10 November 2015

Dear [Redacted]

I write in response to the concerns that you shared with the Care Quality Commission (CQC) on 21 August 2015 regarding the inspection at Whorlton Hall.

I have spoken to [Redacted] and members of his team and I have prepared this response for you.

I am concerned that the inspection was not proportionate, in that the inspection team consisted of up to 10 people each day for 3 days, given that the service had only 7 patients at the time and this was clear in the PIR we submitted.

Response from CQC:

I have checked the PIR and also the data pack which we produce before an inspection and I can confirm that we did know before the inspection that there were a reduced number of patients at Whorlton Hall. Your PIR indicated a 50% bed occupancy rate and the data pack we produced indicated a 38% occupancy rate. I am unsure why the inspection team did not pick this up prior to inspection [Redacted] did have a conversation with [Redacted] prior to the inspection and he informed him about the reduction in beds from 26 to 19 but he did not say there were only 7 patients resident at the time of our inspection.

This then leads me onto your next point about the number of staff being disproportionate for the number of patients. I agree that the number of staff brought on this occasion was too many for the size of the unit. [Redacted] states that he did not know the occupancy rates before the inspection and had worked on your full capacity of 26 beds. This was clearly an error on his part and for this we can only apologise. He also felt that he needed a range of specialists to complete the inspection properly.

Since this incident we as a team in the North West and North East have undertaken some further training to ensure that inspectors read the PIR information correctly and feel that if they have taken too many specialists they feel able to send these home if needed. We have also asked that Inspection managers have final approval on all
inspection teams including the numbers of specialist advisors and experts by experience that attend.

All members of the inspection team did however state to me that they felt Mr Wilkinson constantly asked the staff team at Whorlton Hall that if they were feeling overwhelmed they must let him know. This was reiterated on many occasions to the manager. All of the inspection team felt that [redacted] was being very supportive. I would point to the fact that the service had not been inspected since September 2012, this would indicate that the service was considered as a low risk service, if it was anything higher than this I would have expected an inspection during the nearly three years since it was last inspected.

There was also no whistleblowing information and only 8 incidents (safeguarding) and 4 relating to police involvement in 18 months, furthermore the CQC information states that the occupancy is only 38%. In my opinion this would indicate that there was an element of prejudice toward the service and the size of the inspection team did not reflect the size of the service or level of risk.

We can also balance this against two of our services which were recently inspected where the first had an inspection team of 5 over one day and the other which also had 5 people over two days, both of these services have more people using the service.

I am confident that staff at the service felt undue pressure during these three days given the disproportionate size of the inspection team and as a result did not perform to the standards we know they are capable of.

Response from CQC:

I hope that my point above adequately address this point too. However in relation to your first point as you are aware our inspection methodology has changed significantly. We cannot assume that the reason your service had not been inspected since 2012 was because it was a low risk. We do not know why it wasn't inspected but at that time the expectation was that all services had an annual inspection, so clearly a lack of inspection was an error. As discussed above we do agree that the inspection team size was too big for the size of the unit and we have undertaken further training with our staff. We also acknowledge that this large inspection team may have impacted on the performance of the team.

I am also concerned regarding certain aspects during the inspection, firstly the use of what I would consider to be unprofessional language to describe the service as "a cross between Butlins and a Spa".

Response from CQC:
I have spoken to five people and nobody has a recollection of these words being used. One recollects saying that some of the activities were those that could be found in a health spa, and there was certainly some discussion about the role and function of the unit as they found it more of a place to stay rather than being a hospital. I have none the less spoken to inspectors from the north east and asked that they consider the language that they use, both when talking to staff and in feedback sessions and that they should avoid generalisations.

and one of the specialist advisors who again acted in a prejudicial manner during the inspection, when they stated they didn’t need to discuss with staff what was in care files as they already knew what they would find.

Response from CQC:

Your further email suggests that [person] made these comments. I have spoken to him and he again does not recollect saying these words. He did have a conversation with the member of staff whilst looking at notes as he found that they had all been signed at the same time.

I am also concerned regarding comments about the Risk Assessment tool, I am not sure at this point as to whether comments such as “not fit for purpose” are balanced or evidenced based and we have yet to see triangulated evidence which confirms that the risk assessment tool is in fact not fit for purpose and appears at this stage to be nothing more than a personal opinion, of which we have yet had chance to challenge. Neither does our governance data reflect that our management of risk isn’t affective.

Response from CQC:

The team suggest that they were asked by your staff whether the risk assessments were fit for purpose, the team felt that they were not being used in the way they were intended. [person] is reviewing his evidence from the inspection and he will be able to corroborate that this is indeed his view or not. I am confident that he will also have reviewed your governance data to come to this conclusion.

When making our judgements we do not just look at one source of evidence we need many sources to reach to a decision.

Again I am concerned that our easy read documentation (which has won awards) was described as “garbage” again this is a phrase which does not fit with a professional inspection and again appears to be based on individual opinion rather than triangulated evidence.

Response from CQC:

[person] confirms that the expert by experience did make these comments about the easy read documentation, he then fed this back at the end of the inspection. We have in turn given feedback to the agency we use for our experts by experience around inappropriate language. We have also reminded inspectors in a training session about how to deliver effective feedback. [person] did say that the
On the initial visit on the 3.8.15 I met with [redacted] and showed him around the service during this he made reference to the recent inspection report for TEWV core services wards for people with learning disabilities or autism and requested me to read it and asked me if I had read it the following day. I believe this was to support me with the process however I do feel that the service was frequently compared to those provided by TEWV which I don't feel are reflective of an unlocked rehabilitation hospital where patients have stepped down from TEWV and these wards being referred to.

Response from CQC:
I agree and [redacted] has been reminded about using specific examples from other services.

On day two I had a long conversation with [redacted] in my office the theme of this conversation were about his concerns in regard to individualised assessment and treatment and the assessment and management of risk.

He was concerned that we are relying on the risk and nursing assessments as a stand-alone tool and for our service users they would expect to see clearer evidence of MDT assessment HCR20/functional analysis communication assessment/ABA/sensory assessment and treatment clearly linked to such assessments based on recognised models ie adapted CBT/Teach/modified offending treatments/PBS - we have taken this comment on board and several actions are underway although these types of assessments were evident on service user files and PBS plans were in all files.

In regard to assessment and treatment [redacted] made comment that from the care plans reviewed he was unable to establish why service users were taking part in the various activities and it was at this point that he made the comment that the many person centred activities were more in keeping with a residential service with nursing referring to the service as 'bunlins, a hotel and a beauty spa'.

Response from CQC:

I am aware that you developed an action plan following our inspection and this should address some of these points as well as my comments above.
In regard to risk assessment he raised concerns about the screening tool we use that it may not be fit for purpose or being used in the way it was intended for as those viewed did not cover all individual risks that they have identified over the last two days. There was however only one example given where a risk assessment had not been reviewed to reflect a new behaviour displayed by service user (LH) during an incident which could be interpreted as sexually inappropriate (the function of this behaviour is currently being explored by psychology). Also on balance made reference to the risk profile of two service users subject to MOJ restrictions he was fully aware of the risks displayed and queried the need to complete more in-depth assessments such as the HCR20 to support treatment and discharge which would indicate the information was readily available and captured within the risk assessment/care plans.

During this conversation the risk screening document was directly compared to the Samuri risk assessment which he referred to as a nationally recognised tool which has been tried and tested he pointed out that the risk document we use is Danshell's own and has not been tested or implemented elsewhere. He also stated that TEWV had achieved outstanding in this area describing their risk tools and management as excellent and he has made previous recommendations for other services to visit.

He also raised the issue of dangerous accessible items in the skip and garden and stated that they would not be found at Roseberry park or even Lanchester road (TEWV services). There have never been any incidents where this has occurred.

Response from CQC:

I have to agree with here that such materials must not be left within easy access to patients. I believe this was dealt with whilst the inspection team was on site.

... came back into the office early evening and reiterated his views about the risk assessment to both myself and... During this conversation he also made reference to the outcome star referring to this as Danshell's own adapted from the Recovery Star but he did state that there may be scope to develop innovative practice by sharing this with other organisations. The life star we use in our services is a licenced outcomes measure it is one of the many outcome stars developed by triangle and hasn't been adapted. Whilst I was sure of this during the inspection I wanted to be sure of the websites and the details of its development before I challenged this. I can confirm that the life star is a learning disability specific outcome measure and was developed...
in collaboration with 10 providers as innovative practice (including TEWV). The life star documentation within the nursing files clearly identifies that this is not an adapted outcome measure as it refers to the product information and the outcome stars website. I can only assume this was clarified by the inspection team as it was not raised in feedback.

Response from CQC:

Many thanks for this information. I have alerted the national availability of these “star” outcome tools. I can only apologise if these comments caused concern.

On the second day of the inspection CNM had offered assistance to the inspection team the following day she raised concerns that the psychiatrist was judgemental in his approach. He had requested her assistance with AG file but suggested he already knew what he was going to find. He asked why signatures on care plans had different dates and why capacity assessments were completed at night asking if the nurse had spent all night completing the work as the CQC were coming. He explained she did not write the plan and it was completed by the named nurse but the nurse may have requested the manager and psychiatrist to read and sign care plans on different dates. He also explained the care plans had version numbers and that the care plans in the file were updated documents which was met with “where are they” and she then went on to explain the archiving system. The psychiatrist had also asked how assessments of capacity could be completed at night and he explained AG has a PCP file with easy read versions of the care plan which had been explained to him and this information had been used to inform the assessments states he kept the file and carried on looking at documents.

Response from CQC:

does not recollect saying this, but he did say that if that is how he came across he does apologise. He reiterated to me that this was absolutely not his intention.

I am concerned that the lead inspector for Whorlton Hall apparently had a conversation with the inspectors on day two of the inspection, we know that this took place as part of the call was overheard. Again negative comments were overheard regarding the risk assessment tool. If this did take place then the concern is that the inspector for Whorlton was prejudicing the Chesterholme inspection based on a personal opinion and on a view of which we have had no opportunity to respond. I am concerned that this hearsay evidence may have influenced the inspection team in that the inspectors were considering information from another service rather than making judgements based on the evidence they found on the day. This would indicate a lack of
Response from CQC:

I have spoken to the inspector who was leading the Chesterholme inspection and I can confirm that she and I did have a conversation regarding the inspection. It isn’t uncommon for us to share intelligence, either before or during an inspection. She does state that this phone call did not influence her opinion in any way and she made her judgements based on the evidence she found. She did however say that this phone call was disturbed by staff from Chesterholme who then asked to leave the room, she can only surmise that these staff listened to her conversation through the door.

I hope this addresses your issues

During our initial conversation we discussed the issue that you had raised about all staff being in the kitchen when he arrived (five of them). I have also spoken to another specialist who attended with him to undertake the out of hours inspection. Both of them are clear that staff were all together in the kitchen and were not observing patients. In fact there were no staff in the female unit and as far as we were aware the patients could not get out of their corridor as it was on a key fob. I trust you will deal with this matter.

I also managed to speak to [redacted] about how upset she was following the inspection. It is clear from her perspective that she found the team and the inspection quite an intense experience. This is clearly not how we wish people to feel and I have relayed these issues back to [redacted]. We have also as stated undertaken an action learning set to inform staff as to what is expected whilst on inspection.

As I have already stated, we have now taken a number of steps to ensure that we learn from this incident. We will be sharing this learning across the MH teams nationally.

I hope that the above responds to your concerns, however, if you are unhappy with my response, you can write to our Corporate Complaints Team within 20 days and provide the following information:

- Why you were unhappy with our response.
- What outcome you would like.

You can contact our Corporate Complaints Team by phone, letter or email.

CQC Corporate Complaints Team
Finsbury Tower
103–105 Bunhill Row
London  
EC1Y 8TG  

Phone: 03000 616161  
Email: complaints@cqc.org.uk  

Yours sincerely  

Inspection Manager  
North East