

Rotherham Doncaster and South Humber NHS Foundation Trust

Quality Report

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Date of inspection visit: 10 October 2016
Date of publication: 12/01/2017

Core services inspected	CQC registered location	CQC location ID
Long stay/rehabilitation wards for working age adults	Trust Headquarters	RXE00
	Swallownest Court	RXE12
Wards for older people with mental health problems	Great Oaks	RXE92
	Tickhill Road	RXE00
	Woodlands Unit	RXE97
Community mental health services for people with learning disabilities or autism	Trust Headquarters	RXE00
Substance misuse services	New Beginnings	RXE3
	Trust Headquarters	RXE00
Specialist community mental health services for children and young people	Trust Headquarters	RXE00
Community based mental health services for working age adults	Trust Headquarters	RXE00

Summary of findings

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

Following this inspection, which took place throughout September and October 2016, we changed the overall rating for the trust from requires improvement to good because:

- In September 2015, we rated 11 of the 15 core services as good. The intelligence we received, before the 2016 inspection, suggested they had maintained their quality and they were not visited during this inspection.

Following this inspection we have changed the ratings of three more core services from requires improvement to good. These core services are:

- Specialist Community Mental Health Services for children and young people
- Community Mental Health Services for people with learning disabilities or autism
- Substance misuse services

Following this inspection, the core service of long stay/rehabilitation wards has not changed from requires improvement for the key question of safe or the overall rating of good.

The overall rating of wards for older people with mental health problems has not changed from good. However, following this inspection, the rating for the key question effective remains as requires improvement because care and treatment was not always provided in accordance with the provisions of the Mental Capacity Act

The ratings at provider level have changed from requires improvement to good as a result of our findings from this inspection.

The trust acted to meet the requirement notices we issued after our inspection in September 2015. However it had not met all of the requirements in relation to the Mental Capacity Act.

The trust improved its governance and reporting on the quality of care. Operational reports showed how each area was performing so the board had real-time reports on quality measures.

The trust had met its duties under duty of candour with compassion and sensitivity.

The trust had used innovative approaches to engage with staff, patients and local communities.

However:

We have continued to rate community based mental health services for adults of working age as requires improvement as we were concerned about the quality of risk management, care plans and poor compliance with mandatory training. However, the key question of safe was changed to good and the key question of well-led was changed to requires improvement.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

We rated safe as requires good because:

- In September 2015, we rated 8 of the 15 core services as good for the safe key question. Intelligence we have received since that inspection, which includes information reviewed during this inspection, suggests the trust has maintained the safety of these services.
- Following the September 2015 inspection, we rated five of the 15 core services as requires improvement for safe and two as inadequate. This led us to rate the trust as requires improvement overall for this key question.
- At this inspection we visited the three of the services rated as requires improvement for safe and the two that we rated as inadequate. Following this inspection we have re-rated three of these core services as good for safe.
- Except for long stay/rehabilitation mental health wards the staffing of the services was safe. The trust had set a challenging compliance target of 90% for mandatory training. They met this target for most core services; however there were variance across services.
- Staff recognised and reported incidents, and trust managers ensured they shared learning from the investigations of incidents.
- Although bank and agency staff were used to cover shortfalls in staffing, managers said that staff working extra shifts or bank staff were used to limit the amount of agency staff
- Staff managed medicines well and the trust provided training to support this. The trust used an effective audit programme to monitor how staff handled medicines. It also used effective systems to monitor the temperature of medicine storage rooms.

However:

- Although the trust revised the 'staffing and acuity dependency document' in 2016, the data still did not correspond with what happened in practice on the long stay/rehabilitation wards.
- In community-based mental health services for adults of working age the trust were not meeting their target for staff completing mandatory training.

Good



Summary of findings

- The risk assessments in specialist community mental health services for children and young people and long stay/ rehabilitation wards were not robust or easy to find.
- Patients allergy status was not recorded on all of the medicine charts we saw in community-based mental health services for adults of working age.

Are services effective?

We rated effective as requires improvement because:

- In September 2015, we rated nine of the 15 core services as good for the effective key question. Intelligence we have received since that inspection, including information we reviewed at this inspection, suggests the trust has maintained the effectiveness of these services.
- Following the September 2015 inspection, we rated five of the 15 core services as requires improvement for effective. This led us to rate the trust as requires improvement overall for this key question. At this inspection, we visited the five services rated as requires improvement for effective. Because of our findings, only two services remain rated as requires improvement for effective.
- On the wards of older people with mental health problems care and treatment was not always provided in accordance with the provisions of the Mental Capacity Act.
- Not all staff received supervision at the required frequency and in accordance with trust policy. At the time of this inspection, some staff within the wards for older people with mental health problems had received no formal supervision for several months.
- Teams in the community-based mental health services for adults of working age had variable access to psychology input which meant that some teams did not have access to the full range of mental health disciplines required to provide care and treatment.

However:

- Care was provided in line with National Institute for Health and Care Excellence guidelines including offering patients access to a range of psychological therapies in specialist community mental health services for children and young people.
- There was effective multidisciplinary team working across all services.

Good



Summary of findings

- Teams used social prescribing as an alternative and or in addition to psychological interventions and prescribed medicines.
- Recovery plans reflected the needs of the clients and were strength based and recovery focused.

Are services caring?

Following the last inspection in September 2015, we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive to people's needs?

Following the last inspection in September 2015, we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services well-led?

We rated well-led as good because:

- In September 2015, we rated 12 of the 15 core services as good for the well-led key question. Intelligence we have received since that inspection, including information we reviewed during this inspection, suggests the trust has maintained the quality of leadership of these services.
- Following the September 2015 inspection, we rated two of the 15 core services as requires improvement for well led. At this inspection, we visited the two services rated as requires improvement for well led and their ratings have not been revised.
- Since our inspection in September 2015 the trust had refreshed its vision and values. It had engaged staff, patients and the local communities in this process.
- Staff were aware of the vision and values and said they reflected the way they worked.
- Staff told us they felt supported by their managers.
- The governance structure had recently been reviewed and quality dashboards had been developed to enable a more structured approach to providing information to the trust board.
- Risk registers were held at service level and staff told us they knew how to add items to the register.

Good



Summary of findings

- The trust used innovative methods to engage people in the development of the patient and public engagement strategy.

However:

- Within the Specialist community mental health services for children and young people the electronic records system did not retain information in updated documents therefore, risk assessments and care records on the system were found to be incomplete or missing. The electronic system demonstrated limited evidence to consent to treatment.
- Members of the care group senior leadership teams were fairly new in post and continued to require support in the role from the senior executive team.
- The trust did not routinely collect data relating to all of the protected characteristics, for example age and gender, of patients, which means it cannot ensure it is meeting the needs of the population it serves.
- Some staff felt their concerns were not heard regarding the new model of place based services.

Summary of findings

Our inspection team

Our inspection team was led by:

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Jennifer Jones, Care Quality Commission

The team included four CQC inspectors and one pharmacist.

Also included in the team were specialist advisors, including an expert in Equality and Diversity, an Executive Director of Nursing (Mental Health, retired), an Executive Director of Nursing (Acute hospitals, retired), one psychologist specialist advisor, seven specialist advisors who had previous experience as mental health nurses, including in the specialism of care for older people, learning disability and substance misuse.

Why we carried out this inspection

We carried out this focused inspection to identify whether the trust had met the requirements made by the CQC following the comprehensive inspection undertaken in September 2015, the report of which was published in January 2016.

At the inspection carried out in September 2015 we rated the safe and effective domains as requires improvement and the caring, responsive and well-led domains as good.

We rated the following service as outstanding:

Mental health crisis services and health based places of safety.

Community health services for children, young people and families;

We rated the following core services as good:

Community health services for adults;

Community health inpatient services;

End of life care;

Acute wards for adults of working age and psychiatric intensive care units (PICU's);

Long stay/rehabilitation mental health wards for working age adults;

Forensic inpatient/secure wards;

Wards for older people with mental health problems; Wards for people with a learning disability or autism,

Community-based mental health services for older people.

We rated the following core services as requires improvement:

Community-based mental health services for adults of working age;

Specialist community mental health services for children and young people;

Community mental health services for people with a learning disability or autism,

Substance misuse services.

We rated Rotherham Doncaster and South Humber NHS Foundation Trust (the trust) as requires improvement because:

- Community mental health services for people with learning disabilities or autism at the Ironstone Centre did not have enough staff to meet the needs of people who used the service. We also identified shortages of community nursing staff in some locations.
- Medication management was not overseen effectively and different systems had been allowed to evolve in different areas of service.
- The community-based mental health teams did not have regular pharmacist support to ensure safe and effective administration of medicines. This had been identified as 'high risk' by the trust on the pharmacy risk register.
- In the community-based mental health services for adults of working age there was no consistent approach to medication management to support safe practices.

Summary of findings

- In the substance misuse service, staff who were not suitably trained or competent administered medications in the social detoxification service at New Beginnings. The service had no consistent approach to recording medicines patients brought with them on admission and no clear protocols for stock control and storing patients' own medicines. There was only limited oversight of the process and it was not audited.
- Staff did not consistently monitor the physical health needs of patients of mental health services, which could result in some people's physical health needs not being met. In the community health inpatients service, Hawthorn and Hazel wards did not complete venous thromboembolism risk assessments in line with guidance from the National Institute for Health and Care Excellence (NICE) relating to adults admitted to hospital as inpatients.
- Not all risk assessments were completed, up to date and of good quality. Some lacked relevant information and important detail.
- At the time of the inspection, the percentage of staff completing mandatory training averaged 77% compared with the trust's mandatory training target of achieving 90% by 31 December 2015. Compliance with compulsory training, appraisal of work performance and managerial supervision was inconsistent across services and the trust was not meeting its own targets. Trusts should ensure that staff maintain their skills knowledge and training to carry out their roles safely and effectively and are up to date with changes to best practice. Staff who had not completed mandatory training could have been unaware of important changes in the trust's policies and procedures.
- The trust's senior management team were aware of the poor compliance with mandatory training and inconsistencies in recording which staff had completed some or all of the training. They had started to deal with these issues and recognised deficiencies in appraisals and were introducing changes. However, poor compliance with mandatory training had the potential for a negative impact on patient care and safety.
- The trust was not fully complying with its responsibilities under duty of candour and people did not always receive a timely apology when something went wrong. The trust did not provide enough guidance for staff on their responsibilities under the duty of candour.

However :

- There was a culture of collective responsibility between teams and services, and openness and transparency in communicating generally.
- People who used the trust's services were supported and treated with dignity and respect and were involved as partners in their care. Feedback provided by people who use the trust's services was generally positive. Staff were caring, engaged and supportive towards patients. People and staff were working together to plan care and there was evidence of shared decision-making and a focus on recovery.
- We rated the responsiveness of the community health services for children, young people and families as outstanding. The service planned and delivered care that met people's needs and was responsive to the changing needs of the local population. They also used innovation in care to meet the needs of local people and hard-to-reach groups.
- The trust handled complaints to a good standard, with managers and staff listening and responding to complaints and concerns and resolving issues quickly where possible.
- While in some clinical areas staff had problems with recording information on the trust's IT system, such as mandatory training, there were systems to monitor performance information.
- The chief executive had been in post for only three months at the time of the inspection, but had received a handover from the previous chief executive and demonstrated an understanding of what the key issues were for the trust. She was improving quality and staff across the organisation were clear about how the trust should develop. The board and senior team had the experience, capacity and capability to put the trust's strategy into effect. The trust leadership team actively engaged with staff, people who use the services, their representatives and stakeholders.

We told Rotherham Doncaster and South Humber NHS Foundation Trust that it must take action to improve services in the following areas.

Community mental health services for people with learning disabilities and autism

The trust must ensure that:

Summary of findings

- The Ironstone Centre has enough staff to keep people receiving services safe
- Staff complete risk assessments and update them within given timescales or where a change in risk is identified
- Staff complete environmental risk assessments for all locations to ensure the safety of people who use services and staff
- Psychiatry rooms used by Rotherham Community Learning Disability Team are made safe for staff and people who use services
- Staff are protected from potential harm by providing access to audible alarms.

Substance Misuse Services

The trust must ensure that:

- Staff responsible for administering medication in the social detoxification service are suitably trained and competent.
- Staff complete comprehensive risk assessments for each service user and review them regularly.
- Staff prepare care plans that are comprehensive, recovery-focused and take into account each service user's physical, mental, and social conditions in the treatment of their illness, and review the care plans regularly.

Acute wards for adults of working age and psychiatric intensive care units

- The trust must review its seclusion policy to ensure that the use of a seclusion garment is detailed in the procedures.

Long stay/rehabilitation mental health wards for working age adults

The trust must ensure that:

- All bags used for storing emergency equipment are well maintained and fit for the purpose of delivering equipment safely in an emergency situation
- Staff check that all fridge thermometers record the highest and lowest temperatures daily, reset thermometers daily and record it to help ensure the safe storage of medication and reduce any adverse effects on patients of taking medication damaged by not being kept at the correct temperature

- Medication is administered in accordance with prescription charts and that any reason for a dose not being administered is recorded at the time to show safe compliance with prescribed medication, reducing the risk of any adverse impact on the patient
- Staff complete mandatory training to achieve its standard target of 90% and provide systems to record accurately which staff have been trained to help them maintain the necessary skills to provide safe care to patients.

Specialist community mental health services for children and young people

- The trust must ensure that staff complete risk assessments and prepare complete care plans and keep them up to date.

Wards for older people with mental health problems

The trust must ensure that:

- Staff have detailed comprehensive knowledge of the Mental Capacity Act and its application to ensure patients are cared for in accordance with the correct legal framework
- Daily nursing notes reflect the care and treatment of patients to ensure care is being delivered in accordance with care plans and risk assessments.

Community health inpatients

The trust must ensure that:

- Staff complete venous thromboembolism risk assessments on all patients admitted and that compliance is monitored as part of the safety thermometer measures of safety.

Trust wide Duty of Candour:

The trust must ensure that:

- Staff identify and manage incidents triggering the duty of candour
- Verbal and written apologies are made to the relevant people and recorded in line with the trust's responsibilities under the duty of candour.

We told Rotherham Doncaster and South Humber NHS Foundation Trust that it should take to improve:

Community mental health services for people with learning disabilities and autism

Summary of findings

The trust should ensure that:

- Care records reflect people's capacity to make decisions where mental capacity is in question
- Care records are regularly reviewed and up to date
- Mental Health Act training is provided to all appropriate staff.

Substance Misuse services

The trust should ensure that:

- Complaints procedures are accessible to all service users
- Effective audit systems are used across the division in relation to care records.
- A female-only lounge is available at all times in the social detoxification service

Acute wards for adults of working age and psychiatric intensive care units

The trust should:

- Ensure that managers undertake routine audits to monitor compliance with the trust seclusion policy and take action if staff are failing to follow required procedures
- Consider installing specialist mirrors to reduce blind spots in the main corridors of the acute admissions wards and the bedroom area of the Mulberry plus section of Mulberry ward
- Continue with the plan to ensure compliance with mandatory training across the inpatient wards, particularly to tackle low compliance with training on safeguarding of people from abuse and management of violence and aggression
- Ensure that consent to treatment is being recorded in all case records
- Ensure that section 17 leave risk assessments are completed before patients take leave
- Ensure that female-only lounge areas are provided for all wards
- Prioritise the roll-out of positive behaviour support plans for individuals who may be subject to restrictive practices such as restraint and seclusion
- Ensure that oxygen cylinders are securely stored in cylinder holders or an appropriate trolley

- Repair the blinds in the seclusion rooms on Kingfisher ward and in Mulberry house to improve natural light in those rooms and identify alternative arrangements to maintain privacy if the blinds are open
- Change the lighting in the seclusion room on Kingfisher ward to enable lights to be dimmed
- Ensure that the clock is replaced in the seclusion facility at Mulberry house to enable patients in seclusion to maintain awareness of the time of day.

Wards for people with learning disabilities or autism

The trust should ensure that:

- Managers provide clinical supervision to staff in line with its policy
- Mandatory training complies with its target of 90% in all areas.

Long stay/rehabilitation mental health wards for working age adults

- The trust should ensure that tools used to calculate minimum staffing levels on wards are robust.
- Ward staff should be involved in agreeing the levels and ensuring they are maintained.
- Sufficient staff should be employed as part of the nursing establishment to enable the minimum levels to be achieved and safe staffing information displayed on the trust website should relate to the agreed minimum levels
- The trust should monitor the on-going use of locum psychiatrists to reduce any negative impact on the consistency of patient care.

Specialist community mental health services for children and young people

The trust should ensure that:

- Staff receive mandatory training in equality and diversity and in conflict resolution in line with its own target
- non-medical staff receive managerial appraisal of their work performance
- Mental Health Act and Mental Capacity Act mandatory training is completed on induction training as a once-only session; the trust should ensure a more robust training schedule for Mental Health Act and Mental Capacity Act.

Summary of findings

- Communication with people who use the service who are waiting for assessment after referral is improved, ensuring patients have a point of contact.

Wards for older people with mental health problems

- The trust should ensure that all member of the multidisciplinary team work in an integrated and effective way.

Community-based mental health services for older people

The trust should ensure that:

- All care plans across the community mental health teams are personalised and recovery-focused
- Staffing levels and caseloads for community mental health teams follow Department of Health guidance.

Community health inpatients

The trust should:

- Develop a consistent and accurate record of mandatory training
- The service should ensure the vision and strategy are clearly documented and linked to the trust's strategic objectives. review the process of recording risk.

Community End of Life Care

The trust should:

- Ensure staff receive mandatory training and that it is recorded
- Review use of inpatient hospice beds to enable the needs of the population to be safely met in a timely manner.

Community health services for children, young people and families

The trust should:

- Ensure that local training and appraisal records are reviewed to help make trust-wide training and appraisal data accurate
- Engage with the local acute trust to ensure that data being used to plan health visits to new mothers is accurate and communicated in a timely manner
- Review how it manages and measures caseloads for health visitors and school nurses
- Continue to take action to meet its target in regard to breastfeeding.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring
- Is it responsive
- Is it well-led?

Before visiting, we reviewed a range of information we hold about Rotherham, Doncaster and South Humber NHS Foundation Trust and asked other organisations to share what they knew. We carried out unannounced visits to:

- Specialist community mental health services for children and young people to assess the key questions of safe and effective on 05-08 September 2016,
- Community mental health teams for people with a learning disability and autism on 26-28 September 2016,

- Community-based mental health services for adults of working age to assess the key questions of safe, effective and well-led on 12-15 September 2016,
- Long stay/rehabilitation mental health wards for working age adults to assess the key question of safe on 26-29 September 2016,
- Wards for older people with mental health problems to assess the key question of effective on 26-29 September 2016
- Substance misuse services to assess the key questions of safe and effective on 26-28 September 2016.

We also carried out an announced visit on 10-12 October 2016 at Trust headquarters to assess well-led at the provider level.

During the inspection visit, the inspection team:

- Visited eight wards and 16 community locations, looked at the quality of the environments and checked all clinic rooms.

Summary of findings

- Observed how staff were caring for patients in order to maintain their safety.
- Spoke with 24 patients who were using the service.
- Interviewed two modern matrons and seven ward managers and 14 managers in the community.
- Interviewed 101 other staff members individually; including nurses, nursing assistants, psychologists, doctors and an occupational therapist.
- Looked at 143 patients' care records.
- Carried out a specific check of the medication management on all three rehabilitation/long stay wards and reviewed all patients' prescription charts.
- Reviewed the medication management and prescribing at each location in the specialist community mental health services for children and young people .
- Carried out a specific check of the medication management at all community mental health teams for adults of working age and reviewed 37 medication cards
- Looked at a range of policies, procedures and other documents relating to the running of the service. observed how staff were caring for patients
- Spoke with an independent mental health advocate who attended the wards
- Observed two staff handovers and four multidisciplinary meetings.
- Attended and observed one allocation meeting, one home visit and a play therapy assessment
- Attended a board of directors meeting
- Attended one group session
- Observed seven interactions between staff and patients

Information about the provider

Rotherham Doncaster and South Humber NHS Foundation Trust provide mental health, learning disability and substance misuse services across Rotherham, Doncaster, North and North-East Lincolnshire, and Manchester. It also provides community health services across Doncaster and school nursing in Scunthorpe.

Rotherham Doncaster and South Humber NHS Foundation Trust has been a foundation trust since 2007.

The trust provided services which were commissioned by NHS England, Rotherham Clinical Commissioning Group (CCG), Doncaster CCG, Manchester CCG and North Lincolnshire CCG. Services are also commissioned by local authorities and the Drug Treatment Agency.

Trust Headquarters are at Woodfield House, Tickhill Road Site, Weston Road, Balby, Doncaster, DN4 8QN. The trust employs approximately 4,300 staff and around 200 volunteers and has an annual budget of £161 million.

The CQC has previously inspected locations registered to Rotherham Doncaster and South Humber NHS on Foundation Trust on 20 occasions. These inspections had taken place between September 2012 and September 2015.

What people who use the provider's services say

During the inspection we spoke with 24 people who used the services.

Patients who used community-based mental health services for adults of working age, and their carers gave us positive feedback about staff and the services that they accessed. They told us that staff have a warm and

empathetic approach and understand their needs. One carer told us that their relative is more open about their mental health needs with their care coordinator than with close family.

Patients on the long stay/rehabilitation wards said that staff were visible on the wards and able to provide them with one to one time in addition to support in attending appointments and activities. They told us staff were

Summary of findings

approachable and helped them to feel safe on the wards. However, two patients on one ward said they felt singled out by certain staff whom they perceived as putting restrictions on what they were able to do at times.

On wards for older people, relatives we spoke with were positive about the care their family members received. All thought staff were knowledgeable about their family member's needs and said staff were competent and effective in their delivery of care.

The parent/carers we spoke with for people who use the specialist community mental health services for children and young people were happy with the care they received from the service and felt the service provided the support they needed. The people we spoke to told us staff had completed detailed assessments identifying both the needs and risks of the young people. When asked everyone we spoke to said they felt safe when visiting the service.

Good practice

North Lincolnshire recovery college continued to develop and widen its resource to the community by providing courses and group activities for patients to access. The recovery college offered a range of meaningful and accessible courses aimed at improving mental health and well-being by equipping patients with the skills to build resilience and coping mechanisms to facilitate their mental health recovery.

Teams in Rotherham continued to develop 'social prescribing' with an external organisation to support patients to be referred onto access meaningful activities to support mental health recovery.

Service users in community mental health teams for adults with a learning disability and autism were involved in the recruitment of new staff. In Doncaster service users worked with staff from the community team for learning disability and local GP practices to look at the accessibility of the 'choose and book' service. A resource book and an easy read information board had been placed in GP surgeries.

Not only did the trust meet its responsibilities in relation to duty of candour; it was sensitive and caring in the way in which it communicated with patients and their families. We found this to be an area of particularly good practice.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

Community-based mental health services for adults of working age

The trust must ensure that all staff receive up to date mandatory training.

The trust must ensure that all staff receive an appraisal.

Long stay/rehabilitation mental health wards for working age adults

The trust must ensure that staff identify all known risks for patients. Staff must review and update patients' risk assessments as necessary and ensure plans are in place to manage any risks safely. The provider must be able to evidence this and ensure risk information is completed in a consistent manner.

The trust must continue to improve compliance with mandatory training to ensure staff receive suitable training to perform their roles and to enable them to provide safe care to patients.

Wards for older people with mental health problems

The trust must ensure that staff are consistent in their use of the Mental Capacity Act to assess patient's capacity and support decision making. This must be in accordance with the legislation set out in the Act and must ensure that any decisions are made in patient's best interests. The provider must be able to evidence adherence to the principles of the Act.

The trust must ensure that all staff receive supervision at the required frequency and in line with trust policy and must be able to evidence that these have taken place.

Summary of findings

The trust must ensure that all eligible staff complete the requisite training in relation to The Mental Health Act in order to achieve compliance with trust targets.

Specialist community mental health services for children and young people

The trust must ensure that risk assessments are easily accessible on the electronic records system and that the system enables staff to easily update and maintain the records.

The trust must ensure that care plans are easily accessible on the electronic records system and that the system enables staff to easily update and maintain the records.

Action the provider SHOULD take to improve Action the provider SHOULD take to improve

Community-based mental health services for adults of working age

The trust should ensure that regular checks of documentation in relation to the prescribing, administration and recording of medicines to ensure staff fully complete these.

The trust should ensure that the record keeping arrangements for blank prescription pads are reviewed in accordance with national guidance.

The trust should ensure that they review with commissioners the provision of psychology to community-based mental health service for adults of working age.

The trust should continue to improve the provision of physical health checks for people taking antipsychotic medicine.

Long stay/rehabilitation mental health wards for working age adults

The trust should review their published minimum staffing levels against actual staffing levels on the wards to ensure

these are an accurate reflection of staffing needs. The provider should be able to assure safe staffing levels are maintained where staff have to leave wards to assist elsewhere.

The trust should ensure that all wards are aware of and act in accordance with the trust's policy on eliminating mixed sex accommodation policy and Department of Health guidance.

Wards for older people with mental health problems

The trust should consider the provision of further staff training where necessary to help enable all staff to understand the conditions of the patients they support. The provider should consider whether staff would benefit from this extra training within their roles.

The trust should continue to monitor and review the transition of care records onto the electronic system so that this occurs with minimal disruption.

Specialist community mental health services for children and young people

The trust should view lone working protocols across the service to ensure risks to staff are effectively managed both in the service locations and in the community.

The trust should ensure that equipment used for monitoring the physical health of patients is operational and regularly serviced and calibrated.

Substance Misuse services

The trust should ensure that staff receive training in resuscitation.

The trust should ensure that risk assessments are available for all people who use the service.

The trust should ensure that the recovery plans are completed consistently.

The trust should ensure that clients consent to information being shared with the National Drug Treatment Monitoring System is recorded in client records.

Rotherham Doncaster and South Humber NHS Foundation Trust

Detailed findings

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The trust had a central Mental Health Act office that provided administrative support and there was a Mental Health Act lead in place. There were clear governance systems for meeting responsibilities under the Mental Health Act. Mental Health Act administration staff understood their roles well. Staff in these posts received on-going training to support them as well as regular supervision and appraisal of their work performance by the Mental Health Act Manager

Staff were able to contact staff in the Mental Health Act office for legal advice and guidance. Managers and staff from the Mental Health Act office completed regular audits of Mental Health Act documentation.

There was an independent mental health advocacy service available to patients which was advertised on all of the wards. Advocates visited the wards on a regular basis and often turned up unannounced. They confirmed that the Mental Health Act office automatically referred all detained patients to the advocacy service. There was also advocacy provision available for informal patients.

Detention papers on files both on the wards and in the MHA offices were generally in good order and we were told that

there was a comprehensive system of scrutiny. The trust had a clear system to ensure that patients' were informed of their rights on admission and that this was regularly repeated according to the trust's policy. Patients were routinely referred to the local independent mental health advocacy service following detention and we saw that this service had a strong presence on the wards.

In community based mental health services for adults of working age consent to treatment for patients' subject to the Mental Health Act, was sought in line with legislation and guidance and Mental Health Act documentation was up to date and appropriate. Care coordinators informed patients of their rights at regular intervals as outlined by section 132 of the Mental Health Act.

The trust's Mental Health Act office audited Mental Health Act documentation and fed-back to teams where action needed to be taken.

Mental Capacity Act and Deprivation of Liberty Safeguards

Since our last inspection the trust had created the role of Mental Capacity Act lead. Staff were able to access the lead for advice and support about the Act. Managers told us they attended the wards to deliver informal training sessions for staff. There were Mental Capacity Act resources available on the trust intranet as well as trust policies and documentation to record decisions.

Detailed findings

The trust had reviewed their learning framework and compiled a new corporate learning and development programme for 2016 and 2017. This included further training courses in the Mental Capacity Act that clinical and non-clinical staff were required to complete.

We found that knowledge of the Mental Capacity Act was variable across the services we visited. However, staff we spoke with in community Mental Health Services for people with learning disabilities or autism demonstrated a good knowledge of their responsibilities under the Mental Capacity Act. Mental capacity assessments and best interest's decisions were recorded in patients care records. We also found good understanding and practice within substance misuse services. Staff were able to articulate the principles of the Act and relate these to the complexity of working in substance misuse services and we saw evidence of completed capacity assessments for people who were giving consent to treatment.

Most staff on the wards for older people with mental health problems were able to tell us about the principles of the Act. However, two staff had limited understanding about how the Act applied in practice. There was inconsistency across the wards about how the Act was implemented. Each ward had differing thresholds of when staff undertook capacity assessments and subsequent best interest decisions. Where patients lacked capacity, some wards did not document evidence of best interest discussions and decisions.

On Glade ward, notes from one patient's ward round stated that the doctor had assessed them as not having capacity to consent to admission. However, the Mental Capacity Act assessment for this decision was dated a week after the ward round notes which suggested it had been completed retrospectively.

On Coniston Lodge, one patient's records included a mental capacity assessment dated May 2016 for administration of covert medicines. There was no evidence of any best interests meeting that had taken place in relation to this decision. Staff told us the patient never received their medicines covertly and did not know why this was present in the care record. The same patient had a do not attempt resuscitation order in place which was ticked to say the patient did not have capacity to discuss. There were notes in the patient's records from their previous placement which said it appeared the order had

not been discussed with the patient or her family. Staff were unaware of this and confirmed that they had not discussed this decision with the patient or family. The modern matron assured us this would be addressed.

We also saw examples of good practice in relation to capacity assessments and best interest decisions which showed staff had involved patients and their family members in discussions.

Inconsistent recording of mental capacity in patient records was listed on the trust risk register. Managers had recently begun joint meetings to share information about how they applied the Mental Capacity Act and look at ways of ensuring consistent practice and some acknowledged there were still improvements to be made. We found that the trust did not demonstrate that suitable and sufficient improvements had been made across the whole service to a level which would meet the requirements of the relevant regulation.

Five patients on the wards for older people with mental health problems had a Deprivation of Liberty Safeguard authorisation in place at the time of our inspection. However, the majority of patients were subject to the Mental Health Act as they had been considered to best meet those criteria. During one multidisciplinary meeting we observed clinicians having a detailed discussion about one patient who was due to be admitted to the service. They gave consideration to both the provisions of the Mental Health Act and Deprivation of Liberty safeguards when discussing what legislation they may need to use to meet the needs of the patient. The discussion showed that staff had an understanding of the safeguards and in what circumstances these could be used. Staff we spoke with could also explain the use of these safeguards.

In the community based mental health services for adults of working age we saw that some staff had a basic understanding of the principles of the Act. However, most staff could describe the principles of the Act in detail and how these applied to their everyday work with patients. Staff knew where they could seek advice from when they needed support with the application of the Mental Capacity Act. Care and treatment records showed that staff obtained consent in line with legislation and guidance. There was evidence of recording patients' informed consent and capacity assessments were completed appropriately.

Detailed findings

Information was available about access to independent Mental Capacity Act advocacy services.

Specialist community mental health services for children and young people provided treatment with parental consent. Where a young person under 16 was able to provide consent for treatment this would be assessed under Gillick competence. Gillick competence is a process

used to decide whether a child is able to consent to treatment, without the need for parental permission. Staff were able to articulate the principles of the Act and how they would utilise these to support someone in making a choice where they had been assessed as lacking the capacity to do so for those people over the age of 16.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as requires good because:

- In September 2015, we rated 8 of the 15 core services as good for the safe key question. Intelligence we have received since that inspection, which includes information reviewed during this inspection, suggests the trust has maintained the safety of these services.
- Following the September 2015 inspection, we rated five of the 15 core services as requires improvement for safe and two as inadequate. This led us to rate the trust as requires improvement overall for this key question. At this inspection we visited the three of the services rated as requires improvement for safe and the two that we rated as inadequate. Following this inspection we have re-rated three of these core services as good for safe.
- Except for long stay/rehabilitation mental health wards the staffing of the services was safe. The trust had set a challenging compliance target of 90% for mandatory training. They met this target for most core services; however there were variance across services.
- Staff recognised and reported incidents, and trust managers ensured they shared learning from the investigations of incidents.
- Although bank and agency staff were used to cover shortfalls in staffing, managers said that staff working extra shifts or bank staff were used to limit the amount of agency staff
- Staff managed medicines well and the trust provided training to support this. The trust used an effective audit programme to monitor how staff handled medicines. It also used effective systems to monitor the temperature of medicine storage rooms.

However:

- Although the trust revised the 'staffing and acuity dependency document' in 2016, the data still did not correspond with what happened in practice on the long stay/rehabilitation wards.
- In community-based mental health services for adults of working age the trust were not meeting their target for staff completing mandatory training.
- The risk assessments in specialist community mental health services for children and young people and long stay/rehabilitation wards were not robust or easy to find.
- Patients allergy status was not recorded on all of the medicine charts we saw in community-based mental health services for adults of working age.

Our findings

We inspected the safe domain because at the last inspection of Rotherham, Doncaster and South Humber NHS Foundation Trust we found breaches of Health and Social Care Act (Regulated Activities) Regulations 2014, Regulation 12, Safe care and treatment and Regulation 18 HSCA (RA) Regulations 2014 Staffing.

The trust was not meeting these regulations because we found:

In specialist community mental health services for children and young people;

- Risk assessments and care plans were not detailed or were incomplete.
- There was no system in place to monitor or give a point of contact for those people who had been referred and were waiting for assessment.
- Mandatory training figures showed non-compliance with trust targets of 90%.

In Community Mental Health Services for people with learning disabilities and autism:

Are services safe?

- Staffing levels at the Ironstone Centre were not adequate to meet the needs of people who used the service.
- People's risk assessments had not always been completed or updated at the Ironstone Centre and Rotherham Community Learning Disabilities Team.
- Clinic rooms at Rotherham Community Learning Disabilities Team presented a risk to staff and service users and there were no environmental risk assessments.
- Only Psychiatrists had access to personal alarms across all the locations.

In Community-based mental health services for adults of working age;

- It was not possible to determine that staff had received the required mandatory training to keep people who used the service safe.
- There was no consistent approach to medication management to support safe practices.
- Not all risk assessments were completed, up to date and of good quality. There were a high number of people with no valid risk assessment.
- Not all interview rooms were fitted with alarms to ensure staff and service user safety.
- Lone working practices were not consistent and there were some gaps in relation to staff safety. Staff were lone working all day and had no contact with the team until 5pm.

In Long stay/rehabilitation mental health wards for working age adults;

- A thermometer used for recording the temperature in a fridge storing medication on Coral Lodge was not able to measure the lowest and highest temperature range. Records demonstrated that the thermometer on Goldcrest ward was not being reset each day to record the correct daily temperatures within the medication fridge.
- On Coral Lodge and Goldcrest ward, bags used for the carrying of resuscitation equipment in an emergency had tears in them that may have allowed for items to drop out and not be available when required.
- There were gaps in medication administration records. It was not clear if patients had been absent from the ward, or if the gaps were missed doses of medication which might impact on patients health and wellbeing.

- The inpatient staffing acuity and dependency profile tool used to calculate safe staffing requirements was not being adhered to on Goldcrest ward.
- The information provided by the trust showed that mandatory training in long stay rehabilitation wards was below the trust standard of 90%.

In substance misuse services;

- Risk assessments were basic, inconsistently completed and not regularly reviewed.
- Staff who administered medications in the social detoxification at New Beginnings were not suitably trained or assessed as being competent.
- Mandatory training compliance for most areas was below the trust target of 90% completion.

Our findings at this inspection, which took place in September and October 2016, are detailed under the following headings:

Safe and clean environment

In community mental health teams for people with learning disabilities and autism there had been significant improvements in the safety and security of facilities at Rotherham. All clinic rooms had alarms fitted and staff across all locations had personal attack alarms.

Lone working procedures were inconsistent across the specialist community mental health services for children and young people service and there was no formal process in place at St Nicholas house to mitigate the lack of call point in interview rooms. However, we saw improvements across community based services for adults of working age. Information in the policies, procedures and risk assessments detailed risk reduction techniques and each team had a risk assessment in place for lone working.

The clinic rooms on each long stay/rehabilitation ward were clean, tidy and suitably stocked. Each ward had a suitable grab bag stocked with emergency equipment, which was fit for purpose. Staff documented regular checks of these. Equipment within the clinic rooms displayed evidence of current portable appliance tests and servicing to ensure they were safe to use This meant the shortfalls we identified at our last inspection had been addressed. Substance misuse services all had well maintained clinic rooms and fridges were temperature checked daily. They also had systems in place for the safe management, prescription and administration of medications.

Are services safe?

Safe staffing

The trust employed 3,439 staff and in September 2016 the vacancy factor was currently 6.4% compared to 7.5% in the previous month. The trust was committed to developing its current workforce through additional training and education. The average turnover of staff across the whole trust between April 2015 and March 2016 was 12%. Staff turnover varied across the services we inspected. The team with the highest turnover rate was North Lincolnshire intensive community therapies team at 25%. However, this only represented three staff out of a team of twelve who had left. Doncaster assertive outreach team, North Lincolnshire recovery team and , Rotherham social inclusion team all had 0% staff turnover rate. This meant that no staff had left these teams

We found that although bank and agency staff were used to cover shortfalls in staffing, managers said that staff working extra shifts or bank staff were used to limit the amount of agency staff. We also saw how annual leave was planned to ensure that there was adequate staff cover for the teams at all times.

We found that staffing was in line with establishment levels across all teams in community mental health teams for people with learning disabilities and autism. Staff at the Ironstone Centre told us their caseloads were greatly reduced since our last inspection with them holding on average a caseload of 25 service users. Staff across other teams within community mental health services for people with learning disabilities or autism generally reported manageable caseloads.

Staffing rotas for the four months prior to our inspection for each of the long stay/rehabilitation wards showed that staffing levels were frequently below the minimum levels. The trust also published safer staffing information on their website, which showed all three wards had met safer staffing numbers for these four months. It was not clear how these findings were calculated when taking into account the difference between the staffing complement on the rotas and trust minimum levels. We identified this same issue at our last inspection and advised the trust should take action to establish the correct minimum staffing levels.. Although the trust revised the 'staffing and acuity dependency document' in 2016, the data still did not correspond with actual staffing levels in in practice. However, although rotas did not coincide with the trust's

minimum staffing levels, all patients we spoke with said there were enough staff available and they were visible on the wards. No patients reported any cancelled activities or leave due to lack of staff.

The child and adolescent mental health service was in the process of realigning the service delivery into a pathway model across all three locations in line with the recommendations in the Future In Mind report. The Future In Mind report sets out proposals the government wish to see by 2020 to promote protect and improve children and young people's mental health and wellbeing. To achieve this there had been significant recruitment across all three locations. However, Rotherham had seen the biggest recruitment process and had two vacancies remaining which were covered by agency staff. Interviews for these vacancies were underway during the inspection.

Information gathered from managers and records within the substance misuse services demonstrated that staffing levels were adequate to keep people safe and meet their needs.

Community-based mental health services for adults of working age rated cases based on the level of risk and involvement required. These represented a system which rated cases as red, amber and green. Red represented cases of high patient risk and intensive involvement required, amber moderate risk and regular contact required and green cases presented low risk and minimal involvement required. Managers balanced staff caseloads to ensure complex cases were allocated fairly across the teams.

The trust must provide training to ensure it has an appropriately skilled workforce. To ensure that all employees are able to carry out their roles safely and effectively some of this training is mandatory. The trust had a standard compliance target across all mandatory subject areas, this was 90%. We found that a number of services across the trust were achieving above this target, including the Community mental health teams for people with a learning disability and autism, however, this was not always the case in all of the services we inspected.

In community-based mental health services for adults of working age we found that the compliance rates of mandatory training courses showed that a number of

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training requirements that were not up to date across all teams. Some of this training was essential to ensure that staff had the correct training to ensure the safe delivery of care and treatment.

Within the long stay/ rehabilitation wards we found Emerald Lodge had exceeded the trust mandatory training target of 90% with a compliance rate of 93%. Coral Lodge and Goldcrest ward had compliance rates of 89% and 86% respectively. These rates had improved since our last inspection although the trust had not met the timescales of compliance as set out in their action plan. There was still low compliance within individual training courses. For example, on Goldcrest ward, only 52% of staff had completed 'moving and handling people' training, 55% had completed 'prevent' training and 58% had completed 'resuscitation level 3'. This could put patients at risk of not receiving safe care.

Mandatory training compliance for most areas within the substance misuse services was below the trust target of 90% completion. Only 58% of staff had received resuscitation level one training and this could place clients at risk.

All services had access to a multi-disciplinary team which was formed by a range of professionals to meet the assessed needs of patients. However, there was no Child and adolescent psychiatrist in the specialist community mental health services for children and young people available out of hours and if anyone required support out of hours this was provided by an adult psychiatrist in the crisis team.

Assessing and monitoring safety and risk

Risk assessments within specialist community mental health services for children and young people's care records, including risk assessments on the electronic system were found to be incomplete or missing. The system did not enable risk assessment updates to retain relevant information from previous assessments which meant that risk information was not readily available on the system. However, we found that most patients' records had an up to date and comprehensive risk assessment in the community mental health services for adults of working age. Care records in community mental health services for people with learning disabilities or autism contained up to date risk assessments, some care records also contained condition specific risk assessments and assessment of

needs were comprehensive. With the exception of three clients, risk assessments were present, in date and reflected the needs of the clients in the substance misuse services. Management of patient risks in the rehabilitation/ long stay wards was not robust as staff did not always review and update risk assessments, including where patients' circumstances had changed and in response to incidents. There were omissions within some patients' risk information, which meant staff may not be aware of how to manage risks in a safe and consistent manner. This could impact upon delivery of safe care.

Safeguarding

The CQC receive safeguarding notifications regarding providers. There are two types of safeguarding notifications, alerts and concerns. Safeguarding alerts describe instances where the CQC are the first receiver of information about abuse or possible abuse, or where we may need to take immediate action to ensure that people are safe. Safeguarding concerns describe instances where the CQC are not the first receiver of information about abuse, and there is no immediate need for us to take regulatory action. For example, where the CQC are told about abuse, possible abuse or alleged abuse in a regulated setting by a local safeguarding authority or the police.

The CQC received eight notifications of safeguarding concerns from Rotherham Doncaster and South Humber NHS Foundation Trust between 22 January to 27 October 2016. Two of these notifications were in relation to wards for older people, one related to community mental health services for people with learning disabilities or autism and one for community-based mental health services for adults of working age.

The staff we spoke to all demonstrated an understanding of local safeguarding procedures and where to seek advice. In community mental health services for people with learning disabilities or autism, staff said it was important to empower service users to protect themselves from bullying and abuse. They did this by raising awareness about the different types of abuse and sharing information and who and how to contact the right people if service users had any concerns.

Medication management

Medication management practice was good across all services. Medication fridge temperatures were monitored

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daily. However, at Doncaster social inclusion team there were gaps in recorded temperatures and nursing staff we spoke with were unaware of the safe temperature range for storing medicines.

At our previous inspection we also identified inconsistencies in the recording of medicines, including those administered in, or removed from, patients' own homes in community-based mental health services for adults of working age. During this inspection we found the trust had rolled out standardised documentation across all community teams and staff had accounted for all medicines appropriately. The trust had also introduced a 'record of removal of medicines from a community patient' document to record medicines removed from patients' homes, however in five out of eight records at the Doncaster assertive outreach team we found consent to remove the medicines had not been obtained. The trust had recently introduced standard operating procedures for the management of medicines which covered ordering, receipt, storage, transfer, administration and disposal. We found these were available and in use at all the sites we visited. We found that 28 out of 37 depot injection record cards that we looked at did not have the patients' allergy status recorded, however we did find this information recorded in the electronic patient record.

The pharmacy department conducted regular audits on the safe and secure handling of medicines. Audits had identified problems with fridge temperature recording, the recording of prescription pads, and the signing of standard operating procedures. The action plan stated necessary actions would be completed by March 2016. However, these areas remained a concern during our inspection. Staff undertook medication audits to identify any issues such as missed signatures or errors and managers gave feedback to individual staff members and took action to address these appropriately.

Patients in the long stay/rehabilitation wards did not report any concerns with how their medicines were managed. They were encouraged to self-administer in order to promote independence and there were arrangements in place to maximise the safety of this such as individual lockable medicine storage for patients.

Learning from incidents

Staff understood the types of incidents which needed to be reported an electronic incident reporting system was in use across the trust. The trust had a system in place to share learning across all directorates through the 'learning matters' forum and via emails to staff. Teams also received feedback from the outcome of investigations through team meetings and supervision. Staff were able to give us examples of where changes had been made as a result of incidents. However, we found that staff had not reported the instance of a female patient accommodated on a male corridor as an incident, in accordance with trust policy. The manager told us she would submit a report this as an incident.

Staff received debriefs and reflection time following any serious or distressing incidents and said they felt supported by management. This could be in a group or individual setting. Psychology support was available to support staff in the debrief process.

Duty of Candour

Since November 2014 trusts had a responsibility to be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. This is called the duty of candour. At our last inspection the trust were not implementing the duty of candour. At this inspection we looked at six case files of patients who were subject to a notifiable incident. These demonstrated that staff were able to describe their duties under the duty of candour and were aware of when they would need to follow the trust's policy following an incident.

Managers said the duty of candour was taken into account when responding to incidents. They were able to describe the duty of candour procedure and would always apologise verbally and in writing when things went wrong. The trust had made significant progress and we found evidence that, not only did the trust meet its responsibilities in relation to duty of candour, it was sensitive and caring in the way in which it communicated with patients and their families. We found this to be an area of particularly good practice.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effective as requires improvement because:

- In September 2015, we rated nine of the 15 core services as good for the effective key question. Intelligence we have received since that inspection, including information we reviewed at this inspection, suggests the trust has maintained the effectiveness of these services.
- Following the September 2015 inspection, we rated five of the 15 core services as requires improvement for effective. This led us to rate the trust as requires improvement overall for this key question. At this inspection, we visited the five services rated as requires improvement for effective. Because of our findings, three services remain rated as requires improvement for effective.
- The care records in specialist community mental health services for children and young people were missing, incomplete, or poorly completed and there was limited evidence of consent to treatment on the electronic system.
- On the wards of older people with mental health problems care and treatment was not always provided in accordance with the provisions of the Mental Capacity Act.
- Not all staff received supervision at the required frequency and in accordance with trust policy. At the time of this inspection, some staff within the wards for older people with mental health problems had received no formal supervision for several months.
- Teams in the community-based mental health services for adults of working age had variable access to psychology input which meant that some teams did not have access to the full range of mental health disciplines required to provide care and treatment.

However:

- Care was provided in line with National Institute for Health and Care Excellence guidelines including offering patients access to a range of psychological therapies in specialist community mental health services for children and young people.
- There was effective multidisciplinary team working across all services.
- Teams used social prescribing as an alternative and or in addition to psychological interventions and prescribed medicines.
- Recovery plans reflected the needs of the clients and were strength based and recovery

Our findings

We inspected the effective domain because at the last inspection of Rotherham, Doncaster and South Humber NHS Foundation Trust we found breaches of Health and Social Care Act (Regulated Activities) Regulations 2014; Regulation 9 HSCA (RA) Regulations 2014 Person-centred care, Regulation 11 HSCA (RA) Regulations 2014 Need for consent

In September 2015, the trust was not meeting these regulations because we found:

In the community mental health teams for people with learning disabilities and autism;

- We did not see any mental capacity assessments in the care records we looked at.

In community-based mental health services for adults of working age;

- Staff members, who did not directly work in the team, did not have easy access to information about people when they needed it.
- Care plans were not always up to date, holistic or recovery based.

In specialist community mental health services for children and young people;

Are services effective?

- Care plans at Rotherham specialist community mental health services for children and young people were examined and found to be missing, poor, or not updated.
- Electronic records did not reflect the content of paper records, and had not been updated or scanned into the electronic system, even though scanners were available.
- Appraisals for non-medical staff showed only a small number had been appraised in the last 12 months.
- Use of the Mental Capacity Act showed no formal consideration of the five principles in care records.

In substance misuse services;

- Assessments of service users' needs were basic, incomplete, or contained within progress notes, which made them difficult to locate on the electronic case management system.
- Care plans at Sinclair House and Foundations were inconsistent, not recovery focused and not regularly reviewed.
- Treatment was not consistently delivered in line with National guidance

In wards for older people with mental health problems;

- Staff did not have sufficient understanding or knowledge of applying the Mental Capacity Act.
- Daily nursing notes did not provide enough detail to demonstrate that patient care was being provided in line with written care plans and risk assessments.

Our findings at this inspection are detailed under the following headings:

Assessment and delivery of care and treatment

Each service used electronic care record systems for all patients. However, there was more than one electronic system in operation and paper records were also in use. All staff were able to access the system in use within their particular service. However, not all patient information was stored in both the electronic and paper record. Archived information was not easy to retrieve on the electronic system, as a result, there was a risk that not all information needed to inform assessment and delivery of care was available at the time it was required. During the inspection we found it to difficult access information contained in the electronic patient records due to the complexity of the system. The trust recognised this as an issue and had identified risks relating to the transition of patient records

and recorded this on the trust risk register. Training was being provided training for staff to enable full utilisation of the current electronic patient record system until the implementation of a new system in 2017.

A physical examination forms part of the assessment on the wards for older people. Care plans were developed from the initial assessment and these were different in each service. However, most care plans were personalised, recovery focused and goal orientated and in the community mental health services for people with learning disabilities or autism care plans were written in a person centre way, for example; I can go out, I can look after myself.

All but three clients in substance misuse services had recovery focused, strength based recovery plans in place. The service had introduced a new recovery plan format which was not based on the four domains recommended by the Department of Health, drug misuse and dependence guidelines. The new format relied on the workers ability to produce a holistic recovery plan. This resulted in the quality of the recovery plans being inconsistent. Although all plans reflected the needs of the client, some recovery plans were more detailed and holistic than others.

Daily notes made by staff linked in with care plans, and on the wards for older people with mental health problems, relatives told us that staff involved them at assessment stage and throughout the care planning process. Relatives also told us that the care and support provided was appropriate to the patients' needs.

We could not find care plans in five records at Rotherham specialist community mental health services for children and young people and records across this service were found to be incomplete, with care plans consisting of a few lines of text around the basic treatment the patient received. Care plans were neither holistic nor representative of the needs of the patient. We found records on the electronic system which made reference to paper files which were no longer available. This means that information necessary to inform the treatment and care could be missed.

Best practice in treatment and care

Since our last inspection, the trust had developed a physical health and wellbeing strategy to improve the physical health monitoring of patients taking antipsychotic medicines. This strategy involved the implementation of

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dedicated physical health and wellbeing clinics. These were dedicated to the monitoring of physical health for patients who were prescribed one or more anti-psychotic medication therapies and those patients that had co-existing health conditions including, asthma and diabetes. At the time of our inspection some support workers had received training to enable them to complete baseline monitoring including, blood monitoring and electrocardiograms in the dedicated health and wellbeing clinics scheduled to start at the end of September 2016. In substance misuse services physical health care incorporated issues relating to injecting drug use. Patients physical health needs were assessed within the initial assessment. The Scunthorpe specialist community mental health team for children and young people team had in place a diabetic pathway that monitored patients who were diagnosed with diabetes. Annual health checks were undertaken across all community mental health services for people with learning disabilities or autism.

Substance misuse services followed National Institute for Health and Care Excellence guidance for prescribing medications and psychological therapies and an electronic pharmacy based system was used to enable safe prescribing.

The specialist community mental health services for children and young people was in the process of realigning to provide patient care through specific care pathways as recommended in the Future In Mind report. Each care pathway followed relevant National Institute for Health and Social Care Excellence guidance. The service also had staff trained as part of the children and young people improving access to psychological therapies programme who were able to provide psychological interventions as part of their role.

Within community mental health teams for people with learning disabilities and autism, each location had access to psychological therapies and staff across all sites were trained in positive behaviour support. Positive behaviour support is a person centred model that applies evidence based interventions to improve an individual's communication and independence skills.

Access to psychological therapies recognised by National Institute for Health and Care Excellence was limited in community-based mental health services for adults of

working age due to limited access to dedicated psychological therapists. However, some psychological therapies were provided in both individual and group sessions across all sites.

Registered nurses had received additional training to prescribe medication in some community mental health teams. Guidance from the National Institute of Health and Care Excellence, the Royal College of Psychiatry and the Prescribing Observatory in Mental Health was followed when prescribing medication.

The community mental health team in North Lincolnshire ran a recovery college which provided courses on a range of subjects to support patients. Recovery Colleges deliver comprehensive, peer-led education and training programmes within mental health services. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals.

In Rotherham, the teams were using 'social prescribing' to refer patients to access activities provided by an external organisation in the community. Social prescribing is a mechanism for linking patients with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning new skills.

Wards that accommodated patients living with dementia were designed in accordance with good practice for dementia friendly environments. Colour schemes, design and lighting reflected guidance in place for such environments and relatives said the environments were suitable for their family members.

A variety of nationally recognised tools were used to measure outcomes for patients in each service. Individual tools were used appropriately and in a way that reflected the particular treatment or care pathway. We saw tools such as outcome stars in the learning disability services, which is a tool which both measures and supports progress for service users towards self-reliance or other goals. Progress of service users in the substance misuse service was measured through treatment outcomes profiles and the drug and alcohol recovery star. Treatment outcomes profiles is a national tool, which measures outcomes for substance misuse treatment as part of the national drug treatment monitoring system.

The trust had a strong approach to audit. The audit plan was formulated based on the must and should do actions

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from the last CQC inspection. Each individual audit had an audit lead that checks the audit is taking place and a facilitator who is a clinician. Information from audits is fed into the clinical quality group and in November 2016 a quality dashboard for audit will be in place. Staff participated in both local and national audits and we saw examples of audits across services, including care plan and risk assessment audits. Prior to our inspection the pharmacist had completed a medicines audit across the adult community mental health teams. We saw that teams had completed action plans to address issues identified in audits.

Since our last inspection the trust have also introduced a system of quality reviews to validate the impact that services have on patients. A cross section of staff from within the organisation have been trained to undertake these reviews and groups of four to eight people may carry out a review of a particular service and report their findings to the quality committee

Staff skill

Staff attended a trust induction and local service induction alongside the mandatory training programme at the start of their employment. The wards for older people had a buddying system in place for new staff enabled them to work with a more experienced staff member for a period of time in order to gain a practical understanding of their role. In most services staff were able to access specialist training relevant to their role. However, support staff on the wards for older people did not routinely receive training in the conditions of the patients they supported such as dementia awareness or mental health conditions.

The trust's policies for staff supervision stated that the frequency of supervision should be no less than every two months. We found that some staff on the wards for older people had not received any supervision between January and September 2016.

The overall appraisal rate for the trust was 83% against a target of 90%. However, all medical staff had an up to date appraisal.

The trust had appropriate policies in place to manage poor performance and where staff underperformed in their role, managers told us that they would follow the relevant policy. Managers told us that they used the personal development record to monitor staff performance.

Multidisciplinary working

Care was provided through a multi-disciplinary framework across the trust. Membership of the multi-disciplinary teams included, nurses, doctors, psychologists, psychological therapists, social workers, speech and language therapists, peer support workers, pharmacists and occupational therapists. However, not all teams in communitybased mental health services for adults of working age had access to the full range of disciplines required to provide the required care and treatment. We found that there was limited access to psychologists across all these teams and staff from Doncaster recovery team reported that they could not provide adequate access to psychological therapies due to not having any dedicated psychologist time in the team.

At our previous inspection in September 2015, we identified a lack of direct pharmacy support to the community mental health teams. A business case had since been agreed as part of the medicines optimisation strategy to provide support to all three localities, and recruitment was in progress to fill these posts. At the time of our inspection we saw that there was a pharmacist who worked alongside the teams each week to monitor and audit medicines practice.

All services held regular multidisciplinary meetings, some of which included staff from other providers such as GPs and social workers. Patients and relatives on the older peoples wards were invited to attend multidisciplinary meetings and where they were unable to attend they were kept up to date of any developments. An independent mental health advocate who visited the ward told us they were always welcomed on to the wards and had positive relationships with staff. The service also had effective links with other services such as care home liaison teams and community mental health teams.

Whilst service users in Community mental teams for people with a learning disability and autism were not involved with the training of staff, they were very involved with staff recruitment. During the interview, candidates would be asked to go through the 'traffic light' system with volunteer service users. The traffic light system was a document which service users would take to hospital appointments and periods of inpatient stay, the document provided

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hospital staff with important information about the service user. Service users were asked their opinion of each candidate and where communication was difficult for the service user, pictures could be used to provide feedback.

Shift handovers on the wards for older people demonstrated a person centred approach and they shared information to ensure staff were able to deliver continuity of care.

Consent to care and treatment

The Mental Capacity Act is a piece of legislation that maximises an individual's potential to make informed decisions wherever possible. It provides guidance and processes to follow where someone is unable to make a decision. As part of our inspection we looked at the application of the Mental Capacity Act.

We found that the trust had policies in place and resources available on the trust intranet to support staff in meeting the requirements of the Mental Capacity Act. More than 90% of staff had received basic training in this area, although it is not on the trusts list of mandatory training. The trust had reviewed its learning framework and compiled a new corporate learning and development programme for 2016 and 2017. This included further training courses in the Mental Capacity Act that clinical and non-clinical staff were required to complete, however, these courses were yet to begin.

Since our last inspection the trust had created a role for a Mental Capacity Act lead. Staff were able to access the lead for advice and support about the Act. Managers told us they attended the wards to deliver informal training sessions for staff.

Knowledge of the Act varied across the services we visited. We found that most of the staff we spoke with were able to articulate the principles of the Act and the issues relating to the client group with which they cared for and found areas of good practice across services.

Staff within the specialist community mental health services for children and young people were able to articulate how they would support a child or young person to make a choice and how they would assess capacity to consent. They also described the use of Gillick competence

to assess if a person under the age of 16 can consent to medical treatment without the permission or knowledge of their parent(s). Staff in this service also had a good understanding of the Mental Capacity Act.

At the Ironstone Centre the recording of the service users' capacity assessment was clearly evident on the front screen of the trusts recording system. Staff were able to describe how they would support service users to make decisions, including decisions that may be considered to be unwise. Where service users lacked capacity to make decisions a multi-disciplinary approach would be taken to ensure decisions were made in the best interest of the service user. Best interests meetings would involve where possible the service user, family members or carers, advocacy services and professionals involved in the care of the service user.

We found inconsistency across the wards for older people in how the Act was implemented. One manager said that at a recent meeting, managers had found that each ward had differing thresholds of when staff undertook capacity assessments and subsequent best interest decisions where needed. We found evidence of this within care records we reviewed. For example, staff had completed capacity assessments to determine whether patients could consent to admission. Where patients lacked capacity, Laurel ward had evidence of best interest discussions and decisions to accompany these, whereas other wards did not. Staff on Laurel ward completed capacity assessments and best interest decisions in relation to patients understanding of their rights and other wards did not. We also found inconsistencies in the record of one patient regarding capacity to consent to admission and another patient had a capacity assessment in place for covert medicines although the patient had never received medicines covertly. This demonstrated variances in staff practice about use of the Act. We did identify some good practice in relation to capacity assessments and best interest decisions on wards for older people which showed how staff had involved patients and their families in discussions.

The inconsistent recording of mental capacity in patient records was an entry on the trust risk register. Managers in the wards for older people with mental health problems had recently begun joint meetings to share information about how they applied the Mental Capacity Act and look at ways of ensuring consistent practice acknowledging

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there were still improvements to make. Our findings did not demonstrate that suitable and sufficient improvements had been made across all services to a level which would meet satisfy the requirements of the relevant regulation.

Assessment and treatment in line with Mental Health Act

During the inspection we met with the Care Group Director for North Lincolnshire and the Mental Health Act manager. We were informed that although only basic Mental Health Act training is currently mandatory, that a training framework has been developed for both the Mental Health Act and Mental Capacity Act. The plan will be operational from April 2017 and will cover a three year period. We also spoke with two non executive directors who were members of the mental health legislation committee, a subcommittee of the board which oversees all aspects of legislation. Both were knowledgeable of the services and the issues relating to legislation and could articulate how they challenged areas where improvements needed to be made.

We reviewed a sample of policies to identify whether they had been updated in line with the Mental Health Act code of practice. All policies we reviewed had been appropriately updated and referenced the relevant section of the code of practice. However we were told that the section 136 policy had been difficult to update due to partner organisations not signing up to the policy.

Some services had not achieved the trusts target of 90% for Mental Health Act training. Qualified staff were required to complete Mental Health Act training every three years. However, records for the wards for older people showed that only 43% of required staff across all of the wards had completed this training. The lowest compliance rate of the inpatient areas was Brambles ward where only 16% of staff had completed the training.

The trust had rolled out a series of training sessions on the Mental Health Act and managers in the community mental health services for people with learning disabilities or autism told us that their teams were up to date with their training. The training had been face to face with all the slides from the training being emailed to staff along with a copy of the Mental Health Act in practice book to support staffs understanding of the Act.

Staff had a variable knowledge around the Mental Health Act and the Mental Health Act code of practice. Staff across

the teams worked with patients with a wide range of mental health needs and the knowledge of staff reflected their experience of working with patients subject to the Mental Health Act. Staff from teams such as the social inclusion team and community therapies team reported that they did not regularly work with patients subject to the Mental Health Act. We found that these staff had a basic understanding of the Mental Health Act and code of practice. Whereas, staff who worked in teams such as assertive outreach teams, worked with patients subject to the Mental Health Act more frequently. We found that these staff had more detailed knowledge about the Mental Health Act and code of practice.

The trust had a central Mental Health Act office that provided administrative support and there was a Mental Health Act lead in place. Staff were able to contact the lead person and staff in the Mental Health Act office for legal advice and guidance. Managers and staff from the Mental Health Act office completed regular audits of Mental Health Act documentation.

Information in relation to independent mental health advocacy was displayed in areas across the trust and where appropriate referrals to the independent mental health advocate services had been made. We were told by the advocate who visited the wards for older people in Rotherham and Doncaster that staff had a sound knowledge of the Act and were very patient focussed. They confirmed that the Mental Health Act office automatically referred all detained patients to the advocacy service. There was also advocacy provision available for informal patients.

We found that consent to treatment for patients subject to the Mental Health Act was sought in line with legislation and guidance. Patients had the appropriate and up to date Mental Health Act documentation. Care coordinators ensured that patients were informed of their rights at regular intervals. The trust's Mental Health Act office audited the adherence to the Mental Health Act. The office would inform teams if patients' rights had not been informed for some time and of any out of date or incorrect documentation.

Detention paperwork that we saw in patient records was in good order, clearly set out and correctly completed. We checked patients' section 17 leave records across all wards where they had this in place. Staff had crossed through expired forms to evidence that these were not in use and

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reduce the potential for errors. On Glade ward, one patient still had expired forms that had not been crossed through. A staff member told us they would ensure these were marked through.

When patients were detained under the Mental Health Act to inpatient wards, when a Mental Health Act tribunal was planned, staff from community teams wrote and presented social circumstances reports for patients.

Nursing staff informed patients of their rights in accordance with section 132 of the Mental Health Act. Records showed staff did this on a regular basis. Relatives we spoke with told us they had observed staff explaining their family member's rights to them even though their family member may not have been able to understand these rights on all occasions.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We did not inspect the caring domain at this inspection as all services were rated as good at the last inspection in September 2015 and intelligence suggests there has been no change.

Our findings

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We did not inspect the responsive domain at this inspection as all services were rated as good following our inspection in September 2015 and intelligence suggests that there has been no change to these services.

Our findings

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led as good because:

- In September 2015, we rated 12 of the 15 core services as good for the well-led key question. Intelligence we have received since that inspection, including information we reviewed during this inspection, suggests the trust has maintained the quality of leadership of these services.
- Following the September 2015 inspection, we rated two of the 15 core services as requires improvement for well led. At this inspection, we visited the two services rated as requires improvement for well led and have revised their rating to good.
- Since our inspection in September 2015 the trust had refreshed its vision and values. It had engaged staff, patients and the local communities in this process.
- Staff were aware of the vision and values and said they reflected the way they worked.
- Staff told us they felt supported by their managers.
- The governance structure had recently been reviewed and quality dashboards had been developed to enable a more structured approach to providing information to the trust board.
- Risk registers were held at service level and staff told us they knew how to add items to the register.
- The trust used innovative methods to engage people in the development of the patient and public engagement strategy.

However:

- Members of the care group senior leadership teams were fairly new in post and continued to require support in the role from the senior executive team.

- The trust did not routinely collect data relating to all of the protected characteristics, for example age and gender, of patients and staff which means it cannot ensure it is meeting the needs of the population it serves.
- Some staff felt their concerns were not heard regarding the new model of place based services.

Our findings

At this inspection we took the opportunity to inspect the well led domain in order to gain assurance regarding the leadership of Rotherham, Doncaster and South Humber NHS Foundation Trust.

Vision, values and strategy

The vision and values have been refreshed in the past twelve months to reflect the new leadership style and culture. Staff contributed to the development of the vision and values through “Listening into Action” forums. Members of the executive team, told us in interviews of their full commitment to its focus and principles. Staff were aware of the trust values and we saw staff displayed these values in our observations of practice during our inspection. Staff told us that they knew who senior managers were and that they visited the teams. The trust had posters at each location which showed what the organisations values were and staff we spoke with told us these were reflected in the way they delivered care.

The trust has an overall vision of “Leading the way with care” and a mission of “promoting health and quality of life in partnership with people and communities.” This is underpinned by a set of values which were developed with service users, carers, staff and other stakeholders. These values are:

- Passionate.
- Reliable.
- Caring and safe.
- Empowering and supportive of staff.
- Open transparent and valued.

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- Progressive.

In turn the values are supported by a set of strategic goals:

- To strive for clinical excellence.
- To attract, grow and engage our people.
- To deliver excellent services through sound financial management.
- To work flexibly with partners to offer and deliver market leading services.
- To underpin high quality care with good governance and leadership.

The trust also has a number of quality priorities which are to enable the delivery of:

- Holistic, integrated physical and mental healthcare.
- Safer and more effective care.
- Services that actively listen and respond to our communities, patients, service users and our people.

The current operational plan and annual plan were clear and comprehensive and were supported by a number of strategies including the quality account and IT strategy. The change management plan is supported by initiatives such as the “Listening into Action” and “big conversations” to achieve commitment and involvement of all staff in the changes to ensure high quality safe care. “Listening into Action” is a method of engaging with employees and unlocking their potential so they can contribute to the success of organisation. It allows staffs who are closest to the patient to be at the heart of any change. The trust had 20 listening into action groups working on small projects. These were set up as small work streams to address specific issues that had been put forward by staff. Once these were completed the trust would consider the solutions put forward by the groups to consider an outcome. This is an area of good practice and we found outcomes resulting from “Listening into Action” were noted in the minutes of the quality committee.

Good governance

The trust had a board of directors made up of a chief executive, chair, 5 executive and 6 non executive directors who provided overall strategic leadership. There was a council of governors that provided a link between the board of directors and the local community. The lead governor meets regularly with the chair and they are

working to develop governor membership of trust committees. The lead governor told us that the governors have a meaningful role in the trust and that they feel listened to by the executive team.

At the last inspection in September 2015, the trust had seven separate business units working independently, which had led to inconsistencies and a lack of oversight in the governance structure. At this inspection we found that the trust was implementing a new senior leadership and care group structure. The trust received feedback from service users that services were not personalised enough and from staff who said they wanted to improve the integration between professions and partners. The trust responded to this feedback by restructuring its business divisions moving from providing services across specialities to providing all age, place based services. There were three separate care groups covering North Lincolnshire, Rotherham and Doncaster. We saw how services provided to the people in the communities served by Rotherham, Doncaster and South Humber NHS Foundation Trust were managed and provided by teams who understood the needs of the local population.

There was a separate single care group directorate for children’s services which was designed to enable the trust to work with their partners to provide seamless services. This care group included the community health services for children, young people and families and the child adolescent mental health services.

As well as changes to director portfolios a new role of chief operating officer had been introduced and recruitment was underway for two new non executive directors. The trust had taken this opportunity to recruit someone with a clinical background and had identified that they should understand the localities which they serve.

The trust had introduced a triumvirate model of senior leadership, with each locality care group being led by a care group director, a nurse and a doctor. This model is designed to ensure there is clinical leadership in each of the localities. The triumvirate have clear accountabilities and responsibilities and are supported by development and supervision. However, it was very early in development and few outcomes were available, with some staff only just taking up their new roles.

The governance structure had recently been reviewed to enable a more structured approach to providing

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information to the trust board. The chief executive described how the trust had moved from a position of asking 'what' to asking 'what, so what, now what?' There were 6 committees providing assurance directly to the board.

These were:

- Quality Committee.
- Finance and performance committee.
- Audit Committee.
- Mental Health Legislation Committee.
- Remuneration Committee.
- Charitable Funds Committee.

The finance and performance committee and quality committee were newly established committees which were chaired by a non executive director and also had the chief executive and chair sitting on the committee. This provided oversight at the highest level to ensure there is a relationship between financial stability, and quality.

Sub committees and structures were in place to provide robust assurance. Quality dashboards, developed for patient safety, clinical effectiveness, patient experience and professional leadership provided comprehensive data to the board and quality committees. However, limited data was available at ward level but plans were in place to develop this further following the implementation of the new clinical IT systems.

We attended a board meeting during the inspection period. The board followed the agenda, kept to time and functioned effectively. Reports of the committees which report to the board were reviewed and we observed appropriate discussion and challenge from the non executive directors throughout the meeting. There was an opportunity for members of the public to ask questions and these were responded to by the relevant board member.

The trust has a board assurance framework which brought together in one place all of the relevant information on the risks to the board's strategic objectives. There were 15 identified risks contained in the board assurance framework, three of which were identified as high. The framework identified the controls and assurance required to mitigate these risks. It also identified gaps in controls and how these would be addressed.

Risk registers were held at service level and shared with the quality committee. Extreme risks, following a degree of challenge were then escalated to the board. There were eight extreme operational risks identified by the trust, these included both financial and clinical risks as follows:

- Risk of increased waiting times, patient harm or negative patient experience as there is no commissioned Adult Attention Deficit Hyperactivity Disorder / Autistic Spectrum Disorder pathway or sufficient resources to meet current demand.
- Risk of reduced quality of care on adult mental health Doncaster and North Lincolnshire inpatient wards highlighted through emerging issues of concern.
- Risk of breaching of the Single Oversight Framework (Financial Controls element) leading to reputational risk and additional sanctions from NHS Improvement if the Trust does not deliver the financial plan through the none achievement of the CQUIN targets for 2016/17.
- Risk of breaching of the Single Oversight Framework (Financial Controls element) leading to reputational risk and additional sanctions from NHS Improvement if the Trust fails to deliver the financial plan through the none achievement of the efficiency plans for 2016/17.
- Risk of breaching of the Single Oversight Framework (Financial Controls element) leading to reputational risk and additional sanctions from NHS Improvement if the Trust is non-compliant with the agency cap.
- Risk to the reputation of the trust both clinically and financially if the implementation of the electronic patient record system is sub-optimal.
- Risk that best practice or improved practice is not embedded across clinical services following the outcomes of investigations and lesson learned not being consistently identified, shared and implemented in a timely manner.
- Risk of deaths not being investigated to a consistent standard across all services.

Each identified risk was monitored and reviewed by the finance, performance and information or quality committee which in turn reported to the trust board. During the October 2016 meetings both committees had undertaken a deep dive of those risks that have been extreme for 90 or more days and were assured that the risk were being appropriately managed.

There was an escalation process for issues identified by teams. Issues discussed at core service level could be

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escalated by managers for consideration for the risk register. We reviewed items on the risk register in relation to community-based mental health services for adults of working age during our inspection. We found that items on the risk register showed issues that we identified during our last inspection in September 2015 were recorded, including risk assessments, medicines management and physical health checks. The risk factors calculation score for these issues had reduced as actions had been completed by the trust.

There is an equality page present on trust website which outlines the organisations commitment to equality and diversity and it has published its Workforce Race Equality Standard metrics in an easily accessible position on the trust website. The Workforce Race Equality Standard report outlines future improvement actions that are appropriate to the findings, e.g. exploring reasons for black and minority ethnic staff having a poorer perception of career progression opportunities.

An equality and diversity steering group was in place, meeting quarterly and reporting to the people sub committee and ultimately to the board. Equality considerations are required on the cover sheet for all board papers. The steering group is chaired by the director of human resources and discusses the Workforce Race Equality Standard and Accessible Information standard as standing agenda items. However, the trust does not have an equality and diversity policy and protected characteristic data is not collected for service users, as the trust's current information system does not facilitate this. This functionality has been requested in the trust's proposed new information system.

EDS2 is an assessment tool designed to measure NHS equality performance with an aim to produce better outcomes for people using and working in the NHS and to gather equality evidence that demonstrates compliance with the Public Sector Equality Duty of the Equality Act (2010). We saw how this was utilised by the organisation as the framework for self-evaluation, and links were made between EDS2 outcomes and CQC standards within the organisation.

The black and minority ethnic staff engagement staff survey score was 3.96, which was better than the national average of 3.81. Black and minority ethnic staff scored higher than their white counterparts in 20 of the 32 key findings and findings relating to ability to contribute

towards work and quality of appraisals were more than 10% better for black and minority ethnic staff than for white staff. No staff survey key findings were 10% worse or more for black and minority ethnic staff than white staff. Staff side representatives we spoke with had no specific issues for staff around equality. However, staff survey key findings relating to communication with senior management, flexible working opportunities, career progression, experiencing discrimination in the last 12 months and reporting bullying and harassment were all rated 5-10% worse by black and minority ethnic staff than their white counterparts.

Equality and diversity training was mandatory and the compliance level was 89%. It was provided at induction and every three years thereafter. Additional training on specific protected characteristics had been provided, for example, gender/transgender workshop, defeating barriers, and had held a conference on unconscious bias in the workplace. Further training was planned in relation to bullying and harassment and unconscious bias. Unconscious bias would also be included in managers' recruitment and selection training.

However, we found no clear links between the equality and diversity lead and complaints/incidents which could be a barrier to organisational learning. Information system constraints meant that outcomes for service users could not currently be analysed by protected characteristic. Areas of poor or excellent progress could therefore not be readily identified. This was a barrier to sharing good practice and ensuring that a consistent, good service was provided to all patients. It was also a barrier to understanding how accessible services were to different community groups.

The trust's overall appraisal rate for non-medical staff was 83% below the trust target of 90%. Medical staff appraisal was 100% for those staff at work. Two doctors had not received an annual appraisal at the time of inspection due to sickness absence. The medical revalidation rate at this time was 100%.

The trust reported overall compliance with mandatory and statutory training at 90%. However, at the core services we visited at this inspection, we found that systems did not ensure that staff received up to date training and appraisal. Information provided by the trust showed that a number of

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mandatory training courses were not up to date across teams in community-based mental health services for adults of working age and not all staff received a regular appraisal.

Sickness and absence rates for the trust as a whole were 4.8% against a target of the same figure and a reduction of more than half a percent on the same quarter in 2015/6. The information provided did not break this down into long and short term absence.

At the last inspection in September 2015, the trust's information systems were on their risk register as there was a lack of assurance regarding data quality. This was due to information being uploaded from a number of different systems. There were also two systems in place to record patient information, but there were no links between the two systems. Since the last inspection the trust has developed a programme of health informatics which will support the transformation agenda and will enable the right information to be in the right clinical record at the right time.

The health informatics team had worked with clinicians at all levels to develop a detailed specification for a new electronic patient record system. The trust expected to sign the contract for the new system in November 2016. However, the trust recognised that until the new system was in place and staff were trained in its use, there were risks associated with the use of paper and electronic patient records. Although a new single system had been commissioned, investment has also been made in training staff to make full use of the current system in order to reduce the staff reliance on paper records.

Process mapping has also identified how many processes can be standardised in the new electronic patient record, reducing time and risks associated with completion of multiple documents. The trust recognised the risks associated with the speed at which it will be able to train staff to use the new system and this has been added to the risk register. The trust had invested in a new training manager with the intention to bring further training resources to address this risk.

There has also been investment in data warehousing to provide clear information management and business intelligence. Work was also underway to support the place based care groups, for example the Sepia system in

Rotherham enables hospital staff to see if a patient is on a community caseload and vice versa. This was also being shared with the substance misuse services at the time of the inspection.

The trust had recognised that some staff in their health informatics team need to be supported to develop their skills in current technology and work within a new career structure. Staff were given the opportunity to access training and development specifically in relation to the informatics skills required by the trust and assessed against a new job description. If staff have not achieved the expected standard, further support will be offered and a date set for further review. This was recognised as good practice in an area where it is difficult to recruit staff with the appropriate skills.

Key performance indicators were used to measure performance in the trust. We reviewed the Doncaster, Rotherham and North Lincolnshire performance and quality reports for July 2016 and found that North Lincolnshire community teams met their key performance indicators and Doncaster and Rotherham community teams did not meet one of their targets by a minimal percentage.

Commissioners told us that they had good working relationships with trust. They described the trust as accessible, willing to listen and good at reporting back to them. A collaborative meeting took place regularly between trust and clinical commissioning group medical and nursing directors. There was some disagreement between the trust and commissioners in North Lincolnshire regarding the access criteria for eating disorders services for young people. The commissioners believed that the access criteria is high and therefore families complain about the lack of access. However, the trust told us that they provided all the services they were funded for.

Information from a local authority overview and scrutiny committee gave some concern regarding the poor of progress in discussions with the trust regarding lack of an agreed pathway or joint working procedures for dual diagnosis clients. They did however describe the trust as a good provider who had well established local relationships

The trust's transformation programme was in line with the five Year Forward and the Sustainable Transformation plans with the trust chief executive leading on the mental health programme in the South Yorkshire and Bassetlaw

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area and one of the trust none executive directors sitting on the same programme in the Humber, Vale and coast area. Indicating that the trust is influencing the agenda on mental health and parity of esteem

The overall transformation plan is in line with national policy with the reconfiguration being locality based and matching the Sustainable Transformational plan areas. The transformation has five projects, electronic records system, estates, locality and service configuration, finance and performance. Children's services are a separate division which ensures that the children's agenda in the area is high profile.

We reviewed six complaints, including one from the learning disabilities service and one from a person detained under the Mental Health Act. We found that the process was simple, easy for people to raise a complaint and in most cases there was clear evidence of a thorough investigation. However, the timescale for responding to a complaint was sometimes lengthy. Action plans resulting from complaints were thorough but it was unclear how these actions would be signed off as complete.

We reviewed five serious incident investigation reports. In each case we found that a full root cause analysis had been undertaken and four of the five investigations had been completed within the agreed timeframe. An action plan had been developed to address any care and service delivery issues, however, not all action plans had had an audit in place to ensure sustained change.

The trust told us that they were considering centralising the complaints and serious incident investigations. This will provide consistency in the quality investigation and reporting and should ensure that investigations are completed within the agreed timeframe.

There were a number of mechanisms in which learning from complaints and serious incidents was shared across the organisation, for example, the organisation learning forum. Quality dashboards were being developed to support the governance process around quality issues, including complaints and incidents.

Leadership and culture

The trust chief executive had been in position for just over a year at the time of inspection. Staff we spoke with told us the chief executive had brought energy and opportunity to the trust, with openness, listening and learning

encouraged. The trust chair and chief executive identified that the trust was on a journey and improvements were still to be embedded. The trust also recognised that the members of the care group senior leadership teams were fairly new in post and that they would require support in the role from the senior executive team.

Despite the senior leadership team being relatively new we found them to be well informed, with a clarity regarding the challenges they faced and a good understanding of the impact of the transformation agenda on patient care and staff morale. Staff told us they felt there was a greater involvement by senior managers since our last inspection. Staff at the Ironstone Centre said they now felt part of the trust. Staff said senior managers were visible, approachable and there had been visits from the chief executive, assistant director, business support manager and the head of nursing to services across the trust. The non executive directors also have a programme of visits to services which they use to identify areas to challenge the board.

On the whole, staff reported good morale, however, some concerns were expressed by staff in Doncaster regarding to possible dilution of knowledge and experience in the new place based model of providing services. Transformation generally was the highest concern for staff, however, the senior leadership team acknowledged this and told us that support and communication with staff was a priority. Staff side representatives expressed concern that the trust lacked an overall transformation plan and that a voluntary redundancy plan should be issued. However, the Chief Executive told us that the Trust was trying to retain the necessary skills, experience and expertise within the services, prior to any discussions on redundancy. Managers told us that they were part of the transformation group and they were able to discuss staff concerns at group meetings. Team meetings were inclusive and staff were able to add agenda items and where necessary actions allocated and reviewed at the next meeting. The trust sent out regular newsletters to staff with information about the transformation project updates.

During our inspection, community based mental health services for adults of working age were going through a transformation of services. At the time of our inspection teams were waiting for feedback from the trust to show what the service and teams would look like. Staff told us that they felt included in consultations about the services

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and informed of updates and developments throughout the process. Staff had been involved in themed conversations to contribute their views on what they thought a great service looked like.

Staff were able to feedback and give input into service development in a variety of ways. In May 2016, the trust launched “Listening into Action”, which has engaged staff in front line services to give the opportunity to make changes to improve patient care and staff experience. Examples of improvements already seen by teams who have been involved in through “Listening into Action” are a 60% reduction in complaints and an increase in compliments in Rotherham child and adolescent services. The North Lincolnshire inpatient team reduced staff sickness and thus use of agency staff and Doncaster Aspire team enhanced their peer mentor programme by engaging over 50 staff from across different organisations to jointly provide support for people with drug and alcohol problems in the locality.

Staff reported that they enjoyed their roles, although they identified that there was stress associated with some roles due to the nature of the work. Staff who experienced higher levels of stress told us they received support from their colleagues and managers to enable them to manage this. Staff across all the community teams for learning disability describe good team working and that they felt supported by their managers and colleagues.

There were opportunities for leadership development. We saw that some staff had undertaken post graduate qualifications in management which was funded by the trust. Some staff were completing secondments as team managers.

There were no reported cases of bullying or harassment. Staff knew how to raise concerns when needed. Staff told us that they would raise any concerns initially to their line manager and reported that they would feel confident to do so. If they thought that their concerns had not been addressed then staff said that the most important thing to consider was the safety of the patient and they would not have any concerns in whistleblowing if needed. Staff knew where they could find information about whistleblowing on the trust’s intranet page.

Fit and Proper Person Requirement

From 27 November 2014 a new regulation, The fit and proper person’s requirement has applied to all NHS trusts,

NHS foundation trusts, and special health authorities. Regulation 5 says that individuals, who have authority in organisations that deliver care, including providers’ board directors or equivalents, are responsible for the overall quality and safety of that care. This regulation is to ensure that those individuals are fit and proper to carry out this important role and providers must take proper steps to ensure that their directors (both executive and non-executive), or equivalent, are fit and proper for the role.

Directors, or equivalent, must be of good character, have the necessary competence, skills and experience and be physically and mentally fit enough to fulfil the role. They must also be able to supply information including a Disclosure and Barring Service check and a full employment history.

We saw the trust had in place a system for checking compliance with Regulation 5. We reviewed the personnel records of two executive directors, chair, and two non-executive directors. All were found to be compliant with the requirements of the regulation.

Engaging with the public and with people who use services

The trust are very proud of their recently launched patient and public engagement strategy for 2016 to 2019. They acknowledged that the previous strategy had been too organisation focused and the new strategy was developed through coproduction with patients, carers and local communities. A series of ‘big conversations.’ Were held to find out what people thought about the services they used and how the trust could do things better. Notes from the big conversations contained illustrations as well as written information; this made the information eye catching and easy to access. The information was also available in a podcast.

The Listen to Learn Network is the current Carer and Public Engagement and Experience Group for the trust. The aim of “Listen to Learn” is to provide as many opportunities as possible for people to tell the trust what they think of the services provided by the trust, to be involved in their own care and the planning, design and delivery of services. The network offers a forum for trust staff to meet with patients/ service users, carers, public representatives and trust governors to listen to them in order to improve services.

Are services well-led?

Governors and members are provided with varied opportunities to be involved in the working of the trust, including visits, surveys, events and meetings and patients and carers have been involved in service transformation process through ‘big Conversations.’

Quality improvement, innovation and sustainability

Quality improvement is managed and monitored through the quality committee which has a range of duties relating to the delivery of high standards of care across the trust across the domains of quality (clinical effectiveness, patient safety and patient experience) and relation to all aspects of workforce, organisational development and learning development.

The trust’s audit plan was developed around the CQC musts and shoulds. The audit plan was well constructed with new effective systems in place to support improvement. The exception to this was policy renewal as not all trust policies had an audit standard. The clinical audit process is supported by the quality review process which provides information on gaps in quality of services not otherwise identified.

The grounded research team were involved in studies which recruit participants from adult community mental health services. The studies they were involved in, all of which are portfolio studies, include the following;

- DPIM (DNA Polymorphisms in Mental Illness) A large scale study investigating the role of DNA polymorphisms as a cause of different mental illness.
- Adult Autism – Learning about the lives of adults on the autism spectrum and their relatives.
- SCIMITAR PLUS – The primary objective is to establish the clinical effectiveness of a bespoke smoking cessation intervention for people with severe mental ill health.
- Yorkshire Health Study – an inclusive public health study, which could include patients from this setting.

The team also have a number of studies in development which are approved and on the portfolio but are still being planned, specifically;

- Physical Well Being in Early Intervention – Proposal for a study considering the application of exercise to improve the physical and mental health and wellbeing of those with common mental health problems in Doncaster.

- INTERACT - Informing the Development of online cognitive behaviour therapy materials for an integrated approach to delivering this intervention.

The community team for people with a learning disability and autism at Doncaster had begun a project called VARM which was a vulnerable adult risk matrix pilot. The project was to assist clinicians in how to work with service users who had capacity and were making decisions that were considered unwise. In the Doncaster team they had been successful in getting funding to train staff in eye movement desensitisation and reprocessing, which is a psychotherapy technique.

The trust achieved the silver award in sport and activity at work, in recognition for the work it had done to improve staff well-being by providing opportunities for them to be more active. It had also developed a physical health and well-being strategy to improve the physical health of patients. This involved the development of designated health and well-being clinics which would provide physical health monitoring, interventions and advice around healthy lifestyles. The trust had trained support workers to gain skills to support the running of these clinics. At the time of our inspection these clinics had not started but this was scheduled to start by October 2016.

Staff took part in the ‘recovery steering group’ which was aimed at understanding what recovery looks like and how it can be achieved. The group was forming a strategy on promotion of recovery which was due to be presented to the trust in October 2016.

North Lincolnshire recovery college received the July 4 Candles Award from the Academy of Fab Stuff. The academy of fab stuff is a collaboration to share best practice, ideas and solutions across the NHS and social care.

The trust payroll team was awarded the in-house team of the year award by the Chartered Institute of Payroll Professionals.

The trust participated in external peer review and accreditation. This included:

- Memory services national accreditation programme
- The quality network for forensic mental health
- Electro convulsive therapy accreditation standards (ECTAS) College centre for quality Improvement (CCQI)

Are services well-led?

- Accreditation for inpatient mental health services (AIMS).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Care and treatment was not always provided in accordance with the provisions of the Mental Capacity Act There was inconsistency amongst staff on all wards about when they undertook assessments of patient's capacity to consent. On Glade ward, a capacity assessment had been completed at a later time than when the person had been assessed for their ability to make a specific decision. On Glade and Bramble wards, capacity assessments did not always evidence what considerations staff had made to show that decisions made were in the patient's best interest. On Coniston Lodge one patient had a capacity assessment with no evidence of any best interests discussion. Staff were unaware of this assessment. One patient had a do not attempt resuscitation order with no evidence this had been discussed with the patient and/or their family or advocate. Regulation 11 (1) (3)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

The trust had not done all that was reasonable practicable to effectively assess and mitigate risks to patients on long stay/rehabilitation wards for people with mental health problems.

Risk assessments were not always robustly and consistently reviewed and updated including where patients' circumstances changed and in response to incidents.

There were omissions within some patients' risk information, which meant staff may not be aware of how to manage risks in a safe and consistent manner.

12 (1) (2) (a) (b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

In Specialist community mental health services for children and young people

Thirteen of the 27 risk assessments reviewed on the system were incomplete and did not reflect the patients' needs. The current system did not automatically include current information on a new risk assessment when assessments were updated.

This is a breach of regulation 17 (2) (a)

Care plans on the system were difficult to navigate due to the number of menu options available. This made them difficult for staff to complete.

This is a breach of regulation 17 (2) (b)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not met:

In Community mental health services for adult of working age:

This section is primarily information for the provider

Requirement notices

Staff did not receive up to date training in a number of mandatory training courses.

Not all staff received an appraisal.

In long stay/rehabilitation wards for people with mental health problems:

Not all staff had achieved compliance rates of mandatory training in accordance with the trust target of 90%.

There was low compliance within specific wards for the areas of safeguarding, prevent, and moving and handling and resuscitation.

On wards for older people with mental health problems:

Staff did not receive the appropriate support and training for their role.

Not all staff received supervision at the required frequency and in accordance with trust policy.

Four staff on Windermere Lodge and eleven staff on Bramble ward had received no formal supervision in 2016. Five staff on Coniston Lodge and ten on Brambles had received only one supervision in this same period.

Glade and Laurel wards matrixes showed gaps of over four months between staff supervisions on some occasions.

Only 43% of eligible staff across the service had completed the required Mental Health Act training for their role.

Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.