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# The Lanes

## Quality Report

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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 and a review of all information available to CQC including information given to us from patients, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

The Lanes provided personalised care to patients at the hospital. Patients were involved in their care planning and took part in a range of individual activities. Monitoring of patients physical health was good.

Staff understood patients needs very well. The arrangements for staffing ensured all staff knew patients well and that care was consistent. Risk assessments were reviewed and updated. A number of audits took place regularly and the multidisciplinary staff team worked well together.

However, information was displayed for patients but this was not in an 'easy read' or pictorial format. Two patients did not have consent or authorisation certificates for medicines. Ratings scales or outcome measures were not used to assess patients progress. The frequency of staff supervision was inconsistent.

### The Lanes

**Core service provided:** Long stay/rehabilitation mental health wards for working age adults

**Male/female/mixed:** male

**Capacity:** 18 beds

**Mental Health Act responsibilities**

Seven patients were detained under the Mental Health Act 1983 (MHA). Most MHA documentation was available and completed appropriately. However, two patients had previously had authorisation (T3) certificates. Both patients were subsequently assessed as having the capacity to consent. Consent (T2) certificates were then completed. Later, both patients were assessed again as not to have capacity regarding medicines. We were unable to locate current T3 certificates for both patients authorising treatment. There was no evidence that a Second Opinion Appointed Doctor (SOAD) had been requested or had examined either patient.

Most patients were informed of their rights under the Mental Health Act (MHA) on a regular basis. However, for one patient we were unable to find evidence that they had their rights explained to them for over one year.

### Mental Capacity Act and Deprivation of Liberty Safeguards

We did not specifically look at this area during this inspection. However, we noted that a patient was currently subject to a Deprivation of Liberty Safeguards authorisation. We also noted that there had been a best interests decision for one patient. This had concerned the patients' physical health.

# 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 hospital was clean and in a reasonable state of repair. Refurbishment was required and was planned for the future. Staffing levels were appropriate to meet the needs of patients and could be increased where needed. Patients were supported by a team of regular staff, ensuring consistency. Patient risk assessments were reviewed and updated regularly. Staff undertook appropriate training relating to safety.

### **Are services effective?**

Patients needs were comprehensively assessed prior to admission to the hospital. Care plans were comprehensive and covered a range of areas, including physical health. Patients actively contributed to their care plans, and they were reviewed monthly. Patients had personal support plans in place.

However, arrangements for staff supervision were inconsistent. The hospital did not use any rating scales or outcome measures to measure patient progress and the effectiveness of interventions. Two patients did not appear to have consent (T2) or authorisation (T3) certificates for medicines.

### **Are services caring?**

Staff treated patients with dignity and respect, and understood patients' needs. Patients were involved in developing their care plans and could access advocacy. Patients and families could provide feedback about the service. Patient feedback was acted on.

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

Some patients had no documented plans for their discharge. The hospital had areas for patients to sit quietly or meet privately with visitors. The range of patient activities were diverse and each patient had their own individual activity plan. Patients were supported to attend places of worship.

However, although information for patients was displayed there were no 'easy read' or pictorial versions.

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

Colleagues supported each other and the multidisciplinary team worked well. A number of audits and other quality monitoring took place regularly. Accidents and incidents were reviewed monthly to identify any learning from these.

# Summary of findings

## What we found about each of the main services at this location

### **Long stay/rehabilitation mental health wards for working-age adults**

The Lanes provided personalised care to patients at the hospital. Patients were involved in their care planning and took part in a range of individual activities. Monitoring of patients physical health was good.

Staff understood patients needs very well. The arrangements for staffing ensured all staff knew patients well and that care was consistent. Risk assessments were reviewed and updated. A number of audits took place regularly and the multidisciplinary staff team worked well together.

However, information was displayed for patients but this was not in an 'easy read' or pictorial format. Two patients did not have consent or authorisation certificates for medicines. Ratings scales or outcome measures were not used to assess patients progress. The frequency of staff supervision was inconsistent.

# Summary of findings

## What people who use the location say

Overall, patients made positive comments about the hospital. They were particularly positive about the staff.

One patient said it one of the nicest places he had been to. Another patient said that the hospital was 'horrible'. Patients described a wide range of activities they were able to take part in both inside and outside the hospital.

## Areas for improvement

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

- The provider should ensure, where applicable, patients' treatment is provided in accordance with Section 58 of the MHA 1983. This means that the relevant patients should have a consent (T2) or authorisation (T3) certificate regarding medicines.
- The provider should ensure that information displayed can be understood by all patients. 'Easy read' or pictorial information should be displayed.
- The provider should ensure outcomes for patients are measured. This would enable monitoring of the effectiveness of interventions, as well as patient progress.
- The provider should ensure that all staff have regular supervision so that staff are supported to be effective in their role.

# The Lanes

## Detailed findings

### Services we looked at:

Long stay/rehabilitation mental health wards for working age adults

## Our inspection team

### Our inspection team was led by:

Team leader: Steve George, inspector, Care Quality Commission.

The inspection team also consisted of a further inspector, inspection manager, and a mental health act reviewer.

## Background to The Lanes

The Lanes is an 18 bed hospital for male patients. Patients may have a mental health problem, learning disability, Asperger's syndrome or autism. Some patients may have more than one diagnosis. Patients may be detained in the hospital under the Mental Health Act 1983. Patients are admitted to the hospital for longer term rehabilitation and recovery. On the day of the inspection there were nine patients in the hospital.

## Why we carried out this inspection

This was a focussed inspection reviewing key areas of care and treatment based on information received about the service. The inspection focussed on some elements of our five key questions. This was an unannounced inspection.

## How we carried out this inspection

We focussed on aspects of our five key questions for every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well led?

During the inspection visit the inspection team:

- visited the service;
- spoke with five patients using the service;
- spoke with the manager of the service;
- spoke with five staff members including: nurses, a senior support worker, a psychologist and an occupational therapist;
- looked at clinical records of four patients; and
- looked at a range of documents related to the running of the service.

# Is the service safe?

## Our findings

### Safe and clean environment

- The service consisted of two houses that were joined in the middle. Corridors were narrow and there were many blind spots.
- Bedrooms had an en-suite bathroom and there were collapsible rails in the showers. Pipework was boxed in and we were informed that door handles were collapsible. However, there were taps on the sinks in the en-suite bathrooms. These were not identified on the most recent ligature risk assessment dated February 2015. When informed of this, a staff member said this would be added to the ligature risk assessment. The risk assessment also identified that the majority of bedrooms had window restrictors. These were potential ligature points and could not be removed. The measure to minimise this risk was an accurate risk assessment of patients. Only one patient was assessed as having an increased risk of self harm. Other measures were in place to reduce this risk. As this was a rehabilitation service, patients admitted to the service were assessed as low risk. The measures to reduce and manage risks were appropriate.
- The hospital was clean and in a reasonable condition. At the start of the inspection cleaning was taking place and did so throughout the day. Bright pictures decorated the walls. There were marks to paintwork particularly in one lounge. The manager informed us that there were plans for an extensive refurbishment.
- An environmental checklist was completed weekly. This looked at cleanliness and tidiness and identified any repairs that were required. We reviewed checklists for the previous month. These showed that where repairs or other issues were identified action was taken promptly.
- We observed one patient's bedroom being cleaned. Appropriate bedding was in place. However, the extractor fan in the bathroom did not work. Staff told us it had been working the previous day but would be fixed.
- There was an alarm system throughout the building. This allowed staff to summon additional assistance if required.

### Safe staffing

- There was one support worker post vacant in the hospital. Interviews for this post were planned.
- There was one registered nurse and four support workers at work during the day. During the night there was one registered nurse and three support workers. There was also a senior staff nurse 'on call' at home every night. This nurse could be contacted for advice or come to the hospital if necessary. Staff told us that staff numbers met patients' needs.
- Staffing could be increased further to meet patients' needs. We saw this with one patient who required continuous support from two staff members. Staffing was also temporarily increased when new patients were admitted to the hospital.
- When there were not enough staff for a shift, permanent staff usually worked extra hours. Where staff were unable, or did not wish, to work extra hours, bank staff were available. The hospital had three bank members of staff. This arrangement ensured that all staff knew the patients and promoted consistency of care. We were informed that the last time an agency worker was required was three months previously.
- There were enough staff for patients to meet one to one with their named nurse. This happened weekly.

### Assessing and managing risk to patients and staff

- Risk assessments for each patient were undertaken when the patient was admitted. These assessments were reviewed regularly and updated after incidents. Risk assessments were thorough and identified all potential risks. There were specific details of each risk and a detailed plan to minimise the risk.
- One patient had been continuously supported by a member of staff due to risk behaviours. This support had then been increased to two staff to minimise such risks. Staff members provided this support for a maximum of two hours at a time. On some occasions it was necessary for staff to restrain the patient. The way in which restraint was used minimised the risk of harm to the patient.
- There was one informal patient in the hospital. We observed that they were free to leave at any time. However, the front door was locked and there was no notice explaining that the informal patient could leave.

## Is the service safe?

- Staff undertook training for safeguarding adults. Training records showed that eight staff had attended such training. The same number had infection control training. Other training was provided to staff in the areas of physical intervention, first aid and the Mental

Capacity Act. A training matrix detailed what type of training each grade of staff must attend. We were informed that more staff had attended training than the records indicated. This meant the training records were not up to date.

# Is the service effective?

## Our findings

### Assessment of needs and planning of care

- We reviewed four clinical records. These showed that patients had a thorough assessment of their needs when admitted to the hospital.
- Care was person-centred. Patients had a document called 'this is me'. The patient completed this, detailing their likes and dislikes. Patients also had care plans which were detailed and specific. Some of these related to issues like smoking in a bedroom and property damage. Care plans also reflected physical health needs such as obesity and diabetes. Where risks had been identified a care plan had been developed. Some care plans were recovery-focussed. Almost all care plans involved the patient's view of their care plan. Care plans were reviewed, in detail, every month.
- All information, including clinical records was stored securely in the staff office.

### Best practice in care and treatment

- A psychologist assessed patients and developed personal support plans. We reviewed an assessment, and a support plan being developed for a patient. The psychology assessment provided insight into why the patient behaved in certain ways. The support plan included aspects of positive behavioural support. This meant staff would assist patients to develop skills to improve their quality of life.
- Patients physical health needs were clearly understood. Patients attended their GP for an annual health check. They also regularly attended the dentist. A chiropodist and an optician visited the hospital. The local diabetes team had been involved with one patient and had provided training for staff.
- The hospital did not use formalised ratings scales or outcome measures to measure patients' progress or the effectiveness of interventions. The psychologist informed us that they would be reviewing the most appropriate scales to use.

### Skilled staff to deliver care

- There were a range of health professionals in the hospital. The consultant psychiatrist held a ward round

every two weeks. At other times they were contactable by phone and e-mail. The psychologist worked two days per week. Two psychology assistants had been recruited and were due to start work soon. The occupational therapist worked three days per week at the service.

- One member of staff had recently joined the hospital. They had completed an induction lasting several days. This enabled them to become familiar with the provider's policies and expectations of their role,
- Staff told us that they received supervision. The frequency varied, and we were told this happened monthly or every three to six months. Staff met frequently with the occupational therapist and psychologist to discuss patients.
- Staff were able to access a wide range of training. This included health and safety, nutrition and health, diabetes management and medicines management.

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

- Seven patients were detained under the Mental Health Act 1983 (MHA). Most MHA documentation was available and completed appropriately. However, two patients had previously had authorisation (T3) certificates. Both patients were subsequently assessed as having the capacity to consent. Consent (T2) certificates were then completed. Later, both patients were assessed again as not to have capacity regarding medicines. We were unable to locate current T3 certificates for both patients authorising treatment. There was no evidence that a Second Opinion Appointed Doctor (SOAD) had been requested or had examined either patient.

Most patients were informed of their rights under the Mental Health Act (MHA) on a regular basis. However, for one patient we were unable to find evidence that they had their rights explained to them for over one year.

### Good practice in applying the MCA

- We did not specifically look at this area during this inspection. However, we noted that a patient was currently subject to a Deprivation of Liberty Safeguards authorisation. We also noted that there had been a best interests decision for one patient. This had concerned the patients' physical health.

# Is the service caring?

## Our findings

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

- We observed that staff were relaxed but respectful towards patients. The staff we spoke with had a clear understanding of individual patients' needs.
- Overall patients made positive comments about the hospital. They were particularly positive about the staff. One patient said it was one of the nicest place he had been to. Another patient said that the hospital was horrible.

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

- Almost all care plans recorded clearly the patient's own view of their care. Each patient completed a 'this is me' document stating their likes and dislikes. This was to ensure that staff were aware of these and took them into account when providing care.
- Patients were able to access advocacy at a local MIND drop-in service.
- Patients completed an annual patient satisfaction survey. There was also an annual survey for family members. Patients were also able to provide feedback in the regular community meetings. When patients gave feedback their views were acted on. For example, patients had disliked the food offered at mealtimes. The manager raised this issue with the chef and the menu was changed.

# Is the service responsive?

## Our findings

### Access and discharge

- Patients were at the hospital from a few months to several years. The average length of stay was approximately two years. We looked at four clinical records. One patient had well developed plans for discharge from the hospital. The other three records did not demonstrate that discharge planning had taken place.

### The facilities promote recovery, comfort and dignity and confidentiality

- There was more than one lounge if patients wanted a quiet space. A specific room was designated for visitors to meet in private with patients. There was a garden at the rear of the hospital which was accessible to patients.
- Each patient had their own activity programme. Activities were diverse, including visiting the library, aquarobics and swimming. The gym, college, visiting cafes and aromatherapy were also facilitated. This helped integrate patients into the local community.

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

- One patient required a wheelchair to travel distances. This was available to the patient and staff were able to support the patient. The rear garden was wheelchair accessible.
- Information was displayed informing patients how they could complain. More information concerning MHA complaints was also displayed. However, there were no 'easy read' or pictorial versions of this information. We could not find information displayed concerning treatments or medicines.
- The hospital had a chef. Salad, sandwiches and a hot meal were available for lunch. They were also available for dinner. A cooked breakfast was served once a week, and on Saturdays there was brunch. The previous menu had been changed in response to patient feedback.
- A number of patients attended different places of worship regularly. Where required, staff accompanied the patient, to ensure they could attend. Staff escorted one patient across London every week. This was so the patient could visit the grave of a loved one.

# Is the service well-led?

## Our findings

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

- Staff were happy with the service. They described good multidisciplinary working and support from their colleagues. One member of staff we spoke with was confident that they could raise concerns.

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

- Several audits took place every month. These included audits of medicines management, health and safety and infection control. A monthly review of accidents and incidents identified themes and learning. A specific observation of meal times was also conducted to monitor quality and identify any issues.
- An environmental checklist was completed weekly. This checked cleanliness and identified any repairs which were needed. We saw that when repairs and issues were identified they were acted upon promptly.