

Report to: **Adult Social Care and Community Safety Scrutiny Committee**  
 Date: **1 March 2012**  
 By: **Director of Adult Social Care**

Title of report: **Mount Denys - Progress of compliance with Care Quality Commission standards**

Purpose of report: **To inform the Scrutiny Committee of the progress made at Mount Denys, Hastings, to comply with Care Quality Commission (CQC) standards.**

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## **RECOMMENDATION(S)**

**To consider progress and note that, following the last report on 27 October 2011, Mount Denys is compliant with the Care Quality Commission requirements and all enforcements were lifted, following CQC's review visits on 16 September 2011.**

### **1. Financial Appraisal**

1.1. The additional staffing, training, equipment and refurbishment identified for Mount Denys in response to the issues identified within the Care Quality Commission (CQC) inspection report have resulted in additional expenditure of £271,000. These additional costs have been contained within the overall revenue budget for the Adult Social Care Directly Provided Services.

### **2. Background**

2.1 Mount Denys in Hastings is a 31 bed residential unit, owned and operated by the County Council, providing care for older people with mental health problems, primarily experiencing dementia-type illnesses.

2.2 The Care Quality Commission (CQC) undertook an unannounced inspection on 18<sup>th</sup> July 2011 and identified a number of areas where the service was failing to meet the required standards, including four areas where there was "Major Concern". The CQC issued warning notices in respect of these four areas, as follows:

- Regulation 22 - the registered person must ensure that at all times there are sufficient numbers of qualified, skilled staff
- Regulation 11 - the registered person must make suitable arrangements to ensure services users are safeguarded against risk of abuse (allegations/incidents of abuse and prevention and responding)
- Regulation 9 - the registered person must ensure that the service user is protected against the risks of treatment that is inappropriate or unsafe (carrying out assessments, care planning)
- Regulation 10 - the registered person must protect service users ....by means of effective operation of systems designed to regularly assess and monitor the quality of services provided.

### **Current Position**

2.3 Since the inspection there has been ongoing progress in meeting the standards and outcomes for service users including:

- An additional twelve staff are now in post, following a comprehensive four week training and induction programme.
- Service user documentation has been simplified and streamlined to facilitate consistency in interventions and recording.
- The Practice Manager for all directly provided Mental Health services (a Registered Mental Health Nurse) remains based at Mount Denys to train, coach and provide leadership for the teams and formulate the strategies require to ensure the ongoing development and sustained improvement of the services at Mount Denys.
- Ongoing involvement of other professionals, such as therapists, in the assessment of clients and their daily physical activities. Individual assessments have been completed and monthly therapy clinics are taking place to asses the mobility of users and check their walking and other daily living aids.

- Three-weekly mental health review meetings are in place with participation from Community Mental Health Teams and Psychiatric Department.
- Primary health teams (including District Nursing) continue to be engaged in the care of the service users through a programme of scheduled visits and clinics.
- A bespoke staff training, coaching and mentoring plan is in place to improve general team skills in recording incidents and the overall quality of information documented on client records as well as to encourage development of reflective practice and approach in response to changing needs of service users.
- Weekly incident reports, monitoring the nature and frequency of service user incidents and measures in place to reduce and prevent them, are reported to the Safeguarding Team, Assistant Director and Head of Directly Provided Services. The level and frequency of incidents is reducing, and those which occur are tracked and monitored for patterns and triggers and used to evaluate the effectiveness of the interventions developed for individual users.
- A carer's support group has been established to gain their views and comments to inform the day to day support and developments at Mount Denys. This is in addition to the existing service user forum where residents and carers provide feedback and information about the services they receive.

2.4 Appendix 1 shows the current action plan which contains the outstanding and ongoing actions in respect of the inspection, and is in contrast to the 59 page action plan presented to the Scrutiny Committee on 27 October, 2011.

### **3. Quality Assurance**

3.1 The quality assurance framework has been revised to remove the reliance on a small number of managers to monitor the quality of services. Quality monitoring in the Directly Provided Services (DPS) is now the clear responsibility of all managers at all levels within the service including the Head of Service, who reports compliance findings to the Departmental Management Team on a quarterly basis.

3.2 In addition to the internal quality monitoring, the Department's Contracts and Purchasing Unit will monitor all Directly Provided Services in the same way it does the private and voluntary sector. The Performance and Engagement team will also monitor the quality of services through service user and representative feedback, and through the introduction of peer and service user reviews.

### **4. Care Quality Commission Draft Report - January 2012**

4.1 The latest draft report for Mount Denys by the CQC (following their latest inspection on 22 December, 2011) indicates that the service now complies with all of the essential standards relating to quality and safety except for a '*minor concern*' in respect of Outcome 8 (cleanliness and infection control) relating to the storage of towels and location of a sluice.

### **5. Conclusion and Reason for Recommendation**

5.1 Since the CQC inspection in July 2011 a comprehensive improvement plan has been developed and implemented for the services at Mount Denys to ensure that it is now compliant with the regulations. In addition, the internal quality assurance framework has been enhanced to ensure there is robust assessment and monitoring of all Directly Provided Services.

5.2 To sustain the improvements, a training specialist is designing a training and development programme for all DPS staff and managers to ensure continuous improvement of services to meet current and emerging care needs.

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Local member: Councillor Terry Fawthrop  
BACKGROUND DOCUMENTS Report to Scrutiny Committee 27 October 2011.

East Sussex County Council  
Adult Social Care Directly Provided Services  
Mount Denys Mental Health Services

Plan to address Essential Standards that Mount Denys was found to be non compliant in by the Care Quality Commission following an Inspection on the on 18<sup>th</sup> July 2011

Updated and Revised  
9<sup>th</sup> February 2012

## Outcome 1

Outcome 1 (Regulation 17) Respecting and involving people who use services	Detailed failures identified in Compliance Review/Enforcement Notice	Required Action to ensure compliance	Outcome for the individual	Responsible person(s) and date	Progress made in meeting compliance requirements as at 9 <sup>th</sup> February 2012
		Review of the current activity programmes on offer with involvement from all Users and families, using accessible information.	A flexible, responsive activity programme will be available that meets individual needs and choices in relation to their preferences, lifestyle choices and beliefs.	<b>Ongoing - All staff</b>	Review of how service users interpret and respond to cues has been completed by Occupational Therapist.  Independent observation (Jan Dewing via University of Canterbury) carried out with a view to developing staff observational skills linked to engagement and behaviour. This will lead to further training and development of staff team, and review of activities on offer. <b>Completed and ongoing.</b>

## Outcome 4

Outcome 4 (Regulation 9) Care and Welfare of Service users	Detailed failures identified in Compliance Review/Enforcement Notice	Required Action to ensure compliance	Outcome for the individual	Responsible person(s) and date	Progress made in meeting compliance requirements as at 9 <sup>th</sup> February 2012
			Individuals will receive support from representatives/ professionals to identify and provide a co-ordinated person centred approach to ensure individual needs are met and safeguarded.	Sue Reilly RMN, Practice Manager, Mental Health Lead, Janice Phillips, Registered Manager, Keith Haynes, Trust Lead PMVA trainer.	Programme of Prevention and Management of Violence and Aggression has been commissioned from Sussex Partnership NHS Foundation Trust.  Meeting to finalise detail and plan dates 10 <sup>th</sup> February 2012 <b>Completed and ongoing.</b>

## Outcome 16

Outcome 16 Assessing and monitoring the quality of service provision	Detailed failures identified in Compliance Review/Enforcement Notice	Required Action to ensure compliance	Outcome for the individual	Responsible person(s) and date	Progress made in meeting compliance requirements as at 9 <sup>th</sup> February 2012
	3. The views of health, social care, and other professionals visiting the home were not sought to inform quality monitoring.	Stakeholder Feedback System to be developed to inform service provision	Stakeholders are involved and contribute to the development and delivery of the service in meeting the Individuals needs. All of this results in service user having a much improved service which continually considers their needs as individuals.	<b>31/12/11</b> Janice Phillips, Registered manager/ Sue Reilly RMN, Practice Manager, Mental health lead	Suite of feedback forms developed to add to existing corporate documentation. <b>Completed and ongoing.</b>