

# Leeds and York Partnership NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disability services. They support people of all ages within the Leeds and York areas. It was awarded NHS foundation trust status on 1 August 2007. The trust merged with the mental health and learning disability services from NHS North Yorkshire and York on 1 February 2012, becoming Leeds and York Partnership NHS Foundation Trust.

The trust services a population of 780,000 in Leeds, and 198,000 in York. It employs 2578 substantive staff, including 721 qualified nurses, 70 consultant psychiatrists, 172 allied health professionals and 679 health care support workers. Its annual turnover for 2016/17 was £153 million.

The trust provides services to approximately 781,000 adults in the Leeds areas and 198,000 in York. It provides specialist services and accepts referrals from across the UK into these specialist services. The trust operates from 50 locations and has 408 beds across the service.

The trust headquarters are located at Thorpe Park, Leeds. All community mental health services are registered to the trust headquarters.

The trust also provides one adult social care service which is the supported living service.

Leeds and York Partnership Foundation Trust had its last comprehensive inspection in April 2018. At the last inspection three of the core service were rated as requires improvement; nine of the 12 core services were rated as 'good' or 'outstanding,' and the supported living service was rated as 'good.' The trust was rated as 'requires improvement' overall.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disability services. It also provides specialist services and accepts referrals from across the UK. The trust provides one adult social care service which is the supported living service.

The trust headquarters are located at Thorpe Park, Leeds. All community mental health services are registered to the trust headquarters.

The trust registered locations include:

- Asket Centre
- Clifton House
- Mill Lodge
- Parkside Lodge
- St Marys Hospital
- The Becklin Centre
- The Mount

# Summary of findings

- The National Centre for Psychological Medicine
- Newsam Centre
- Trust Headquarters

The trust provides the following mental health core services,

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Forensic inpatient/secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for older people
- Specialist Deaf Community-based mental health services for children and young people
- Community mental health services for people with learning disability or autism
- Specialist Core Service - National Centre for Psychological Medicine

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected seven complete core services in total, out of 12 core services provided by the trust. They included,

- Acute wards for adults of working age and psychiatric intensive care units
- Forensic inpatient/secure wards
- Wards for older people with mental health problems
- Wards for people with learning disability or autism
- Long stay/rehabilitation mental health wards for working age adults

# Summary of findings

- Community based mental health services for adults of working age
- Community based mental health services for older people

These core services were either selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided. Three of the core services we previously rated as 'requires improvement' at our last comprehensive inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated the trust as good in the well led key question at the trust level.
- We rated the trust as 'good' in effective, caring, responsive and well-led. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The rating for the acute mental health wards for adults of working age and psychiatric intensive care units and the forensic or secure wards was good overall and in all key questions.
- The wards for people with a learning disability or autism was rated as good for caring as patients' communication needs were now assessed and we saw good examples of adaptive communication strategies used to enable patients to participate fully in their treatment and care.
- Systems were effective to ensure that documentation was in place and readily available demonstrating that directors met the fit and proper person requirement, regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- There was good practice in relation to the application of the Mental Health Act and the Mental Capacity Act. Audits were completed to monitor the compliance with these Acts.
- Governance systems were established to assess, monitor, and improve the quality and safety of the service, and manage risk, and operated effectively across the trust and were embedded in locally in most services.
- Staff knew and understood the values of the trust. Staff were able to give descriptions of how the values were used to underpin both individual and team good practice. We found an open and transparent culture where staff knew who the freedom to speak up guardian was and felt able to raise concerns without fear of retribution. Staff felt respected, supported and valued and were supported with opportunities for career progression.

However:

- We rated three of the 11 core services as requires improvement overall. Our ratings took into account the previous ratings of services not inspected this time. Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- The long stay/rehabilitation wards for adults of working age and community based mental health services for older people were rated as requires improvement overall. This suggested that these services had got worse since the last inspection.

# Summary of findings

- The requires improvement rating remained the same for wards for people with a learning disability or autism, however this service had seen an improvement in the key question of caring.
- Although compliance with mandatory training had improved and the trust had met its target of 85% we were concerned there were gaps in mandatory training in five of the core services we inspected with safeguarding children level three training being below 75% in two core services, although plans were in place to address this. There was no assurance that staff working with patients with a learning disability or autism had the right knowledge or skills to provide effective care and treatment because there was no training provided in learning disabilities or autism. Not all staff working with patients with dementia in the community based mental health services for older people had received training in dementia.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- We rated five of the core services as requires improvement for safe, all of these core services were inspected this time.
- Although the trusts overall compliance with mandatory training had improved, there were gaps in mandatory training in five of the core services we inspected with safeguarding children level three training being below 75% in two core services. Staff across the long stay/rehabilitation wards did not all receive the same level of mandatory high level physical intervention training including promoting safe and therapeutic services and breakaway, staff on ward 5 received a higher level of training than staff from Asket Place and Asket Croft.
- Clinical premises where patients received care were not always safe or clean. There were outstanding works to be completed on the long stay/rehabilitation wards to minimise the ligatures present and on ward 5 some ligatures had not been identified on the ligature risk assessment. Some carpets were visibly stained, and hand-washing facilities were not available in all areas where required. Fire and environmental risk assessments were not completed for all patient areas and the seclusion room at Parkside Lodge did not meet the requirements because the intercom system did not work effectively two ways and it did not have adjustable lighting.
- Staff did not consistently assess and manage risk to patients. Risk assessments were not always updated following incidents or changes to patient need staff did not consistently work with patients and their families and carers to develop crisis plans and crisis plans had not been considered or implemented for all patients who required them.
- Some staff did not have access to the electronic patient record system were resorting to the use of paper notes and not all paper records had a consistent structure across the service. Information in the electronic record was not easy to navigate and or find information, however plans were in place to replace this system.
- Staff did not follow national guidance on the use of restrictive interventions in the wards for older people with mental health problems and we found there were blanket restrictions in place within the long/stay rehabilitation wards which had not been entered onto the risk register in line with trust policy.

However:

- Staff understood how to protect patients from abuse and the services worked well with other agencies to do so.
- The services had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- The wards and teams had a good track record on safety. The services managed patient safety incidents well and staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and appropriate support.

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## Are services effective?

- Our rating of effective improved. We took into account the previous ratings of services not inspected this time. We rated it as good because:
- The trust had taken action to improve supervision compliance rates with the result medical staff supervision had increased to 92% and non-medical staff to 75%
- Staff had training on the Mental Health Act and Mental Capacity Act and most demonstrated a good understanding of the Acts. There were resources available to provide further support in relation to the application of the Acts.
- Most staff received an annual appraisal which staff told us were generally constructive and included conversations about professional and career development and action plans developed to achieve development goals
- Staff in all areas except one of the respite units for people with a learning disability or autism ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff across all services from different disciplines worked together as a team to benefit patients. Teams had effective working relationships with staff from services including those who would provide aftercare following the patients' discharge. They supported each other to make sure patients had no gaps in their care.

However:

- There was no assurance that staff working with patients with a learning disability or autism had the right knowledge or skills to provide effective care and treatment because there was no training provided in learning disabilities or autism. And not all staff working with patients with dementia in the community based mental health services for older people had received training in dementia.
- Staff did not routinely use recognised rating scales to assess and record severity and outcomes for patients in the acute wards for adults of working age and psychiatric intensive care units and in community based mental health services for older people.
- Staff at team level in community mental health services older people did not engage in routine clinical audit in order to evaluate the quality of care they provided and community mental health services for working age adults did not meet their target to implement audits as part of their outcome measures within the planned timescale.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We rated 10 out of the 11 core services as good and one core service as outstanding for caring This takes account of the core services we did not inspect this time.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Feedback from patients confirmed this. Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff informed and involved families and carers appropriately and provided patients, families and carers with the tools needed to support ongoing care and recovery.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff had improved communication methods to support patients to understand and manage their own care and treatment and condition in the wards for people with a learning disability or autism, at Parkside Lodge, this included

# Summary of findings

the use of a talking care plan to enable a patient to understand their care and treatment and in the acute wards for adults of working age and psychiatric intensive care units staff found ways to communicate with patients who had communication difficulties, an example being, pharmacy staff met directly with patients and their families to help them understand prescribed treatment

- Staff helped families to give feedback on the service and in the wards for people with a learning disability or autism followed the principles of Ask, Listen, Do in relation to feedback, concerns and complaints and each ward in the forensic service had at least one carers champion who was leading on carer engagement.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- We rated the specialist deaf community children and adolescent mental health service as outstanding for responsive, and 10 of the 11 core services and the supported living service as good for responsive. This takes account of the core services we did not inspect at this time.
- The trust treated concerns and complaints seriously, and supported patients and carers to understand how to make complaints. They investigated the complaints thoroughly and cascaded learning.
- All the services had clear referral procedures and discharge pathways leading out of the services. The trust was working with other stakeholders to address the out of area placements and delayed discharges.
- The services met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. Buildings and facilities had appropriate access for patients with mobility issues and disabilities. Ward environments had a range of rooms, equipment and facilities available to promote recovery.
- The trust met the cultural and spiritual needs of patients receiving care and treatment. They were able to provide information in appropriate formats to ensure patients were fully informed about the care they were receiving.
- The food was of a good quality and patients could make hot drinks and snacks at any time.

However:

- Ward 5 did not have access to a psychologist for patients care and treatment at the time of our inspection, although other staff were trained in delivering psychosocial interventions to patients.
- There were three out of area placements and 92 delayed discharges within the wards for older people with mental health problems. However, the service was actively taking steps to address these issues.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- We rated 10 of the 11 core services as good for well led. This takes account of the core services we did not inspect at this time.
- The trust had managers at all levels with the right skills, knowledge and abilities to run a service providing high-quality sustainable care.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff knew and understood the values of the trust. Staff were able to give descriptions of how the values were used to underpin both individual and team good practice.

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- The trust was committed to improving services by learning from when things go well and when they go wrong; promoting research and innovation in a number of services.
- Staff knew who the freedom to speak up guardian was and felt able to raise concerns without fear of retribution.
- Staff felt respected, supported and valued. They were supported with opportunities for career progression.

However:

- We rated the long stay/rehabilitation wards for adults of working age as requires improvement for well led.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/ rehabilitation wards for adults of working age
- Wards for older people with mental health problems
- Forensic inpatient or secure wards

For more information, see the 'outstanding practice' section of this report.

## Areas for improvement

We found areas for improvement including 19 breaches of legal requirements that the trust must put right. We found 39 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the 'areas for improvement' section of this report.

## Action we have taken

We issued 19 requirement notices to the trust. Our action related to breaches of five legal requirements in five core services.

For more information on action we have taken, see the sections on 'areas for improvement' and 'regulatory action.'

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found examples of outstanding practice in the following services:

# Summary of findings

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

Managers had identified that delayed discharges were above average in acute in-patient services and had had implemented innovative ways to identify and overcome barriers to discharge. Soon after admission, dedicated staff were available to identify with the patient factors which could be a barrier to discharge. Where possible, the team could put measures in place to overcome any potential barriers, such as, where changes needed to be made to the patient's home environment before they could be discharged. Managers monitored the number of delayed discharges and they held daily meetings with the discharge team to discuss capacity and patient flow.

All staff had been trained in identifying early warning signs of increased risk of developing pressure ulcers in their patient group. This was in line with an initiative called 'React to Red Skin' - a pressure ulcer prevention campaign that was committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that people can take to avoid them.

## **Long stay/ rehabilitation wards for adults of working age**

The rehabilitation and recovery team on site at the Asket Centre provided all patients at Asket House and Asket Croft with intensive support and rehabilitation and were integral in providing a successful rehabilitation pathway for the patients. They provided care coordination during their stay and after discharge to ensure they had the right support when transitioning back into the community.

## **Wards for older people with mental health problems**

Staff provided patients with rubber soled socks to reduce the risks of slips and falls on the wards.

Staff provided patients with access to education. For example, staff arranged for one patient with an interest in singing to attend vocal coaching lessons and be part of a singing group at a local college.

## **Forensic inpatient or secure wards**

At Clifton House a new service 'Forensic Outreach Liaison Service' had been introduced. This service worked with patients planning discharge and acted as the care co-ordinator for the community health teams. This ensured discharge planning and after discharge care was the responsibility of the same person.

While this service is recognised as good practice nationally we felt this was an outstanding example. During our inspection we met a patient living in the community who had been collected by a nurse from the team to come into Clifton House for treatment. The nurse had stayed with the patient monitoring them for possible side effects and was visiting their old ward to speak with friends before returning them back to their home address. Nurses not only provided medical support but also social support to ensure patients did not relapse.

The team also took referrals about potential patients for Clifton House working with the relevant community health team to prevent the need for admission.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve:**

We told the trust that it must take action to bring services into line with six legal requirements. This action related to five services:

# Summary of findings

## **Long stay/rehabilitation wards for adults of working age**

- The trust must ensure all patients have a crisis and contingency plan in place. - Regulation 12.
- The trust must ensure that all potential ligature risks are identified and managed and any outstanding work to rectify this is completed. - Regulation 12.
- The trust must ensure that high dose antipsychotic medication is monitored effectively, and guidance is followed in the recording and locating of the records. - Regulation 12.
- The trust must ensure all staff have completed all of their required mandatory training. - Regulation 18.
- The trust must ensure the blanket restrictions in place are reviewed, monitored and removed in line with trust policy. - Regulation 17.

## **Wards for older people with mental health problems**

- The trust must ensure that systems are in place to ensure that staff carry out physical observations following the use of restrictive interventions that are in line with national guidance. - Regulation 12.
- The trust must ensure that risk assessments and risk management plans are routinely reviewed and updated following the use of rapid tranquilisation medicines. - Regulation 12
- The trust must ensure that all staff are aware of what medicines are classed as rapid tranquilisation. - Regulation 12

## **Wards for people with a learning disability or autism**

- The trust must ensure that staff can evacuate patients safely in the event of a fire. - Regulation 12
- The trust must ensure that staff complete risk assessments on admission and take all practicable steps to make sure the risks to patients' health and well-being are managed and mitigated. – Regulation 17
- The trust must ensure that patients' care plans contain all the information required to provide patients' care and treatment in a safe way that meets their individual needs. – Regulation 17
- The trust must ensure the seclusion room at Parkside Lodge meets the requirements of the Mental Health Act 1983 code of practice 2015. – Regulation 15
- The trust must ensure that staff undertake patients' care and treatment in a person-centred manner. This includes ensuring that staff provide patients with access to psychological therapies and therapeutic activities. – Regulation 9
- The trust must ensure that there is an accurate, complete and contemporaneous record in respect of each patient including decisions taken in relation to the patient in relation to the care and treatment provided. – Regulation 17
- The trust must ensure that systems and processes are effective and used effectively to assess, monitor and improve quality and safety of services and to manage and mitigate risk sufficiently. – Regulation 17

## **Community based mental health services for adults of working age**

- The trust must ensure clinic rooms are clean, well maintained and equipment is calibrated appropriately in line with best practice. - Regulation 15

## **Community based mental health services for older people**

- The trust must ensure that staff complete a personalised and holistic care plan with each patient which meets their individual needs and is updated regularly. – Regulation 9
- The trust must ensure that staff fully complete a comprehensive and up-to-date risk assessment with each patient, which includes details of how staff plan to manage identified risks. – Regulation 12

# Summary of findings

- The trust must ensure that staff consider the necessity for a crisis plan with each patient and create crisis plans for those that need them. – Regulation 12

## **Action the trust SHOULD take to improve:**

We told the trust that it should take action to comply with a minor breach that did not justify regulatory action. This action relates to two trust wide seven services.

### **Trust wide**

The trust should continue to improve the compliance with level three safeguarding children mandatory training.

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

- The trust should ensure all medications are stored in line with trust policy including patients' own medications.
- The trust should ensure they consult with and involve families and carers in patients' treatment plans where they have the appropriate authority.
- The trust should ensure staff follow guidance outlined in the relevant policy regarding consistency of patient records across different recording systems.
- The trust should ensure all patient care plans are holistic up-to-date and reflect all the needs identified in the assessment.

### **Long stay/rehabilitation wards for adults of working age**

- The trust should ensure that debriefs after incidents are recorded.
- The trust should ensure that one to one sessions and any section 17 leave cancellations are recorded and trust wide they have an oversight of this.
- The trust should ensure care plans are in place for the use of as required medication, high dose antipsychotic medication and blanket restrictions.
- The trust should ensure that staff at Asket House and Asket Croft complete high-level physical intervention training including promoting safe and therapeutic services and breakaway skills.
- The trust should ensure that it continues to review the care pathway provision for patients on Ward 5 to ensure the treatment and care follows a recognised model of rehabilitation and is recovery orientated in line with national guidance.

### **Wards for older people with mental health problems**

- The trust should ensure that all equipment used to deliver patients' care and treatment are regularly checked to ensure they are in full working order.
- The trust should ensure that systems are in place to ensure that all patients' belongings are safely and securely stored.
- The trust should ensure that staff are up to date with all modules of their mandatory training.
- The trust should ensure that staff carry out weekly checks of controlled drugs in line with its controlled drugs policy.
- The trust should ensure that it facilitates rapid access to its electronic care records system for agency staff in line with its own processes.
- The trust should continue in its efforts to recruit permanent staff to the service to reduce the use of agency staff and ensure there are always sufficient numbers of staff to deliver safe care and treatment.

# Summary of findings

## **Wards for people with a learning disability or autism**

- The trust should ensure that there is an effective reducing restrictive practice strategy and that the use of restrictive interventions is lowered.
- The trust should ensure there is an effective cooling system at 2 and 3 Woodland Square to ensure the clinic room is kept within the recommended range.
- The trust should ensure that staff follow the medication policy and ensure that where appropriate medicines are labelled with open by dates and are stored in an appropriate way.
- The trust should ensure that all staff receive training in learning disabilities and autism.
- The trust should ensure that all wards have a regular environmental risk assessment that includes ligature risks.

## **Forensic inpatient or secure wards**

- The trust should ensure that all those patients who are self-medicating have weekly audits of their medication.
- The trust should ensure all patients have yearly health checks.
- The trust should consider how it provides necessary equipment for patients in a timely manner.

## **Community based mental health services for adults of working age**

- The trust should ensure they continue to embed traffic light system to ensure safe caseload management. The trust should ensure it completes its scheduled review of the building safety, including fire risk assessments and building risk assessments.
- The trust should ensure staff continue to work towards achieving the 85% compliance target for mandatory training
- The trust should ensure staff consistently achieve the 15-day referral to initial assessment target.
- Trust should ensure staff consistently record patient risk management plans comprehensively and with the appropriate levels of detail.
- Trust should ensure all patients have a crisis plan.
- Trust should ensure staff consistently document the view of patients within the care records.
- The trust should ensure the staff continue to embed its new processes as part of the transformation of the service.
- The provider should ensure they meet their target to implement audits as part of their outcome measures for the community mental health teams within the planned timescale.

## **Community based mental health services for older people**

- The trust should ensure that all staff are aware of how to escalate risks to be submitted to the service's risk.
- The trust should ensure that there are up-to-date fire risk assessments and environmental risk assessments completed for all buildings used by the service.
- The trust should ensure that the carpets in the consultation rooms at the St Mary's House North Wing building are clean and fit for purpose
- The trust should ensure that staff have access to handwashing facilities in all rooms where clinical activity may be undertaken
- The trust should ensure that staffing levels continue to be regularly reviewed so that levels are adequate to meet the needs of the patient population in each locale.

# Summary of findings

- The trust should ensure that staff have the opportunity to be involved in clinical audit
- The trust should ensure that patients and families and carers are able to give feedback about the service in ways that meet their individual needs
- The trust should ensure that the service meets trust target times for seeing patients from referral to assessment
- The trust should ensure that leaders create clear plans for necessary improvements in the service and ensure these are carried out in a timely manner
- The trust should ensure that patients with dementia receive care from staff appropriately trained in dementia care
- The trust should ensure that staff use recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes.
- The trust should ensure that all staff receive mandatory training.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as good because:

- The trust had responded positively to the previous inspection and worked to make the necessary improvements. For example, we saw progress in how the trust supported the monitoring of patient's physical health. There were also improvements in the completion of mandatory training and clinical supervision. However, the trust's self-assessment gave an overall rating of outstanding which was not reflective of this inspections' findings.
- The trust had a committed and values driven board, with a wide range of skills and experience. Since the last inspection, there had been greater stability. This had enabled the trust to embed their collective leadership and strengthen their governance processes.
- The board recognised the positive progress of the trust but were also cited on the areas where further improvements were needed. Changes were taking place to ensure the provision of high-quality care. For example, they were aware of the significant workforce challenges. They were improving recruitment and retention with a range of initiatives including closer links with student nurses and offering more flexible working opportunities. They had also strengthened the governance arrangements with the introduction of a workforce sub-committee of the board.
- A trust strategy was in place and embedded in the work of the trust. The values were understood across the organisation. Since the last inspection the trust had developed five operational plans covering areas such as estates; informatics and clinical services. Progress in completing strategic priorities was being monitored through the sub-committees of the board.
- The trust had made good progress with engaging with staff. The board were open and transparent in their manner and reflected the values of the organisation. A programme of visits enabled regular opportunities to meet staff and patients. Improvements had taken place to the trust intranet and use was made of blogs and social media to provide updates to staff in a simple and accessible format. The arrangements for staff to 'speak up' were working well.

# Summary of findings

- The staff survey results had improved over the previous three years and they were now in the top 20 performing trusts, although they recognised there was more to do. Areas they wanted to improve included absence relating to stress, well-being and staff experiencing violence and aggression. Measures were being implemented to make improvements, but it was recognised that more time was needed to ensure these were embedded and individual staff had an improved experience.
- The trust had maintained strong financial management, and this was recognised as a collective responsibility for staff throughout the organisation. The trust met its control total in 2018/19 and anticipated the same in the current financial year. The financial performance of the trust was closely monitored and there was clarity about the expenditure pressures such as the costs of out of area placements and staffing costs for inpatient services. The trust worked closely with commissioners to ensure they understood the cost pressures.
- The trust recognised the importance of working collaboratively to meet the needs of the population, for example by leading and participating in a wide range of research studies. The trust was an active participant in the Leeds providers integrated committees in common; the West Yorkshire and Harrogate Integrated Care System; the mental health, learning disability and autism collaborative. The trust was an active participant in a range of partnerships. An example of this was the work they were doing with two other providers reviewing the assessment and treatment inpatient services for people with a learning disability, with the aim of delivering a high-quality service on fewer sites.
- The trust had several innovative clinical services of which it was rightly proud. This included the community eating disorders service, an expanded perinatal inpatient unit and a recently launched veterans mental health service.

However:

- There were a few areas where significant further progress was needed to be a consistently high performing trust. The board was fully aware of these priorities and appropriate work was underway, although still in the early stages of development.
- At the time of this inspection there were a few positive examples of co-production, but this was not happening consistently across the organisation. The trust was addressing this appropriately and had established a steering group for patient, carer and public involvement co-chaired by the director of nursing and a patient representative. The priorities for this work were discussed at the annual members day in 2019. Associated work included refreshing the involvement register and reviewing the policy for payment of patients for involvement work. The trust had just agreed funding to recruit four peer support workers. However, the trust had made significant progress in working with the governors.
- The trust was just beginning to have a clear approach on quality improvement. They had identified a partner who had undertaken diagnostic work in spring 2019. A team of four staff were coming together to oversee the work and deliver training. At the time of the inspection, staff had access to a section on the trust intranet providing information on tools, how to access training and giving details of a few projects that were underway. There were 12 projects across the trust which were taking place.
- The trust needed to do more to promote the equalities and diversity of staff and patients with protected characteristics. This included the need to improve the results of the workforce race equality standards. The BME staff we met did not feel that they had adequate opportunity to be promoted to senior roles. However, improvements were underway, and the trust had established an equality, diversity and inclusion group chaired by a deputy chief operating officer.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019
Forensic inpatient or secure wards	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019
Child and adolescent mental health wards	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Wards for older people with mental health problems	Requires improvement ↓ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2018	Good ↔ Dec 2019
Wards for people with a learning disability or autism	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Community-based mental health services for adults of working age	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Mental health crisis services and health-based places of safety	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Specialist community mental health services for children and young people	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Community-based mental health services for older people	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
National Inpatient Centre for Psychological Medicine	Good Apr 2018	Outstanding Apr 2018	Outstanding Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
<b>Overall</b>	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for adult social care services

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Supported Living Services at St Mary's Hospital	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018

# Forensic inpatient or secure wards

Good  

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provides forensic inpatient or secure wards providing care and treatment to men and women aged eighteen years and over with a mental health illness. The service is based across six wards at two different locations. These are:

Clifton House – located in York the service provides three wards, these are;

- Bluebell Ward a female forensic ward with 10 beds
- Riverfields a male forensic ward with 10 beds
- Westerdale a male forensic ward with 12 beds

Newsam Centre – located in Leeds providing three wards, these are;

- Newsam Ward 2 a female forensic ward with 11 beds
- Newsam Ward 2 a male forensic ward (Assessment and treatment) with 12 beds
- Newsam Ward 3 a male forensic ward with 14 beds.

At the last inspection in 2018 we rated the service as requires improvement overall with requires improvement in safe and effective. We rated caring, responsive and well led as good.

We gave the service two requirement notices because it was in breach of two regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 17 (Good Governance) maintain accurate and contemporaneous patient records.

Regulation 18 (staffing) because clinical supervision rates were low and compliance with mandatory training was low, including training in clinical risk, immediate life support and the Mental Health Act.

We found the trust had addressed these issues.

Before the inspection visit, we reviewed information that we held about these services, asked the trust for information and asked a range of other organisations for information. We inspected the forensic service from Tuesday 9 July 2019 to Thursday 11 July 2019, we visited all six wards. This was an unannounced inspection; the service did not know we were coming.

Our inspection team for this core service comprised one CQC inspector, one CQC assistant inspector, two nurse specialist advisors.

During the inspection we:

- toured the wards and clinic rooms
- spoke with two matrons, six ward managers
- spoke with 23 patients
- attended and observed an occupational therapy session

# Forensic inpatient or secure wards

- spoke with 24 other staff including nurses, health care assistants, doctors, occupational therapists, students, psychologists, social workers and support staff
- attended and observed one multi-disciplinary meeting, one safety huddle, one ward round, two community meetings
- reviewed 23 care and treatment records of patients
- reviewed 47 prescription cards
- Three seclusion records
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- On one ward the junior doctor had not completed the annual physical health checks, however weekly physical checks using the Modified Early Warning Score tool had been completed, by the staff. The reason for this was the appointment of the current junior doctor had been after the due date for the annual checks.
- One patient had been identified as part of the admission process as needing a specialist bed and this had not been provided in a timely manner.
- A detained patient was refusing treatment in the form of an injection, while there were notes from the medical team about the injection being necessary to aid their recovery, and the staff were acting legally there was not an individual care plan or advanced decision on how to administer the injection with the use of restraint recording the patient's wishes.

# Forensic inpatient or secure wards

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- On one ward the junior doctor had not completed the annual physical health checks, however weekly physical checks had been completed, MEWS, by the staff
- On one ward where a patient was self-medicating a weekly audit of that medication was not always completed
- Patients at Newsam Centre were subject to the trust policy of no smoking on the grounds. However, patients at another core service could smoke in clear sight and smell of the forensic service patients. When patients spoke with us most raised this stating they felt they were not being treated fairly or equally by the enforcement of the policy on their wards.

## Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

# Forensic inpatient or secure wards

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them early on in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- A detained patient was refusing treatment in the form of an injection. While there were notes from the medical team about the injection being necessary to aid the patient's recovery, and the staff were acting legally, we would expect to see an individual care plan or advance decision on how to administer the injection, the use of restraint and recording the patient's wishes.
- One patient had been treated for an infectious disease. Although there was strong evidence in the patient records that staff acted within infection control measures and the patient made a recovery, there was not an individual care plan in relation to infection control measures.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

# Forensic inpatient or secure wards

- Staff informed and involved families and carers appropriately.

However:

- The trust should review its provision of seclusion. The seclusion room at Newsam was situated on the male ward. This meant that a female being placed in seclusion had to be taken across the central area of the male ward causing potential privacy and dignity issues. However, male patients were removed from the area in order to maintain the privacy and dignity of the patient. The trust had recognised this issue as a concern and had plans to redevelop the ward area in the future.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- One patient had been identified as part of the admission process as needing a specialist bed and this had not been provided in a timely manner.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

# Forensic inpatient or secure wards

- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

## Outstanding practice

We found examples of outstanding practice in this service. See the 'Outstanding practice' section above.

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for Improvement' section above.

# Wards for people with a learning disability or autism

Requires improvement   

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provides three wards for people with learning disabilities or autism.

Parkside Lodge is a nine-bed assessment and treatment unit for male and female adults that have learning disabilities or autism. The service is based in Leeds.

2 and 3 Woodland Square are specialised health planned respite services for male or female adults with learning disabilities or autism. They are based at St Mary's Hospital in Leeds. 2 Woodland Square has five beds and 3 Woodland Square has four beds.

We last inspected this core service in January 2018 and published our report in April 2018. We rated the core service as requires improvement overall. We rated the key questions safe, effective, responsive and well led as requires improvement. We rated the key questions safe as good.

At that inspection we identified that there were breaches of five regulations of the Health and Social Care Act (Regulated Activity) Regulation 2014. These related to the following regulations:

- Regulation 9 Person centred care
- Regulation 12 Safe care and treatment
- Regulation 13 Safeguarding service users from abuse and improper treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

We told the trust that must take the following actions to improve:

- The trust must ensure that all staff involved in direct patient care are able to access the electronic patient record system. Staff must receive appropriate training to enable them to access the electronic patient record system appropriately.
- The trust must ensure that patients are involved in decisions about their care and that this is documented appropriately in care records.
- The trust must ensure that patients' communication needs are assessed and that care plans address patients' specific communication needs.
- The trust must ensure that there is a clear approach to managing risks related to patients with epilepsy which is individualised to each patient's presenting risks.
- The trust must ensure that staff undertake patient's care and treatment in a person-centred manner. This includes ensuring that staff provide patients with access to psychological therapies and therapeutic activities.
- The trust must improve the quality and consistency of care records.
- The trust must ensure that staff receive appropriate supervision. Supervision must be clearly and consistently documented. Staff must have a clear understanding of what supervision they need to receive to undertake their role effectively and meet the requirements of the trust policy.

# Wards for people with a learning disability or autism

- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
- The trust must ensure that systems and processes operate effectively to enable them to assess, monitor and improve the quality and safety of the service provided.

We also told the trust that it should take the following actions to improve:

- The trust should ensure that discharge planning is recorded within care records.
- The trust should ensure that patients are able to understand and participate in multidisciplinary meetings.
- The trust should ensure that information about the service is available in an accessible format on the wards.
- The trust should ensure that staff working in the service are able to raise concerns without fear of retribution.
- The trust should ensure that staff are aware of the role of the trust's Freedom to Speak Up Guardian.
- The trust should ensure that patients and staff consistently receive debriefs after incidents and that these are recorded appropriately.
- The trust should continue to regularly engage with patients and carers to receive feedback. Feedback should be used to make improvements to the service.

At this inspection, we inspected the whole core service and all the key questions. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection we:

- Toured the care environment and observed how staff were providing care to patients.
- Interviewed a ward manager who was also the acting modern matron
- Interview the service manager and the clinical lead
- Interviewed 11 other staff members. Including a consultant psychiatrist, a pharmacist, an occupational therapist, registered nurses and support workers.
- Reviewed 12 patients' care and treatment records
- Observed three multi-disciplinary team meetings
- Spoke with one patient
- Spoke with 10 carers
- Received feedback from an independent mental health advocate and two commissioners

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not always provide safe care. Staff and managers had not ensured that regular fire evacuation drills took place and that fire risk assessments were reviewed for all wards. The seclusion room at Parkside Lodge was not compliant with requirements because it did not have a two-way intercom.

# Wards for people with a learning disability or autism

- Staff at 2 and 3 Woodland Square had not ensured patient risk assessments were reviewed and updated on patients' admission. They did not ensure that risks to patients' physical health and well-being were assessed, managed and mitigated sufficiently. This included pressure care, bowel care and epilepsy care. Care plans did not contain all the information needed to ensure staff met patients' needs to keep them safe and well.
- Patients' care and treatment records did not contain all the information needed. Three patients had bed rail assessments that provided no information why a bed rail was required to keep patients' safe. Two patient records did not contain mental capacity assessments and/or a record of a best interest meeting in relation to resuscitation and physical health.
- The service had not improved access to therapeutic activities or psychological therapies.
- 2 and 3 Woodland Square did not have adequate cooling systems in the clinic room to maintain a consistent recommended temperature range. Staff did not follow the trust's policy on storage of medicines.
- The trust did not provide staff with training on learning disabilities or autism. There was no assurance they had the right skills or knowledge to meet patients' needs effectively.
- Only 52% of eligible staff had received training in safeguarding children level three.

However:

- Staff at 2 and 3 Woodland Square undertook comprehensive medicines reconciliation processes prior to and on patients' admission.
- Parkside Lodge had employed a speech and language therapist and they had completed communication assessments of all patients.
- Staff planned and managed discharge well. They worked with other services who provided aftercare.
- The service received 34 compliments in 12 months and carers provided positive feedback about how staff involved them in patients' care and treatment.
- Staff felt respected, support and valued.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff had not ensured they completed regular fire evacuation drills at 2 and 3 Woodland Square since 2017 which meant that there was no assurance that staff could evacuate all the patients safely if there was a fire. The fire risk assessment for 2 Woodland Square had not been reviewed since 2017.
- Staff at 2 and 3 Woodland Square did not ensure they reviewed and updated patients' risk assessments when they were admitted to the service.
- Staff at 2 Woodland Square did not ensure that they assessed the risks to patient's health sufficiently or ensure that care plans contained all the information needed to make sure patient's health needs were met. This included pressure care, swallowing difficulties, bowel care and epilepsy care.
- The seclusion room at Parkside Lodge did not meet the requirements because the intercom system did not work effectively two ways.

# Wards for people with a learning disability or autism

- Only 57% of the staff eligible to completed safeguarding children level three training were up to date with this training.
- 2 and 3 Woodland Square did not have adequate cooling systems in the clinic room to make sure it could be kept consistently within the recommended range. At 2 Woodland Square, staff did not always label liquid medicines with an open by date and there was not enough storage for all medicines in the clinic room which meant medicines were kept on the counters. This was not in line with the trust policy.

However:

- Staff at 2 and 3 Woodlands Square undertook comprehensive medicines reconciliation processes prior to and on patients' admission. This included liaising with other professionals and carers. The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. They knew about and worked towards achieving the aims of the STOMP programme (stop over-medicating people with a learning disability).
- All wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- The trust had not ensured that all patients had access to enough therapeutic activities and therapies and there had been no increase in psychology input to Parkside Lodge. Activity plans showed repeated leisure activities. Psychology input was predominantly for positive behavioural support and for staff support.
- The service did not audit the use of the Mental Capacity Act. We identified two issues with adherence to the Act in patient records. This included one record that did not have a copy of the mental capacity assessment or best interest decision on file to support a decision on resuscitation and another that had no best interest decision for physical health care where a patient lacked capacity.
- At 2 Woodland Square there were gaps in the assessment, monitoring of physical health and care planning. This included a physical health check on admission, pressure ulcer assessments, bowel care and epilepsy care. There were also three patients who had bed rails and the assessments did not provide any information about why these were needed.
- There was no assurance that staff working with patients had the right knowledge or skills to provide effective care and treatment because there was no training provided in learning disabilities or autism. The service relied on staff having previous experience.

However:

- Parkside Lodge had employed a speech and language therapist and they had undertaken communication assessments for all patients.
- Managers provided staff with appraisals, supervision and all staff received an induction.

# Wards for people with a learning disability or autism

- Staff from different disciplines worked together as a team to benefit patients. The ward teams had effective working relationships with staff from services including those who would provide aftercare following the patients' discharge for patients at Parkside Lodge.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay. Discharges were delayed due to issues with insufficient suitable community placements.
- The service received one complaint and 34 compliments in 12 months which reflected that patients and their carers were satisfied with their care.
- Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time. This was with staff supervision where necessary to make sure patients would be safe.
- Staff helped patients with communication, advocacy and cultural and spiritual support.

However:

- The service scored much worse for being dementia friendly and worse for disability in comparison to other services in the last Patient-Led Assessment of the Care Environments.

## Is the service well-led?

Requires improvement   

Our rating of well-led stayed the same. We rated it as requires improvement because:

# Wards for people with a learning disability or autism

- Our findings from the other key questions demonstrated that governance processes did not always work effectively at ward level and risks were not always managed well or mitigated sufficiently.
- There was no assurance people were safe from fire risks at 2 and 3 Woodland Square and that ligature risks were effectively managed and mitigated.
- Issues with patient risk assessments not being reviewed and staff not using tools to monitor patients' physical health had not been identified or addressed.
- Managers had not ensured that staff received training to make sure they had the skills and knowledge required to meet patients' needs.
- The service had not made improvements to the provision of psychology or therapeutic activities.

However:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They reported opportunities for career progression. They felt able to raise concerns without fear of retribution.

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section above

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

Good  

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provide acute inpatient services for men and women between the ages of 18 and 65. The service consists of one psychiatric intensive care unit and five acute wards, located at two main sites: The Newsam Centre and the Becklin Centre.

The two wards based at the Newsam Centre consist of:

- Ward one: 12 bed mixed sex psychiatric intensive care unit
- Ward four: 21 bed male acute ward

The four wards based at the Becklin Centre consist of:

- Ward one: 22 bed female acute ward
- Ward three: 22 bed male acute ward
- Ward four: 22 bed male acute ward
- Ward five: 22 bed female acute ward

The service provides regulated activities for people who are detained for treatment under the Mental Health Act and for people who consent to admission as informal patients. The majority of patients were detained under the Mental Health Act at the time our inspection.

We last inspected the acute wards for adults of working age and psychiatric intensive care unit in January 2018. We rated these services as requires improvement overall with ratings of requires improvement in the safe and effective key questions, and ratings of good in caring, responsive and well led key questions. We issued the trust with three requirement notices. We told the trust they must take action to ensure that staff monitored patients' physical health, that information in patient records was up-to-date, that care plans were personalised, involved patients and staff knew what de-escalation strategies to use with patients and that capacity assessments and best interest decisions were in line with legislation. These constituted breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the trust had taken action to address most of the issues. However, although there were improvements to care planning, we found the trust still had some actions to ensure that all their patient care plans were holistic, up-to-date and reflected the needs identified in the assessment.

This inspection took place between 9 and 11 July 2019. The inspection was unannounced which meant that the service had no prior notice that we would be attending. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

Before the inspection visit, we reviewed information that we held about these services and requested information from the trust. During the inspection visit, the inspection team:

visited all six wards, looked at the quality of the environments and observed how staff were caring for patients

- spoke with 18 patients who were using the service, and reviewed their comments on eight feedback cards
- spoke with 3 carers of patients who were using the service

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

- spoke with the inpatient services manager, acute inpatient matron, ward managers and or nurse in charge of each ward.
- spoke with 20 other staff members including registered nurses, healthcare support workers, occupational therapists, doctors and pharmacists
- looked at the care and treatment records of 18 patients
- reviewed medication management including a sample of patients' medication administration records
- attended and observed one staff handover, one multidisciplinary meeting and one patient group meeting.
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and patients had access to doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and protected patients from abuse.
- Staff ensured patients had a comprehensive assessment of their mental and physical health needs. They provided a range of treatments suitable to the needs of the patients and in line with national guidance. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Not all staff had easy access to electronic patient record and not all paper records had a consistent structure across the service.
- Not all patient safeguarding concerns were reported to the trust's safeguarding team and not all patient medications were stored in line with trust policy.
- Staff did not use recognised rating scales to assess and record severity of outcomes and they did not always inform and involve families and carers appropriately.
- Not all patient care plans reflected the needs identified in the assessment and some were not up-to-date.
- The trust did not adhere to best practice in implementing a smoke free environment

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

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, and record medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all staff had easy access to electronic patient record and not all paper records had a consistent structure across the service.
- Not all patient safeguarding concerns were reported to the trust's safeguarding team and not all patient medications were stored in line with trust policy.
- The service did not use recognised rating scales to assess and record severity of outcomes and staff did not always consult with and involve families and carers appropriately.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission and ensured they had good access to physical healthcare. Staff supported patients to live healthier lives. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

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

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Not all patients had a comprehensive care plan that was up-to-date and reflected the needs identified at assessment. Some patient care plans were not personalised or holistic.
- We did not see that staff routinely used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

However:

- Staff did not always consult with and involve families and carers appropriately.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

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

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

## Outstanding practice

We found examples of outstanding practice in this service. See the 'Outstanding practice' section above.

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section above

# Community-based mental health services for older people

Requires improvement  

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust's community-based mental health services for older people is a dedicated service for people aged 65 and over living in Leeds. The service is made up of three teams operating across Leeds from the following locations;

- East, North East Community Mental Health team based at St. Mary's House in North East Leeds.
- West, North West Community Mental Health team based at St. Mary's Hospital in West Leeds.
- South, South East Community Mental Health team based at Aire Court in South Leeds.

The service offers home-based care to older people experiencing complex, severe and enduring mental health problems including mood disorders, psychosis and dementia. The service also incorporates the Memory Assessment Service which provides assessment, diagnosis and treatment for people diagnosed with dementia and mild cognitive impairment.

The service was last inspected in July 2016. Following this inspection the service was rated as 'good' overall with 'good' in all key questions. However, at this time the service was ageless and was available to patients aged 18 years upwards. Since that inspection the service underwent a period of re-design, which was completed in March 2019, and working-age adults services are now separate from older people's services. The current inspection is the first time the service has been inspected since the re-design.

The current inspection of this service took place between 9-10 July 2019. This was an unannounced inspection. As part of this inspection we visited the following locations;

- St Mary's House
- St Mary's Hospital

During the inspection visit the inspection team;

- toured the care environments and observed how staff were caring for patients
- completed observations including home visits and multidisciplinary meetings
- interviewed a service manager, clinical lead and two team managers
- spoke with 18 other staff members including consultant psychiatrists, nurses, health care support workers, occupational therapists, psychologists and administrators
- spoke with 9 patients and carers
- reviewed 12 care records of patients who had used service
- reviewed a range of documents relating to the running of the service.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

# Community-based mental health services for older people

- Clinical premises where patients were seen were not always safe and clean. Fire and environmental risk assessments were incomplete or out of date for a number of buildings.
- Staff did not complete and regularly review risk assessments for all patients. Risk management plans and crisis plans had not been completed or considered for all patients.
- Staff did not complete care plans for all patients. Care plans that were created are varied in terms of quality, they were not always holistic or recovery-oriented and did not consistently evidence involvement of patients or carers. Staff did not consistently use recognised rating scales to assess and record severity and outcomes for patients.
- Staff mandatory training compliance was low in a number of courses and there was no clear plan to drive improvement. Not all staff working with patients with dementia had received specific training in dementia. Staff at team level did not engage in clinical audit in order to evaluate the quality of care they provided.
- Methods of gaining feedback from patients and their families and carers varied between teams and some patients and carers we spoke with were unsure how they could give feedback.
- Whilst leaders had good oversight and understanding of areas for development within the service it was not always clear how they planned to make improvements. Staff at a team level did not have access to the service's risk register.

However:

- Staff provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients, including both mental and physical health needs.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received regular supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly. The criteria for referral to the service did not exclude people who would have benefitted from care.
- The service was well led and staff felt respected, supported and valued.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Clinical premises where patients received care were not all safe, clean, well maintained or fit for purpose. Some carpets were visibly stained despite being cleaned and hand-washing facilities were not available in all areas where required. Fire and environmental risk assessments were not completed for all patient areas.
- Staff did not consistently assess and manage risks to patients. Patient risk assessments and management plans were not completed for all patients and were not regularly reviewed. Staff did not consistently work with patients and their families and carers to develop crisis plans and crisis plans had not been considered or implemented for all patients who required them.

# Community-based mental health services for older people

- Staff compliance with mandatory training was low in a number of courses.

However;

- The service had enough staff, who knew the patients and the number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not consistently work with patients and families and carers to ensure each patient had an individual care plan which was updated when needed. Care plans that were in place were not personalised, holistic and recovery-oriented.
- Staff did not use recognised rating scales to assess and record severity and outcomes for patients.
- At the time of inspection not all staff working with patients with dementia had received training in dementia.
- Staff at a team level did not have the opportunity to be involved in clinical audit.

However;

- Staff provided a range of care and treatment interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

# Community-based mental health services for older people

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff provided patients, families and carers with the tools needed to support ongoing care and recovery.
- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff directed patients to other services and supported them to access those services if they needed help. They ensured that patients had easy access to advocates when needed.
- Staff supported, informed and involved families and carers appropriately.

However;

- Staff did not consistently involve patients in care planning and did not ensure they had access to their care plans.
- Patients and families and carers were not always clear on how to give feedback about the service.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and followed up patients who missed appointments.
- The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However;

The service did not consistently meet trust target times for seeing patients from referral to assessment and there was variation in target times between teams.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

# Community-based mental health services for older people

- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

However;

- Whilst leaders had good oversight and understanding of areas for development within the service it was not always clear how they planned to make improvements.
- Staff did not have access to the service's risk register at a team level.

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section above

# Long stay or rehabilitation mental health wards for working age adults

Good   

## Key facts and figures

Leeds and York Partnership Foundation Trust provides three long stay or rehabilitation mental health wards for adults of working age:

Asket Croft – is a 20-bed mixed gender community rehabilitation unit for adults of working age in Seacroft near Leeds. They provide support to patients in the early stages of their recovery.

Asket House – is a 16-bed mixed gender community rehabilitation unit, supporting patients' recovery to more independent living. It is in Seacroft near Leeds.

Ward 5 - is an 18-bed longer term high dependency rehabilitation unit for male patients. It is located at The Newsam Centre in Seacroft near Leeds.

The core service has been inspected March 2016 it was rated as good overall and in every domain.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- Toured all three ward areas and care environments and observed how staff were caring for patients
- Undertook a review of medicines management on each ward
- Reviewed 11 patient care and treatment records
- Spoke with nine patients
- Spoke with three carers' and or relatives
- Interviewed managers and senior managers who had overall responsibility of the wards
- Interviewed 16 other staff members. These included: consultant psychiatrists, registered nurses, occupational therapists, a psychologist, support workers and occupational therapy assistants and an activity worker.
- Undertook observations of one multidisciplinary meeting, attended a group session and observed a patient meeting.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The wards were clean and there were enough nursing and medical staff in place and staff managed risks to patients and themselves. Staff followed good practice with respect to safeguarding. They minimised the use of restrictive practices.
- Managers ensured that staff received supervision and appraisals.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

# Long stay or rehabilitation mental health wards for working age adults

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff at Asket Croft and Asket House, planned and managed discharges well and liaised well with services that would provide aftercare.
- The rehabilitation and recovery team on site at the Asket Place provided all patients with intensive support and rehabilitation and were integral in providing a successful rehabilitation pathway for the patients. They provided care coordination during their stay and after discharge to ensure they had the right support when transitioning back into the community.

However:

- The service did not always provide safe care. There were some ligature risks on Ward 5 that had not been identified. Patients did not all have a crisis contingency plan in place.
- There were gaps in the mandatory training that staff received. The monitoring of high dose antipsychotic medication was unclear and inconsistently recorded.
- There were some blanket restrictions in place at Asket Croft and on Ward 5. These had not been 'entered onto the risk register' as their policy stated that they should and also have 'a demonstratable action plan in order to resolve the issue'.
- The service did not work to a recognised model of mental health rehabilitation on Ward 5. Some patients had excessive lengths of stay on Ward 5 and there were delayed discharges on all of the wards. The trust had oversight of this and these patients were being monitored by the trust at team meetings, monthly discharge meetings and monthly delayed transfer of care meetings.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- There were outstanding works to be completed to minimise the ligature risks present on all wards. Ward 5 had not identified the ligature risks in relation to the safe heights within patient bedroom areas.
- There were gaps in the mandatory training provision for all wards. However, there were plans in place for staff to complete their training and staff had been booked on to rectify this.
- Three out of eight care records we reviewed at Asket Place did not contain crisis and contingency plans.
- Staff had access to clinical information electronically, but this was not easy to navigate and or find information, plans were in place to replace this system. The trust used an electronic patient record system, for medication and records for high dose antipsychotics monitoring. The frequency of physical health monitoring was stated on the electronic patient record system, but it was unclear and inconsistent when and how and where it was recorded. There was an incident around medication having been given and after recording the administration and logging out of the system and back in again the administration was not present.
- Patients had regular one to one sessions with their named nurse. However, this was not easily visible within the electronic recording system in use. Patients rarely had their escorted leave or activities cancelled.

# Long stay or rehabilitation mental health wards for working age adults

- There were blanket restrictions in place. On Asket Croft they had locked patient access to the laundry. On Ward 5 there was restricted garden access and staff had to accompany patients and takeaways were only allowed at weekends. However, we did not see that these had been 'entered onto the risk register' as their policy stated that they should and also have 'a demonstratable action plan in order to resolve the issue'.
- Ward 5 staff completed mandatory high level physical intervention training including promoting safe and therapeutic services and breakaway skills. However, staff at Asket Croft and Asket House did not receive the same level of training.

However:

- The wards were, clean, well equipped, well-furnished and maintained.
- The service had enough nursing and medical staff, who knew the patients well.
- Staff assessed and managed risks to patients and themselves. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care and treatment plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care and treatment plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice at Asket House and Asket Croft. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation.
- Staff ensured that patients had good access to physical healthcare on all wards and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.
- Asket Croft and Asket House had access to the full range of specialists required to meet the needs of patients on the wards.

# Long stay or rehabilitation mental health wards for working age adults

- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Care plans were not available to patients for the use of 'as required medication' and monitoring the use of 'high dose antipsychotic medication' or in place where there were blanket restrictions.
- Ward 5 did not have access to a psychologist for patients care and treatment at the time of our inspection, although other staff were trained in delivering psychosocial interventions to patients. Additionally, the service did not work to a recognised model of mental health rehabilitation on this ward.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharges well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Asket Croft and Asket House provided a care coordinator that could support a patient up to six months post discharge.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.

# Long stay or rehabilitation mental health wards for working age adults

- The wards met the needs of patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- Some patients had excessive lengths of stay on Ward 5 and there were delayed discharges on all of the wards. However, these were being monitored and appropriate placements were being sought to meet their needs. It was not clear how Ward 5 met national guidance as it was a combination of a high dependency rehabilitation unit and a longer term high dependency unit. The Trust had identified some of these challenges and have initiated a review of all rehabilitation services across Leeds with their Clinical Commissioning Group, commissioners. The trust was also undertaking a review of all their complex rehabilitation services and needs across West Yorkshire Integrated Care System footprint to develop new service models.
- There was no accessible garden access for patients on Ward 5 who were disabled or who had limited physical mobility.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Our findings from the key question of safe, demonstrated that governance processes did not operate effectively at ward level and that performance and risk were not always managed well. Patients did not all have a crisis and contingency plan in place. Managers had not ensured that staff had received their mandatory training to make sure they had the skills and knowledge required to meet patients' risks and needs.
- The wards did not have easily accessible information they needed to provide safe and effective care. Managers had not ensured that high dose antipsychotic medication was monitored effectively, and guidance was not followed in the recording of this.
- Managers had not reviewed blanket restrictions that were in place across Asket Croft and on Ward 5 in line with trust policy.

However:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

## Outstanding practice

We found examples of outstanding practice in this service. See the 'Outstanding practice' section above.

# Long stay or rehabilitation mental health wards for working age adults

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section above.

# Community-based mental health services of adults of working age

Good   

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust's community-based mental health services for working aged people is a dedicated service for people aged between 18 and 65 years old living in Leeds. The service is made up of three teams operating across Leeds from the following locations;

- East, North East Community Mental Health team based at St. Mary's House in North East Leeds.
- West, North West Community Mental Health team based at St. Mary's Hospital in West Leeds.
- South, South East Community Mental Health team based at Aire Court in South Leeds.

The service offers home-based care to adults experiencing complex, severe and enduring mental health problems including mood disorders and psychosis.

The service was last inspected in July 2016. Following this inspection the service was rated as 'good' overall with 'good' in all key questions. However, at this time the service was ageless and was available to patients aged 18 years upwards. Since that inspection the service has undergone a period of re-design, which was completed in March 2019, and working-age adults services are now separate from older people's services. The current inspection is the first time the service has been inspected since the re-design.

The current inspection of this service took place between 16-18 July 2019. This was an unannounced inspection. As part of this inspection we visited the following locations;

- St Mary's House
- St Mary's Hospital
- Aire Court

During the inspection visit the inspection team;

- reviewed a range of documents and policies in relation to the running of the service
- spoke to 11 patients and three carers
- reviewed 12 electronic patient records
- spoke to three community team managers
- spoke to the service manager
- observed three referral meetings, two multidisciplinary meetings and two huddles.
- attended one home visit and sat in on a clinic appointment
- toured the care environments and observed how staff were caring for patients
- spoke to 23 other staff members including consultant psychiatrists, nurses, health care support workers, occupational therapists, housing workers and psychologists.

# Community-based mental health services of adults of working age

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude patients who would have benefitted from care.

However

- Clinical premises where patients received care were not always safe or clean. Staff could not be assured by accuracy of the equipment as they had not always been calibrated.
- Fire and environmental risk assessments were not all up to date and were scheduled to be completed.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Clinical premises where patients received care were not always safe or clean. Equipment in the clinics had not always been calibrated.
- Fire and environmental risk assessments were not up to date.
- Mandatory training did not always meet the trusts target of 85%
- Risk management plans were not always detailed and one patient did not have crisis plan.

However :

- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

# Community-based mental health services of adults of working age

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However

- Staff at team level did not engage in routine clinical audit in order to evaluate the quality of care they provided.

## Is the service caring?

Good   

# Community-based mental health services of adults of working age

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately.
- Patients and carers were positive about the care and treatment they received, they identified staff as being caring and knowledgeable.

However

- Staff did not always document patient views in their care plans.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However

- The service did not consistently meet its 15 day target for referral to initial assessment.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

# Community-based mental health services of adults of working age

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

However

- The service hadn't fully embedded its processes and systems since the redesign.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Wards for older people with mental health problems

Good   

## Key facts and figures

The Mount is the main inpatient site at Leeds and Yorkshire Partnership NHS Foundation Trust for older people with mental health problems who require hospital admission. There are four wards that provide assessment, treatment and rehabilitation for older people with acute mental health needs including dementia.

- Ward 1 is a 17-bed unit for male patients living with dementia
- Ward 2 is a 15-bed unit for female patients living with dementia
- Ward 3 is a 24-bed unit for male patients with mental health problems
- Ward 4 is a 24-bed unit for female patients with mental health problems

The service provides care for patients who require admission under the provisions of

the Mental Health Act 1983. It also provides care for patients who may require a deprivation of liberty safeguards authorisation and informal patients who have agreed to receive care and treatment there.

The Care Quality Commission has inspected the Mount on three occasions since it was registered. The most recent inspection was in July 2016. Overall, inpatient wards for older

people with a mental health problem was rated as good. However, the following issues were identified during the last inspection:

- Staff did not always keep robust records in relation to patient care. There was incomplete and omitted information in relation to patients who required their dietary intake to be monitored. Also, because bank and agency staff did not have access to the trust's electronic system, in some instances temporary staff had recorded details of care interventions separately to the patient's main care records.
- There were shortfalls in some mandatory training compliance and the service had not met the trust target. The areas with lowest compliance were the Mental Capacity Act training, Mental Health Act legislation training and safeguarding children.
- Three wards were short of the trust target for appraisals and not all wards had met trust supervision targets.
- Nursing staff deferred to doctors to make formal assessments of mental capacity. Capacity assessments did not always show what attempts had been made to support patients with making informed decisions before assessing capacity.
- Staff did not always undertake the necessary checks to ensure patient safety. They did not take the appropriate action in response to excessive temperatures of fridges where drugs were stored. We found some omissions in prescription charts which staff had not identified. Although staff regularly checked emergency equipment, action was not always taken when shortfalls were identified.
- From information available, we could not always be clear how results from clinical audits were used to drive improvement at service level.

We reviewed these areas of improvement during this latest inspection and have reported on them accordingly.

# Wards for older people with mental health problems

During this latest inspection, we looked at all the Care Quality Commission's key lines of enquiry as part of our ongoing inspection methodology. To enable us to observe routine activity, the inspection was unannounced, so staff were unaware we were coming.

Our inspection team comprised two Care Quality Commission inspectors, two specialist advisor nurses and an expert by experience. An expert by experience is a person who has personal experience of using or supporting someone using a service for older people living with dementia or mental health problems.

During the inspection we:

- spoke with the service manager, modern matron and clinical lead
- spoke with each of the four ward managers within the service
- spoke with 21 other staff including nurses, health care assistants, occupational therapists and the lead psychologist
- spoke with 10 patients, six carers and reviewed five comments cards
- looked at 15 records of restrictive interventions
- observed a music therapy group and a computer-based ten-pin bowling activity for patients
- looked at the medicines management arrangements within the service
- looked at 20 patients' prescription charts
- looked at 11 patient's care records, including documentation relating to the Mental Health, Mental Capacity Act and deprivation of liberty safeguards
- looked at the health, safety and cleanliness of each ward within the service
- looked at policies and procedures in relation to the running of the service

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. Staff knew how to report incidents, safeguarding concerns and handle complaints and used lessons learned from investigating them to improve the service.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- Staff engaged in clinical audit to evaluate the quality of care they provided and make improvements when necessary.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They involved patients and families and carers in care decisions.

# Wards for older people with mental health problems

- Staff provided patients with good access to the community such as support to attend group walks, local services and family celebration events.
- Staff had not placed patients in seclusion or long-term segregation within the last 12 months.
- The provider promoted equality and diversity into its day to day work. The provider had a black and minority ethnic worker and staff shift patterns could be adapted to allow staff of the Muslim faith to participate in Ramadan. Staff within the service showed their support for the lesbian, gay, bisexual and transgender community by attending pride and Rainbow Alliance events.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.
- The wards were on track to meet their key performance indicators with compliance figures ranging between 89 and 97%.
- Innovative practices were taking place within the service. They included the use of psychological formulation based on the Newcastle model, dementia care mapping, drop in sessions to provide advice and guidance around physical health and behaviours that challenge and training workshops for staff in relation to palliative care.

However, we found the following issues that the service needed to improve:

- Staff did not follow national guidance on the use of restrictive interventions including rapid tranquilisation. Physical observations were either not carried out at all or not within the required frequency, paperwork was not fully completed, body maps were not always undertaken, and staff were unaware that olanzapine was a rapid tranquilisation medicine. Staff did not update risk assessments and risk management plans following the administration of rapid tranquilisation medicine.
- The service's use of bank and agency staff was high. Within the 12 months prior to our inspection, 1458 shifts had been covered by bank and agency staff. There were also three out of area placements and 92 delayed discharges within the service. However, we saw evidence that the service was actively taking steps to address these issues.
- Staff were not up to date with all modules of their mandatory training. Only 66% of staff had completed their safeguarding children level 3 training.
- The process for enabling agency staff to have access to the provider's electronic records system was lengthy and complicated as they needed to be trained in its use and then be set up on the system.
- On two occasions, weekly controlled drugs audits had not been completed on ward 1. However, we found the stocks of controlled drugs were correct at the time of our inspection.
- One patient and two carers who spoke with us said that they or their loved ones possessions had been stolen from their bedrooms or that the safe in their bedroom had been broken into. These incidences related to wards 1 and 2. However, staff reported any missing or stolen items as incidents and routinely advised patients and carers how to safely store items

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

# Wards for older people with mental health problems

- Staff did not follow national guidance on the use of restrictive interventions including rapid tranquilisation. Physical observations were either not carried out at all or not within the required frequency, paperwork was not fully completed, body maps were not always undertaken, and one member of nursing staff was unaware that olanzapine was a rapid tranquilisation medicine. Staff did not update risk assessments and risk management plans following the administration of rapid tranquilisation medicines.
- The service's use of bank and agency staff was high. Within the 12 months prior to our inspection, 10313 shifts had been covered by bank and agency staff. There were also three out of area placements and 92 delayed discharges within the service. However, we saw evidence that the service was actively taking steps to address these issues.
- Staff were not up to date with all modules of their mandatory training. Only 66% of staff had completed their safeguarding children level 3 training.
- Agency staff did not have access to the provider's electronic care records system and were resorting to the use of paper notes. This was causing some frustration for staff on the wards.
- On two occasions, weekly controlled drugs audits had not been completed on ward 1. However, we found the stocks of controlled drugs were correct at the time of our inspection.

However, we found the following areas of good practice:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The wards had a good track record on safety. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff provided patients with rubber soled socks to help reduce the number of falls on the ward.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

# Wards for older people with mental health problems

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessments. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.
- Staff provided opportunities for patients, families and carers to give feedback on the service they received and used this to improve the service.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff provided patients with access to education. For example, staff arranged for one patient with an interest in singing to attend vocal coaching lessons and be part of a singing group at a local college.
- Staff provided patients with good access to the community such as support to attend group walks, local services and family celebration events.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However, we found the following issues that the service needed to improve:

# Wards for older people with mental health problems

- One patient and two carers who spoke with us said that they or their loved ones possessions had been stolen from their bedrooms or that the safe in their bedroom had been broken into. These incidences related to wards 1 and 2. However, staff reported any missing or stolen items as incidents and routinely advised patients and carers how to safely store items.
- There were three out of area placements and 92 delayed discharges within the service. However, we saw evidence that the service was actively taking steps to address these issues.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution and were aware of the role of the Freedom to Speak Up Guardian.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- The wards were on track to meet their key performance indicators with compliance figures ranging between 89 and 97%.
- Innovative practices were taking place within the service. They included the use of psychological formulation based on the Newcastle model, dementia care mapping, drop in sessions to provide advice and guidance around physical health and behaviours that challenge and training workshops for staff in relation to palliative care.

However, we found the following issue that the service needs to improve:

- Governance systems in relation to the use of restrictive interventions were ineffective. Staff did not follow national guidance in relation to physical observations, paperwork was not always fully completed, and staff did not recognise olanzapine as rapid tranquilisation medication. Staff compliance in relation to mandatory training in Fire level 3, Moving and Handling and Safeguarding Children level 3 was below the provider's target of 85. The process for enabling agency staff to have access to the provider's electronic records system was lengthy and complicated as they needed to be trained in its use and then be set up on the system.

## Outstanding practice

We found examples of outstanding practice in this service. See the 'Outstanding practice' section above.

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for Improvement' section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

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

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Diagnostic and screening procedures

Personal care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

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

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

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

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Jane Ray, Head of Inspection led the inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included one Inspection Manager, two further inspectors, one Mental Health Act Reviewer, one Pharmacy Inspector, one Assistant Inspector and two specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.