richmond House as good because:

- The service had implemented four of the five recommendations from the previous inspection to improve safety and dignity for patients.
- The service employed enough staff for patients to have 1-1 time with staff and attend activities outside of the service, including evenings and weekends.
- Patients told us they liked the service and had a good range of activities.
- The service had good links with local health services to provide ongoing physical healthcare for patients.
- Patients were involved in writing their individual care plans and positive behaviour support plans which were provided in easy read and visual formats.
- The service provided a good range of activities including psychological therapies, life skills and social events.

However

- There were still ligature point risks that hadn't been mitigated by the service that provided a risk to patients wishing to harm themselves that had not been addressed promptly following the last inspection.

Summary of findings

Contents

Good

Richmond House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Richmond House

Richmond House is a community hospital for people with a learning disability and associated mental health problems. It provides assessment, treatment and rehabilitation for up to nine female patients. The service is owned by Partnerships in Care Ltd, and one of a number of services they provide throughout the country.

Richmond House has been registered with CQC since 2010 to carry out the following legally regulated services/ activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act.

The manager has been registered with CQC since October 2016.

The service was last inspected in February 2016 and was rated as requires improvement. CQC identified the following areas of improvement required:

- The provider must ensure that the environment is safe and monitored. They must ensure that ligatures in the bedrooms and bathrooms are removed or replaced to reduce the risk.
- The provider must ensure that all blind spots on all floors are recorded and risk assessed.
- The provider must address the single sex guidance regarding accommodation on the female floor at Richmond House and identification of a female only lounge.
- The provider must ensure that staffing levels at all times are adequate to manage three or more person restraint procedures that may arise, or other emergencies.
- The provider should consider installing nurse call alarms in bedrooms or bathrooms to enable patients and staff summon help in an emergency.

All of the areas had been addressed apart from the ligature risks

Our inspection team

Team leader: Joanna Thomas

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

How we carried out this inspection

To fully understand the experience of people 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 that we held about the location.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service

Summary of this inspection

- interviewed with the registered manager
- talked with five other staff members; including doctors, nurses, occupational therapist, psychologist and social worker
- attended and observed a multi-disciplinary meeting
- collected feedback from two patients using comment cards
- spoke with one carer of a patient
- examined three care and treatment records of patients
- carried out a specific check of the medication management on the wards including four medication charts; and

reviewed a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients told us that staff were supportive and helpful. Two patients said that staff shortages impacted on the time they spent with nurses and that agency and bank staff were excessive in restraint. Records showed that these concerns had been investigated.

Patients told us they enjoyed the activities provided and they liked it there.

The carer of a patient told us that they were updated of their family member's progress and were invited to meetings.

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?

Requires improvement

We rated safe as requires improvement for Richmond House because:

- The service had a number of ligature risk points that patients could use to harm themselves which were mainly located in patient bedrooms and bathrooms. The service was located in a listed building meaning that changes to the fittings in these rooms could not be replaced without agreement from the local authority. A proposal had been submitted with an interim plan in place but at the time of inspection no changes had been made to the window fittings since the previous requirement notice had been issued.
- The service had completed a ligature risk audit and action plan that was comprehensive and regularly reviewed. However, we saw a patient record where they had been left alone in their bedroom whilst distressed when their individual risk assessment had advised against this.
- In the event of a serious incident additional staff were called from other services within the organisation however these staff would take up to 30 minutes to arrive and police were called in an emergency.

However:

- Mirrors had been installed since the last inspection to improve staff observation of the ward and mitigate against blind spots.
- The ward only housed female patients and therefore fully complied with the guidance on same sex accommodation.
- The service employed enough staff for patients to have 1-1 time with nurses and activities were not cancelled.

Are services effective?

Good

We rated effective as good for Richmond House because:

- Patients had comprehensive assessments completed on admission including recognised outcome scales and these were updated regularly.
- The service ensured good ongoing physical healthcare through local GP and dental surgeries.
- The service followed National Institute for Health and Care Excellence guidelines in prescribing medication and offering psychological therapies.
- All staff had completed all mandatory training, were supervised in line with policy and received an annual appraisal.

Summary of this inspection

- All staff had received training in the Mental Health Act and Mental Capacity Act and followed the guiding principles.

Are services caring?

Good

We rated caring as good for Richmond House because:

- Patients told us the regular staff were caring and helpful.
- Patients were involved in writing their care plans and positive behaviour plans, which were comprehensive, personalised and regularly reviewed.
- The service had an admission pack that patients helped write to orientate new patients.
- Carers told us that they were invited to multi-disciplinary reviews and felt involved in care with the patient's consent.
- Patients had access to an independent mental health advocate who visited weekly.

Are services responsive?

Good

We rated responsive as good for Richmond House because:

- The service offered a range of activities including group sessions on mindfulness and relaxation, cooking and gardening sessions. Patients were also encouraged to participate in local activities including a nightclub evening escorted by staff.
- The service had a well-equipped clinic room, kitchen for cooking classes and a large patient lounge where groups were held.
- Patients had a rota for cooking and each cooked one meal per week. Patients chose what they wanted to cook with input from staff and a weekly menu was agreed at the community meeting.
- The service provided easy read and visual information leaflets on treatment, activities and local services in an admission pack that patients had been involved in writing.
- The service had a clear complaints and feedback policy that patients were all aware of and all complaints were investigated and responded to.

Are services well-led?

Good

We rated well-led as good for Richmond House because:

- The managers had systems in place to ensure that all staff had received mandatory training, supervision in line with policy and received annual appraisals.
- The organisation had an electronic 'dashboard' system that calculated staffing levels and ensured sufficient staff of each grade were available for each shift.

Summary of this inspection

- The organisation shared learning from incidents, complaints and feedback at monthly clinical governance meetings and fortnightly senior manager meetings.
- All staff we spoke to reported feeling supported by managers, colleagues and the wider organisation. Staff had high levels of job satisfaction and morale within the team.

However

- Whilst a local plan was in place the organisation had been slow in addressing the identified ligature risks.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- The organisation had a central Mental Health Act administrator who visited the service regularly and staff we spoke to were all aware of who they were, how to contact them and when.
- All staff had completed mental health act training and displayed a good understanding of its guiding principles. Staff were able to give examples of applying the mental health act in relation to consent to treatment.
- The service had clear records of leave granted, including contingency plans. Patients were risk assessed before going on leave.
- Consent to treatment forms and capacity assessments were included in the patient records and a copy attached to medication charts.
- All of patients had their rights under the mental health act explained to them at admission and regularly afterwards with their understanding recorded.
- Detention paperwork was stored in patient records and was correct and up to date.
- The mental health act administrator visited the service regularly to complete audits of paperwork.
- Patients had access to an independent mental health advocate who visited the service weekly and patients we spoke to were all aware of the advocate and how to contact them.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed mental capacity act training. Staff we spoke to had a good understanding of the mental capacity act and were able to give examples of when patients' capacity should be assessed.
- The service had not had any Deprivation of Liberty Safeguards application over the past year.
- Patients had a capacity assessment on admission and whenever decisions needed to be made regarding treatment. There were no patients who lacked capacity at the time of the inspection.

The service had a Mental Capacity Act and Deprivation of Liberty Safeguards policy and further advice could be accessed through the organisation.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and clean environment

- The layout of the ward had numerous blind spots but mirrors had been installed since the last inspection to improve staff observation of the ward.
- The service had a number of ligature risk points (fittings to which a person might tie something to harm themselves with) which were mainly located in patient bedrooms and bathrooms. A requirement notice had been issued at the last inspection to remove or replace the windows that contained a ligature risk. The service was located in a listed building meaning that changes to the fittings in these rooms could not be replaced without agreement from the local authority. The service had submitted a bid request to the provider for this work to be carried out and a proposal had been sent to the conservation officer regarding replacement of the windows.
- An interim plan had been agreed to fit secondary double glazing to the bedrooms and bathrooms to reduce the risk to patients.
- The service had completed a ligature risk audit and action plan that was comprehensive and regularly reviewed.
- However, we saw one patient record where they had been left alone in their bedroom whilst distressed when their individual risk assessment had advised against this due to their risk of self-harm and previous use of ligatures.
- The ward only housed female patients and therefore fully complied with the guidance on same sex accommodation. This had been implemented since the last inspection.
- The clinic room was fully equipped with emergency equipment and the service had a contract for monitoring and calibration of equipment. The clinic room fridge and room temperatures were checked to ensure safe storage of medications.
- The service did not have a seclusion room and did not seclude patients.
- The ward areas were visibly clean and tidy with comfortable furnishings.

Safe staffing

- The service employed five qualified nurses and had 2.5 vacancies, and ten support workers with two vacancies at the time of the inspection. Ongoing recruitment was in place by the provider.
- The ward staffing levels were one qualified nurse and three or four support workers during the day, dependent on how many activities and escorted leave were booked. The service had employed an additional support worker for evening cover so that a member of staff could be based upstairs near patient bedrooms.
- The service had used one regular bank member of staff to cover 54 night shifts over the past six months. 14 other shifts were covered by additional bank staff and 16 shifts were covered by agency staff.
- The service used regular locum agency staff to cover any shifts required.
- The service staffing levels ensured that there was a qualified nurse on shift at all times and that patients had regular 1-1 time with a nurse.

Good

Wards for people with learning disabilities or autism

- In the event of a serious incident additional staff were called from other services within the organisation however these staff would take up to 30 minutes to arrive and police were called in an emergency. There had been one incident in the last six months where staff had been called from other services.
- The service used the local GP surgery for healthcare including out of hours provision, and an ambulance called in case of emergency.
- The service had targets of 75% of staff having completed mandatory training and had exceeded that target for all training courses with most having 100% completion.

Assessing and managing risk to patients and staff

- There were no incidents of seclusion over the past six months.
- There were 59 incidents of restraint over the past six months, involving five patients. Three patients accounted for 75% of the restraints.
- Two incidents involved prone restraint. These occurrences were where patients had put themselves in prone position before staff moved them into supine position. Staff did not restrain patients in the prone position.
- We reviewed three patient care records and all of these had full risk assessments completed on admission and these were updated regularly. Patients were assessed using the historic clinical risk assessment.
- The service did not use blanket restrictions and followed a policy of least restrictive practise to increase patients' independence.
- The service did not have any recorded incidents of patients attempting to use ligatures in the past year.
- All staff were trained in conflict resolution and management of violence and aggression, restraint was only used after attempting de-escalation.
- There were no incidents of rapid tranquilisation used following restraint in the past year.
- All staff were trained to level two safeguarding and three members of staff were trained to level three safeguarding. Staff were aware of safeguarding procedures and knew what and how to report.
- The service contracted a local pharmacy for dispensing medications, and the pharmacy visited weekly and completed audits with the service. Medications were stored and logged appropriately.

Track record on safety

- The service reported one serious incident over the past 12 months which resulted in the unexpected death of a patient. This had been fully investigated by the provider and action taken as a result.

Reporting incidents and learning from when things go wrong

- The service used an electronic reporting system for incidents. Staff we spoke to were aware of what they needed to report and how to use the system to report it.
- All incidents were investigated by the manager and outcomes fed back to patients and staff.
- Staff were able to give examples of when they had used their duty of candour to inform patients when something had gone wrong.
- Lessons learnt from incidents were shared across the wider organisation and posters were displayed for staff.
- Staff held a debrief following any incident and managers reviewed all incidents in a daily meeting and risk management plans were updated following an incident.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed three patient records and found all had a comprehensive assessment completed on admission.
- Patients were registered with the local GP surgery who completed a physical health check on admission and ongoing physical health monitoring including asthma and diabetes reviews. Patients were registered with the local dental practice.
- Patient care records we checked all had personalised care plans that were updated regularly.
- The service used an electronic system for patient records which ensured all staff had access to records and these were kept safely and securely.

Best practice in treatment and care

- Clinical staff were aware of National Institute for Health and Care Excellence guidelines when prescribing medication and all medication was within recommended limits.

- The service provided psychological interventions in line with National Institute for Care and Excellence guidelines including dialectic behavioural therapy and mindfulness.
- The service used local GP and dental surgeries to provide ongoing physical healthcare to patients including asthma and diabetes reviews. Emergency treatment was available through the accident and emergency department at hospital.
- Patients had health action plans in easy read format to understand their healthcare needs and treatment.
- Patients had access to snacks and hot and cold drinks at all times. Patients were involved in choosing and cooking daily meals.
- The service used recognised tools to assess and monitor outcomes for patients including health of the nation outcome scales (secure), Short term assessment of risk and treatability and historic clinical risk assessment 20.
- The organisation was in the process of implementing a clinical audit structure.

Skilled staff to deliver care

- The service employed a range of disciplines including five nurses ten support workers, part time occupational therapy assistant, part time social worker, part time psychologist and part time speech and language therapist.
- We reviewed four staff files and found all had relevant experience and qualifications.
- The organisation had an induction programme consisting of e-learning and classroom training and all support workers were trained in the care certificate.
- The service had a policy on supervision and appraisal that specified staff were to receive supervision every six weeks. We checked four staff files and found that all of them had received supervision in line with policy.
- The service held a staff support session weekly for three out of every four weeks and one team meeting per month.
- All eligible staff had received an annual appraisal.
- Performance was reviewed in supervision and appraisal so that any concerns could be addressed promptly.
- Staff received the necessary training for their role and all staff had received training in conflict resolution, positive behaviour support, the green light toolkit and management of violence and aggression. Some staff had been trained in producing easy read and visual information for patients.

Multi-disciplinary and inter-agency team work

- The service held monthly multi-disciplinary team meetings, monthly manager and clinical governance meetings and care planning approach meetings every quarter.
- Staff held handover meetings twice a day for new members of staff coming onto shift to update them of patients' wellbeing.
- The service had good links with the wider organisation; managers held monthly meetings with other learning disability service managers monthly and the service held events with another local learning disability service.
- The service had a good working relationship with the local safeguarding team and held meetings with them every five weeks to review safeguarding issues.
- The service had links with community teams across the country and encouraged good communication through the use of teleconferencing and skype access for care plan reviews and discharge planning.

Adherence to the MHA and the MHA Code of Practice

- The organisation had a central Mental Health Act administrator who visited the service regularly and staff we spoke to were all aware of who they were, how to contact them and when.
- All staff had completed Mental Health Act training and displayed a good understanding of its guiding principles. Staff were able to give examples of applying the mental health act in relation to consent to treatment.
- The service had clear records of leave granted, including contingency plans. Patients were risk assessed before going on leave.
- Consent to treatment forms and capacity assessments were included in the patient records and a copy attached to medication charts.
- All patients had their rights under the mental health act explained to them at admission and regularly afterwards with their understanding recorded.
- Detention paperwork was stored in patient records and was correct and up to date.

Good

Wards for people with learning disabilities or autism

- The Mental Health Act administrator visited the service regularly to complete audits of paperwork.
- Patients had access to an independent mental health advocate who visited the service weekly and patients we spoke to were all aware of the advocate and how to contact them.

Good practice in applying the MCA

- All staff had completed Mental Capacity Act training. Staff we spoke to had a good understanding of the Mental Capacity Act and were able to give examples of when patients' capacity should be assessed.
- The service had not had any Deprivation of Liberty Safeguards application over the past year.
- Patients had a capacity assessment on admission and whenever decisions needed to be made regarding their care and treatment. There were no patients who lacked capacity at the time of the inspection.
- The service had a mental capacity act and deprivation of liberty safeguards policy and further advice could be accessed through the organisation. Information was displayed in the staff office of who to contact.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed staff interactions with patients as being respectful, supportive and caring.
- Patients told us that staff were supportive and helpful.
- Two patients told us that staff from other services who came to cover when incidents occurred had used excessive restraint and injured them. The manager was aware of these complaints and we saw an investigation report regarding the complaint that led to appropriate action.
- Staff had a good understanding of patients' individual needs.

The involvement of people in the care they receive

- The service had produced an admission pack with input from patients to inform new admissions of the service and local amenities.
- The service used the 'my shared pathway' process to increase patient independence and involvement in care. The 'my shared pathway' uses recovery based booklets that patients and staff produced together to look at what patients wanted to change and how they would do this.
- We reviewed three care plans and found patients had active involvement and participation in writing their care plans and positive behaviour support plans.
- The service had an independent advocate who visited weekly to provide support and information.
- We spoke to one carer of a patient who told us that they were invited to attend multi-disciplinary meetings if agreed with the patient. They were also able to set up additional meetings if they had any concerns.
- The service held weekly community meetings where patients could raise any suggestions or concerns.
- The organisation had a patient council where the representative from the service could raise issues and suggestions from other patients.
- The service gave patients a leaflet to explain how they could make suggestions and complaints.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The average bed occupancy over the last six months was 61%.
- The service accepted referrals from across the country and beds were always available to patients on return from leave.
- The service reported one delayed discharge over the last six months, due to lack of an available placement to be discharged to. The service had maintained support with the patient's care co-ordinator and community team to support them during this period.
- The service started planning discharge and aftercare services within three months of admission and maintained contact with community teams throughout patients' stay.

Good

Wards for people with learning disabilities or autism

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a well-equipped clinic room, kitchen for cooking classes and a large patient lounge where groups were held.
- The service did not have a specific room for patients to meet visitors but they could meet visitors in the dining room for privacy.
- Patients had access to mobile phones to make phone calls in private and there was a payphone located in the dining room which gave patients a quiet place to make calls.
- The service had a garden area which patients could access at any time with a member of staff and also for gardening sessions with the occupational therapy assistant.
- Patients had a rota for cooking and each cooked one meal per week. Patients chose what they wanted to cook with input from staff and a weekly menu was agreed at the community meeting.
- Patients had access to drinks and snacks at all times.
- Patients could personalise their bedrooms and had individual keys to their room so they could safely store their possessions.
- The service offered a range of activities including group sessions on mindfulness and relaxation, cooking and gardening sessions. Patients were also encouraged to participate in local activities including a nightclub evening escorted by staff.

Meeting the needs of all people who use the service

- The service had one bedroom and bathroom located downstairs to accommodate any patient with mobility issues or requiring disabled access.
- Information leaflets could be translated into other languages if required.
- The service provided easy read and visual information leaflets on treatment, activities and local services in an admission pack that patients had been involved in writing.
- Patients were involved in choosing and cooking their meals which took into account personal preference as well as religious or ethnic requirements.
- Patients could access spiritual support by attending religious services and spiritual groups available in the local area.

Listening to and learning from concerns and complaints

- The service had received three complaints over the past 12 months, one of which was partially upheld and none were referred to the ombudsman.
- Staff had produced an easy read guide on how to complain for patients and patients we spoke to were all aware of how to complain.
- The manager investigated complaints and fed the outcomes back to patients in writing and to staff in team meetings.

Are wards for people with learning disabilities or autism well-led?

Good

Vision and values

- The organisations values were displayed within the service and staff we spoke to were all aware of what the vision and values were.
- The service objectives reflected the organisational values of valuing people, caring safely, integrity, quality and working together.
- Staff knew who the organisation's senior managers were and told us they visited the service regularly.

Good governance

- The managers had systems in place to ensure that all staff had received mandatory training, supervision in line with policy and were annually appraised.
- The organisation had an electronic 'dashboard' system that calculated staffing levels and ensured sufficient staff of each grade were available for each shift.
- The organisation shared learning from incidents, complaints and feedback at monthly clinical governance meetings and fortnightly senior manager meetings.
- The manager had sufficient authority to conduct the role and had administration support available.
- The organisation had not taken sufficient action on removing ligature risks since the last inspection and requirement notice although plans were in place to address this.

Leadership, morale and staff engagement

Good

Wards for people with learning disabilities or autism

- The service had an eight percent sickness rate over the last year.
- Staff we spoke to were aware of the whistleblowing policy and helpline and how to use it. There were no incidents of whistleblowing in the last year.
- Staff told us they were able to raise concerns without fear and felt comfortable to do so. They were no reports of bullying or harassment recorded over the last year.
- All staff we spoke to reported feeling supported by managers, colleagues and the wider organisation. Staff felt high levels of job satisfaction and morale within the team.
- Staff were aware of their duty of candour and were encouraged to be open and honest with patients when something went wrong.
- The organisation conducted an annual staff survey and the results discussed with staff and an action plan put in place to address any issues raised.

Commitment to quality improvement and innovation

- The service participated in the Quality Network for Forensic Mental Health Services.
- The service had a timetable for ongoing clinical audit as part of the wider organisation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must take prompt action to mitigate the risk of ligature points.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not ensure that patients received safe care and treatment** **This was because:** • All of the ligature points throughout the hospital were not fully mitigated This was a breach of regulation 12 (1) (2)