

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

## Eastway

Executive Suite, Countess of Chester Health Park,  
Liverpool Road, Chester, CH2 1UL

Tel: 01244364670

Date of Inspection: 27 September 2013

Date of Publication:  
November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Cheshire and Wirral Partnership NHS Foundation Trust
Overview of the service	<p>Eastway is an inpatient Assessment and Treatment Centre run by Cheshire and Wirral Partnership NHS Foundation Trust for patients with a learning disability. The service can accommodate up to ten patients who may or may not be detained under the Mental Health Act 1983.</p> <p>The building is purpose built and provides individual bedrooms and a range of communal facilities. Secure outdoor space and gardens are available, as well as the unit having a vehicle for patients use.</p>
Type of services	<p>Community based services for people with a learning disability</p> <p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p>
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Treatment of disease, disorder or injury</p>

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Eastway had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Staffing
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, reviewed information sent to us by other authorities and were accompanied by a specialist advisor.

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### What people told us and what we found

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Due to the complex needs of the patients currently being supported we spent limited time with them. We asked the service to facilitate arrangements for us to contact the relatives of patients being supported. On this occasion due to a delay in receiving contact details we were unable to seek their views.

We spoke with one patient who used the service they told us they felt the service was okay and that they liked members of staff team. We observed both patients being relaxed and comfortable in the company of the staff team.

We looked at two care records they provided detailed person centred information about patients needs.

Discussions with members of the staff team and records held by the service showed staff had been supported to undertake training to enable them to support patients safely and to promote their wellbeing. The training matrix for the staff team showed specialised training was now being provided.

Discussions with members of the staff team, managers and information held in records showed the service operated a culture that allowed and supported learning from incident and accidents.

Records showed that unannounced visits to services including Eastway were undertaken by members of the executive team, board members and specialist advisors. These visits

formed part of the quality assurance systems in place to monitor the quality and safety of the service being provided.

Records were held securely to maintain patients right to confidentiality.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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The patients currently being supported by the service were detained under the Mental Health Act (MHA) 1983 for assessment and treatment. Due to the complex needs of the patients currently being supported we spent limited time with them. We asked the service to facilitate arrangements for us to contact the relatives of patients being supported. On this occasion due to a delay in receiving contact details we were unable to seek their views.

We spoke with one patient who used the service they told us they felt the service was okay and that they liked members of staff team. We observed both patients being relaxed and comfortable in the company of the staff team and noted there was a good rapport between them.

Records showed that detailed assessments had been carried out to determine the care needs of the patients who used the service. This included documenting narrative information regarding the assessments carried out to determine whether a patient could be supported to be admitted. Either as a voluntary patient or due to their condition or behaviour an application for detention under the MHA 1983 was required. Records showed the service assessed patients capacity to consent to care and treatment on admission and continued to review their capacity during their stay at the service.

Care records showed where possible patients were supported to be involved in the development and review of their care and treatment plans. Records showed the staff team engaged with patients relatives and advocates regularly. Discharges from the service were planned. There was evidence that the service had worked collaboratively with staff from new placements towards a joint understanding of patients care needs and how these could be met in a new environment.

An independent advocacy service visited Eastway regularly to support patients and if necessary act on their behalf. Records showed that patients were supported to understand

their status as detained patients under the MHA 1983.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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At our last inspection visit we found patients did not always experience care, treatment and support that met their needs and protected their rights. For example patients support and treatment plans did not provide the staff team with specialist guidance to support patients' with complex needs. This resulted in patients' mental health and nutritional needs not being met.

At this visit we checked on the progress the service had made to meet the compliance action made at the last inspection visit. There were two patients staying at the service at the time of our visit. We looked at their care records that included support and treatment plans, risk assessments, needs assessments, review record and daily and clinical records.

We found there was significant evidence to show that in-depth, comprehensive assessments had been undertaken in order to develop an understanding of the origins and the meaning of patients difficulties and how these were expressed. Assessments had identified incidents in patients histories that were central to how they presented and this information had been integrated into their support and treatment plans, risk assessments and had been used to inform the identification of future placements.

Risk assessments and support and treatment plans were easily located within the care records. They provided clear and concise information around how members of staff should respond in a positive way to any challenging behaviour that may arise. The plans emphasised that physical restraint was to be used only as a last resort and when the patient was at risk. There was evidence of a detailed understanding of the patient's risk to themselves and to others and the meaning of the risk behaviour from the patients perspectives. There was evidence that support and treatment plans and risk assessments were regularly reviewed in response to changes in the patients presentation, for example section 17 leave was regularly reviewed to reflect the patients' current state of wellbeing.

We spoke with six members of staff and found they were all aware of the agreed behavioural response to a variety of challenging behaviours should they arise. This enabled patients to benefit from consistent and safe support and care. The members of



staff interviewed showed a good knowledge and understanding of patients and appeared motivated to achieve the best outcome for them.

Care records showed that patients health and wellbeing needs were being monitored and addressed including nutritional needs and seeking medical investigations.

Records showed that when restraint had been applied it had been the last option following the failure of a range of de-escalation and therapeutic interventions. Detailed records had been kept with regard to the use of restraint including the type of restraint used, the length of time the restraint was applied for and observations made following the restraint being removed. Records also showed that a doctor was quickly available to attend an alert by staff members.

There were detailed records kept of when seclusion had been used, seclusion is a term used to describe the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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At our last inspection visit we found patients were not adequately protected from the risks of abuse. For example the necessary safeguards for when a patient was placed in seclusion required under the MHA 1983 Code of Practice were not in place.

At this visit we checked on the progress the service had made to meet the compliance action made at the last inspection visit. Records showed the service had a detailed policy and procedure in place for the use of seclusion as an intervention of the last resort to maintain patients safety. Seclusion would be used where a patient posed a risk of self-harm as well as harm to others and the need to protect others outweighed any increased risk to the patient's health or safety. Two records detailing incidents where seclusion had been used were examined and showed actions taken by staff team were appropriate. Detailed records had been kept that also included a narrative of the incident leading up to the need to seclude the patient.

We reviewed the training matrix for the staff team it showed all staff currently supporting patients had completed training around safeguarding vulnerable adults from abuse. We spoke with four members of the staff team who described how they would ensure the welfare of vulnerable patients were protected through the whistle blowing and safeguarding procedures. The management team were also very clear about their responsibilities in this area.

Training records showed that the staff team had received British Institute of Learning Disability (BILD) accredited physical intervention training. This was to ensure if patients needed to be restrained it was carried out safely and in the least restrictive manner possible.

Records showed and commissioner reports confirmed the provider had worked to improve the communication and contact they have with local safeguarding teams to ensure patients safety and wellbeing.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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At our last inspection visit we found patients were not receiving appropriate and safe care due to the lack of specialised training being provided to the staff team.

At this visit we checked on the progress the service had made to meet the compliance action made at the last inspection visit. We spoke with six members of staff including nursing staff, medical staff and student nurses on placement. The staff interviewed stated that they felt their support and supervision needs were met by the service. All felt individually their input was requested and valued by other members of the staff team. They also told us that in recent months the team had begun to work better together and communication with the management team had improved.

The training matrix for the staff team showed specialised training was now being provided. For example autism awareness training, physical intervention training and basic life support training was being provided. The modern matron told us as part of the service redesign training needs were being identified to ensure all staff had the required basic specialist knowledge to provide safe and meaningful care and support.

We looked at staffing rotas for week commencing 30 September 2013 that showed a minimum use of bank staff were to be used to support patients. Our observations of the interaction between patients and staff was that patients were relaxed and comfortable and that staff were providing care, support and supervision in line with support and treatment plans.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our last inspection visit we found patients safety and wellbeing were not supported by the service's quality assurance and auditing systems.

At this visit we checked on the progress the service had made to meet the compliance action made at the last inspection visit. At this visit we found the provider had allocated a modern matron to work with Eastway and a similar service. This was to offer management support and to provide an overarching monitoring function to ensure patients received a safe and meaningful service.

Records showed that members of the executive team, board members and specialist advisors carried out unannounced visits to locations and services including Eastway at regular intervals. These visits formed part of the quality assurance systems in place to monitor the quality and safety of the service being provided.

Records looked at and discussions with members of the management team showed. There were systems in place such as the patient experience and story engagement to support and encourage patients to share their experiences. If any issues were identified an action plan would be produced with timescales for the service to meet. Actions plans were monitored by the internal compliance team to ensure they were actioned.

The provider has a computerised quality and auditing system that is divided into different functions and aspects to monitor the health, safety and wellbeing of patients who used the service. These included monitoring of the following issues; falls, care planning, use of physical intervention and seclusion, patients medical observations, medication and prescribing, monitoring of the application of the MHA 1983 and in patient safety audits. Records showed these audits were taking place and where concerns were identified this information was being shared with the service and actions put in place to resolve them.

Discussions with members of the staff team, managers and information held in records showed the service operated a culture that allowed and supported learning from incident and accidents.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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At our last inspection visit we found patients care, safety was not supported by well maintained and detailed records.

At this visit we checked on the progress the service had made to meet the compliance action made at the last inspection visit. We looked at two care records and found the information held in support and treatment plans and risk assessments were detailed and person centred. There was clear guidance and instruction for the staff team to follow to ensure the health, safety and wellbeing of the patients they were supporting. Records showed that following multi - disciplinary meetings support and treatment plans and risk assessments were amended to reflect any agreed changes to care, support or approach.

Records were held securely to maintain patients right to confidentiality.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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