

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Hamptons

Gough Lane, Bamber Bridge, Preston, PR5 6AQ

Tel: 01772646650

Date of Inspection: 11 October 2013

Date of Publication:
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Optima Care Limited
Registered Manager	Mr. Adrian Needham
Overview of the service	The Hamptons is a purpose built 14 bedded locked facility, providing recovery-focussed intensive rehabilitation for men experiencing complex mental health problems who will usually be detained under the Mental Health Act.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safety and suitability of premises	10
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 October 2013, observed how people were being cared for and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the time of our inspection there were 12 people living at 'The Hamptons'. People using the service were all detained under the Mental Health Act 1983. This placed some restrictions on their freedom of choice and lifestyle. We spoke to a number of patients, one visiting professional who visited on the day as well as staff working at the service. Patients told us that they were consulted on a daily basis in terms of what they wanted to do, one person told us, "We have morning meetings every day and we get asked what we want to do".

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. From speaking to staff it was clear that they were able to act appropriately in the event of an emergency such as a fire or a medical issue.

The design and layout of the building was fit for purpose. The premises had recently been refurbished and the number of rooms increased from ten to fourteen.

The provider had an effective system in place to identify, assess and manage risks to the health and safety of people using the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people were unable to give consent appropriate safeguarding action had been considered and taken.

Reasons for our judgement

People using the service were all detained under the Mental Health Act. This placed some restrictions on their freedom of choice and lifestyle. The service had several policies and procedures in place with regard to consent. One was entitled 'Patient capacity and consent' which covered the general rules for capacity and consent and other issues such as refusal of treatment and gaining consent from incapacitated patients. There were a number of tools appended to the policy. Examples included a 'review of treatment form', 'responsible clinicians assessment of capacity to consent' and a 'consent form audit tool'.

Other policies included an advocacy policy, including procedures for accessing an advocate. There was evidence in place during our visit that patients accessed advocates. The registered manager confirmed that a free advocacy service was available for people and that it was well accessed. There was a policy in place for advance directives. An advance directive anticipates when a person is unwell and no longer has the mental capacity to make their own treatment decisions. There was also a Deprivation of Liberty (DOLS) and Mental Capacity Act (MCA) policy and procedure in place. The MCA is an act of parliament in England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. DOLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

We spoke to three patients at The Hamptons about their experiences using the service. One person told us, "I do get asked what I want to do instead of just being told. We get a choice of food as well. There are always two options and if you don't like either of them you can always make yourself a sandwich". Another person using the service told us, "We have morning meetings every day and we get asked what we want to do".

We spoke to staff working at the service. They were all very knowledgeable about how to

gain consent from patients and knew what to do if consent could not be gained. One member of staff told us, "We get people together to talk about set times for things like lunch and cigarette breaks. More often than not it is the case of using common sense, if six guys are waiting to have a cigarette with a couple of minutes to break time we can open the door a little early".

The registered manager told us that the service was trying to involve people as much as possible with their care planning. We were told that set care plans were used when a person first came into the service using the 'Recovery star' tool. The recovery star is a tool that can be used by people with mental health needs to help them think about where they are in terms of recovery and the progress they are making. We looked at care plans for four people using the service. We saw that people had signed their care plans to agree to them. Examples included patients signing to understand their rights whilst staying in the service. Patients had signed T2 and T3 forms as appropriate. T2 and T3 forms are in place for people detained under the Mental Health Act 1983 and show that patients have signed to agree to their treatment (T2) or have not consented to care and treatment (T3).

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People using the service experienced care and support that met their needs and protected their rights. Their physical, social and health care was promoted.

Reasons for our judgement

We looked at the care records of four patients. They contained detailed information about a range of issues such as, patient's medical, social and family background, details of their arrival into the service and ongoing patient care review sheets to monitor each individual's progress throughout their stay. There was also evidence of feedback from other professionals such as the local community health team and responsible clinician. Care plans were well organised and easy to follow which meant that staff could easily read about each patient's needs. We saw staff referring to patient's care plans throughout our inspection and observed staff members with responsibility for updating them doing so.

We spoke to the Occupational Therapist (OT) and Occupational Therapist Assistant (OTA) during our inspection. They told us that there was a range of activities available for people using the service. These included, walking groups, relaxation sessions, gardening and DVD afternoons. We were shown a typical week's activity list. Activities were set but could be changed during the daily breakfast group which all patients were invited to attend. On the day of our inspection we sat in on the daily group discussion which involved a presentation to the person who attended the most activity sessions. The prize was a £5 voucher towards a take-away meal of their choice and formed part of the incentive scheme the service had started to get people to join in activities. During the breakfast discussion we saw that people were asked if they had any issues or if they would like to suggest any new activities. Four patients were in attendance from the twelve patients using the service with others coming into the room to listen to some parts of the discussion. The OT and OTA kept 'Therapy, Engagement and Activity session records' to monitor each patient's involvement in the activities programme.

During a recent visit by Mental Health Act Commissioners there had been issues highlighted regarding the opportunities offered to patients to undertake physical exercise. Since the visit an exercise bike had been purchased and was situated in the main lounge area. Football nets and a basketball hoop had also been purchased and were situated in the outside court yard area. A gym membership had also been secured with a local gym but there had been little take up from patients at the time of our inspection. We spoke to patient's regarding activities. One person told us, "We have morning meetings every day and we get asked what we want to do but I don't really get up to anything, there is nothing

I want to do". Another person told us, "I've done some gardening and painting. I used to go for walks but this has stopped recently as the weather has not been as good".

The patients we spoke to all felt safe and that their treatment was helping them. One person told us, "The staff are very nice and helpful in every way. I've been helped to rationalise things and I'm getting a lot of relief from my symptoms". All the patients we spoke to were complimentary about the staff working at 'The Hamptons'.

Staff were able to tell us how to respond to emergency situations, medical or otherwise. One member of staff told us, "We had a full day training course with the fire marshall a couple of months ago. We then practiced a full evacuation. During the previous inspection we carried out an issue had been highlighted with staff not being trained to use the defibrillator. We saw evidence that this issue had now been rectified and one member of staff we spoke to said, "We have regular first aid training, this included being shown how to use the defibrillator". We saw that both health and safety and fire safety training formed part of the mandatory training regime for all staff and were part of the induction process. There were policies and procedure in place for fire, environmental safety and building security.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Service Users, staff and visitors were protected against risks associated with unsafe or unsuitable premises and whilst taking part in activities outside of the premises.

Reasons for our judgement

We spoke to a number of patients regarding the environment of the hospital, including their own rooms. One person told us, "It's not bad, you have got your own room and key, and you do get to go outside". Another person said, "It's very good here. There is a quiet room which I like and there is some space outside for people to use". Some of the people we spoke to said they felt confined as it was a secure unit but no-one we spoke to felt that the environment was poor or unsuitable for their treatment.

The design and layout of the building was fit for purpose. The premises had recently been refurbished and the number of rooms increased from ten to fourteen. There was a lift in place to access rooms on the first floor and a main stairway and rear fire escape. Corridors and doorways were suitable for people using wheelchairs. There was an outside area for people to use for recreational activities and for smoking breaks.

Issues with the environment had been raised during a visit by Mental Health Act Commissioners (MHAC) a few months prior to our inspection. An action plan had been put in place subsequent to the visit by the MHAC and the issues had been resolved in a timely manner. One person using the service had damaged the door and frame to their own room. This had been temporarily repaired and we saw that a new door frame had been ordered so a permanent repair could be made.

The service employed a full time maintenance worker who worked across three 'Optima Care' sites. The maintenance worker and his colleague were on call 24 hours a day, seven days a week. We spoke with the maintenance worker during our inspection who showed us the maintenance job book and maintenance / service files for The Hamptons. We saw evidence that the passenger lift was serviced four times a year. The nurse call system, fire alarm system and emergency lighting were also checked quarterly or as required.

On the day of our inspection the weekly walk round by the maintenance worker and manager took place. This consisted of a general check of the premises as well as testing the fire alarm and automatic fire doors. As the premises were secure there was a three minute delay for the fire doors. Members of staff did have keys in the event of an emergency to ensure all patients were led to safety.

We saw that smoke detectors and water temperatures for taps were checked on a weekly basis. We also saw that clinical waste was disposed of and collected correctly by a suitably qualified company and that an external agency were brought in to test for legionella.

Optima Care also employed a health and safety manager who undertook an internal health and safety risk assessment of the premises. An external company was also commissioned to carry out a similar exercise.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Service users were safe and their health and welfare needs were met by staff who were fit, appropriately qualified and were physically and mentally able to do their job.

Reasons for our judgement

We found evidence that there was an effective recruitment process in place and found policies to back the process up. Examples of these were a 'Recruitment and Selection policy', 'Disciplinary policy', 'Grievance policy' and 'Race Impact assessment policy'. A number of staff files were looked at, including the most recent employee, and they all included the original application form, professional and personal references, information with regard to the induction process, training certificates and Criminal Records Bureau (CRB) disclosure numbers.

People using the service spoke very highly of the manager and staff. One person using the service told us, "The staff are alright here, I don't get on with the doctors much but the support workers and nurses are great. (Name) the manager is very good, he has been good to me". Another patient said, "The staff are very nice and helpful in every way, the nurses are very good and pragmatic in their approach".

We spoke to staff about their own recruitment. All the staff members we spoke to told us that they had gone through a formal recruitment process that involved submitting an application form and attending an interview. One member of staff we spoke to worked as a bank staff member. They told us that improvements had been made in that bank staff were now "more included", particularly with reference to their involvement with training sessions. All bank staff were written to every six months to ask them if they still wanted to remain on the bank staff list.

One of the files we looked at showed that the member of staff had a 'Residence care of a family member of an EEA national' on their record. This document was out of date by over 12 months. We asked the registered manager about this who spoke to the individual member of staff. We were sent evidence that an updated document had been issued following our inspection. The provider may wish to note that the audit systems in place at the service require updating to ensure that issues such as this were flagged prior to documents expiring. The provider may also wish to note that the application forms we saw did not include a question about residency and a person's eligibility to work in the UK.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health and safety of people using the service and others.

Reasons for our judgement

The service had a complaints policy in place and we saw evidence that people using the service had made complaints. We looked at the most recent complaint received and saw that this had been logged and acknowledged. The manager told us that they were dealing with the complaint and that an investigation would be taking place. We looked at previous complaints and saw that investigations had taken place and all the people implicated in any complaint had been interviewed before any conclusions were reached. The patients we spoke to had not made any formal complaints but all told us that they would feel comfortable doing so if necessary.

A number of meetings took place to look at quality assurance for the service. A 'Quality Governance Meeting' took place every month and a range of issues were discussed at this meeting. The latest meeting has looked at issues such as service user's involvement, audits, quality assurance and human resources. There was also a 'Social Committee Meeting' that involved two patients and staff members as well as a 'Community Meeting'. The last community meeting involved five patients and four members of staff and the last meeting had looked at issues such as weekly planners, funeral arrangements for a former patient who had passed away and the prize given to the person who had attended the most activity sessions.

There was also a monthly 'Audit Forum Meeting' that looked at upcoming audits across the 'Optima Care' sites. This meeting referred to an audit calendar. We saw that supervision, fire risk assessment and patient surveys were to be audited within the upcoming months. Quality Assurance visits also took place which consisted of managers from the three 'Optima' sites visiting each other's services.

We saw that both staff and patient surveys had been carried out in July and April 2013 respectively. The results of the surveys were discussed at staff team meetings which took place every two weeks. We were told that any suggestions made via the surveys were then taken to management meetings to discuss further.

We were shown a new system that had been put in place for the purpose of auditing. This

was in the early stages of development but looked to be comprehensive. We were shown examples of audits such as complaints. Each complaint received had been scanned into the system and deadlines were then set to ensure outcomes had been entered onto the system. The system produced reports that fed into the monthly audit system and a monthly report was sent to head office.

A 'Business Continuity Management Plan' was in place that identified key risks to the running of the service and contingency planning arrangements in the event of specific events happening. Examples of such events covered in the plan were, loss of staff, loss of power supply, flooding and disruption to catering. Each event was categorised in terms of impact and probability.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
