



# Review of compliance

## Southern Health NHS Foundation Trust Gosport War Memorial Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Bury Road Gosport Hampshire PO12 3PW
<b>Type of service:</b>	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse  Community based services for people with mental health needs
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	Gosport War Memorial Hospital is managed by three NHS Trusts and offers community inpatient and outpatient services for the local area. The three wards managed by Southern Health NHS Foundation Trust are Dryad, Daedelus and Sultan.

## Summary of our findings for the essential standards of quality and safety

### Our current overall judgement

**Gosport War Memorial Hospital was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 July 2011, observed how people were being cared for, looked at records of people who use services and talked to staff.

### What people told us

We had received information about Daedelus ward and this was the one we inspected. During our visit we spoke with two people, five staff and the manager. People on the ward we visited were unable to express their thoughts about the care they received. Observation of staff and patient interaction seemed to be good with staff offering choice and time for people to express in their own way what they wanted. We saw how staff supported individuals with their meal and how they offered support with personal care whilst maintaining privacy and dignity.

### What we found about the standards we reviewed and how well Gosport War Memorial Hospital was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The care and welfare of individuals was safe with people being involved as much as they were able to. The provider liaised with other professionals to assure safety. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

#### **Outcome 07: People should be protected from abuse and staff should respect their**

## human rights

There are systems and training in place to ensure that staff are aware of how to safeguard individuals and the action to take if they suspect that someone is being harmed. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The trust has ensured that staff have the skills, knowledge and support needed to do their job. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Other information

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Most people on the ward had family members involved in their care and supported them when necessary to make decisions. People, where able, confirmed they were able to make decisions about their day to day care such as when to get up and go to bed, to spend time alone or join in groups and where to have their meals.

Staff were observed to knock on doors before entering to ensure privacy. People, relatives and our observations confirmed that people were treated with dignity and their privacy was respected. Staff were observed offering choices to people and allowed them time to make decisions.

One relative said they were happy with the care but there were little things that they were unhappy with such as the behaviours of some people and the effect on their loved one. They said that staff did everything they could to minimise the disruption that sometimes happened.

##### Other evidence

We saw the admission assessment and records for the two people during our visit. They included a variety of checks that had been completed on admission such as personal details, baseline assessment, pressure area assessments, moving and handling and immediate clinical need assessments. We saw that nutritional assessments, weight, blood sugar and Malnutrition Universal Screening Tool (MUST) had been completed. Care plans are maintained on a computer system and were easy to follow. They are reviewed monthly or as needs change. We saw that nursing staff are able to access the system through computers or laptops and support staff write daily records which nurses use to monitor the care plans. The care plans we saw

showed the support that people needed, how this could be offered and other treatments that were needed.

Daily records stated when care had been given, prompted or managed by the individual themselves. Staff we spoke to demonstrated a good understanding of the needs of people on the ward. They knew who to consult and where to obtain information if they were not clear about what was expected of them.

We observed staff asking individuals and talking to them before assisting them for example an individual was approached and staff told them it was lunch time and that that they were going to help them stand and then sit in the wheelchair. The staff told us that each individual has a care plan and that they are aware of the support individuals need but that they also ask them what they need as people change their minds, or they ask again later. When asked staff told us they had received training in moving and handling. Staff were also able to explain what they would do to manage behaviour expressed when a person maybe angry or frustrated. This was confirmed by the trust's training records.

The atmosphere throughout the day was good and staff were observed to have a good relationship with the people. When talking to people, staff were friendly and professional. They spoke clearly to ensure they were understood and listened carefully to make sure they knew what was expected of them.

### **Our judgement**

The care and welfare of individuals was safe with people being involved as much as they were able to. The provider liaised with other professionals to assure safety. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People were unable to comment about their safety but said that they liked the staff. The atmosphere was observed to be relaxed and calm. Staff we spoke with demonstrated a good knowledge of how to safeguard people from abuse and how and where to report any suspicions or concerns.

##### Other evidence

There have been concerns raised recently under safeguarding adults. The provider recognises that service users can be vulnerable. One of their priorities is to ensure the safety and protection of vulnerable adults. Staff have received training to recognise the signs of abuse and have been instructed that it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and report it immediately to the manager who will act accordingly. Staff we spoke with said that they had received safeguarding training and they knew the process for reporting and felt that they could report any concerns.

##### Our judgement

There are systems and training in place to ensure that staff are aware of how to safeguard individuals and the action to take if they suspect that someone is being harmed. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.



## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not on this occasion speak with people about this outcome area so can not report what people using the service said.

##### Other evidence

Staff we spoke to clearly described their roles and what was expected of them. They also confirmed they received regular support and supervision from senior staff. Staff on duty also told us about the training they have received so that they can perform their duties effectively. Training they have undertaken has included understanding dementia, moving and handling, fire training, food and hygiene and infection control procedures.

Two members of staff informed us they have successfully completed the National Vocational Qualification (NVQ) in care at Level 2 and Level 3.

We were shown induction, supervision and training records. They provided evidence that training needs of individual staff have been identified in supervision and of the subsequent training provided to meet them.

The provider supplied us with information about staff training and support and the following statement:

"Our training requirements are dependent on roles and responsibilities and therefore, for the topics we have reported on, we have in the summary identified the number of staff working on the ward who are actually required to attend the training. This way we have reported on compliance with training requirements as opposed to the number of staff who have attended the specified training.

For any staff who have not attended their required training requirement or whose training has expired, we have checked to see if they have bookings in place and where these exist these have been included in the summary provided".

**Our judgement**

The trust has ensured that staff have the skills, knowledge and support needed to do their job. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) 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.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA