

# Rotherham Doncaster and South Humber 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 trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

Rotherham Doncaster and South Humber NHS Foundation Trust has been a foundation trust since 2007. The trust provides mental health and learning disability services across Rotherham, Doncaster, North Lincolnshire, and substance misuse services in Doncaster. The trust provides community health services across Doncaster, school nursing in Scunthorpe and a hospice in Doncaster. It also provides adult social care services in Doncaster. The trust serves a population of 735,000 and employs over 3,400 staff and has a volunteer base of around 150 people. The trust has 11 registered locations with the CQC as follows:

- Trust Headquarters – Doncaster
- Woodlands Unit
- Swallownest Court
- Emerald Lodge
- New Beginnings - Doncaster
- 88 Travis Gardens
- Danescourt
- 10a-10b Station Road
- Great Oaks
- St John's Hospice
- 2 Jubilee Close

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
- wards for older people with mental health problems
- 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 children and young people
- community-based mental health services for older people
- community mental health services for people with learning disability or autism
- substance misuse services.

The trust provides the following community health core services:

- community health services for adults
- community health services for children and young people
- community health inpatient services

# Summary of findings

- community end of life care
- hospice.

At this inspection, we completed a well led review of the trust and inspected six of the 15 core services delivered by the trust between the 8 October 2019 and the 12 November 2019.

The six core services we inspected were:

- 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
- community-based mental health services for adults of working age
- specialist community mental health services for children and young people
- community health services for adults

The trust was last inspected in January 2018 using the current methodology. The inspection was completed between the 11 January 2018 and the 15 February 2018. As part of that well led review, we inspected the following core services:

- community health inpatient services
- wards for older people with mental health problems
- acute wards for adults of working age and psychiatric intensive care units
- long stay/rehabilitation mental health wards for working age adults
- community-based mental health services for adults of working age

CQC also inspected two adult social care locations as part of that inspection, including 10a and 10b Station Road and the domiciliary care service. The domiciliary care service is no longer a registered location.

At the inspection in 2018 the trust was rated as good overall, with good in *effective, caring, responsive* and *well led* domains, *and* as 'requires improvement' in the *safe* domain. At that inspection we issued four requirement notices to the trust for eight breaches of regulation identified across three core services.

The requirement notices issues related to the following Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 12: Safe care and treatment
- Regulation 18: Staffing.

We told the trust that it must take the necessary actions regarding these eight breaches of regulation to comply with its legal obligations. The trust provided us with an action plan demonstrating how it planned to meet these requirements. We have reviewed these actions through ongoing engagement with the trust, and during this recent inspection where this was appropriate.

Following the inspection between January and February 2018, we also suggested 40 actions, relating to five of the core services inspected and trust-wide, which the trust should take to prevent it failing to comply with legal requirements in the future, or to improve services. We reviewed a sample of these should-do actions at this recent inspection.

# Summary of findings

The trust had nine Mental Health Act reviewer visits since January 2019. The most common concerns found at these visits across all the wards and sites included blanket restrictions, patients not having their section 132 rights explained to them, discharge plans and care plans not demonstrating patient involvement, a lack of ward-based activities and repetitive meals. We reviewed the application of the Mental Health Act in the mental health core services we inspected and senior leader oversight during this inspection.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

Rotherham Doncaster and South Humber NHS Foundation Trust provides mental health and learning disability services across three geographical areas; Rotherham, Doncaster, and North Lincolnshire. They also provide substance misuse services, community health services, school nursing, a hospice and adult social care services. The trust provides 337 inpatient beds across 24 wards, none of which were children's mental health beds. The trust also had 100 acute outpatient clinics, 729 community mental health clinics and 89 community physical health clinics per week.

## 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.

At this inspection, we inspected six complete core services of the fifteen delivered by the trust between 8 October and 12 November 2019.

The core services inspected by unannounced inspection were:

- acute wards for adults of working age and psychiatric intensive care units
- forensic inpatient/secure wards
- long stay/rehabilitation mental health wards for working age adults.

The core services inspected by short notice announced inspection were:

- community-based mental health services for adults of working age
- specialist community mental health services for children and young people
- community health services for adults.

# Summary of findings

We identified these core services for this inspection based on previous inspection ratings, information relating to risk received through engagement and our ongoing monitoring, and the length of time since the service was last inspected.

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?” and we use the well led framework to review the trust’s leadership and governance.

## What we found

### Overall trust

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

- We rated safe, effective, and well led as requires improvement, and caring and responsive as good. We rated three of the trust’s 10 mental health core services and one of the five community health core services as requires improvement overall. We considered the current ratings of the nine services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- The overall ratings for the community health services for adults went down to requires improvement. The overall ratings for the acute mental health services and adults of working age and the psychiatric intensive care unit, the community mental health services for adults of working age and the long stay/rehabilitation service remained the same as at the last inspection as requires improvement. The forensic/low secure services remained good but the rating went down to requires improvement in the safe key question. The rating of the community mental health services for children and young people also remained good with an improved rating in the well led key question but the rating in the effective key questions going down from good to requires improvement.
- Despite the structures, systems and processes in place to sight the board on quality and safety, there were issues identified with the management of some risks and performance in the core services we inspected. Our findings from the other key questions demonstrated that governance processes did not always operate effectively at service level.
- Systems and processes were not effective in ensuring that staff were maintaining accurate, complete and contemporaneous records. Issues were identified with staff accessing information on the system and the consistency in recording information on the patient electronic system, even though the trust had begun implementing this over 18 months ago.
- Systems and processes were not effective in ensuring there were sufficient staff in the acute mental health services and psychiatric intensive care unit, that caseloads were within the recommended number in the community mental health services for adults of working age, and that all staff received the required mandatory training and clinical supervision as is necessary to enable them to carry out the duties they were employed to perform.
- Systems and processes were not established and operating effectively in all services for assessing, monitoring and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk; the ligature risk assessments in place did not identify or mitigate all the ligature risks in the inpatient core services at the time of the inspection.
- Clinical and local audits were not always completed or effective to provide assurance, including in relation to the application of the Mental Capacity Act and recording in the electronic care records. Managers did not always take the action as required in response to these audits and the performance dashboards in place to support them in completing their role.

# Summary of findings

- Whilst data quality was improving, it remained an area of concern for the trust; further improvement was required to underpin the decisions of the organisation, including the ability to horizon scan and forecast areas of concern.
- Complaints were not always completed, investigated and responded to in a timely way and not all contact with the complainants is documented. We informed the trust and they were acting to address this.

However:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They understood the issues, priorities and challenges the service faced and managed them. There was a growing multidisciplinary approach to clinical leadership demonstrable through the appointment of allied health professions chief officer.
- Staff felt valued, supported and listened to and overall felt positive and proud about working for the trust in the services we visited. 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
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced. The trust's board of governors was proactive and provided constructive challenge to the trust's senior leadership team.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The trust was actively engaged in collaborative work with external partners working within the health and social care system.
- The trust welcomed and proactively sought external scrutiny of its services and its internal processes. The trust had commissioned an external provider to work with them on a programme of board development. The trust was also working with NHS Improvement to implement two key programmes; leadership and culture.
- The trust was committed to improving services and innovating, with services involved in quality improvement processes. The trust was actively involved in research and continued to grow, broaden and engage with the wider workforce as well as stakeholders.

## Are services safe?

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

- We rated four of the trust's 10 mental health core services as requires improvement in the safe key question. We rated one of the five community health core services as requires improvement in the safe key question. We took into account the current ratings of the nine services not inspected this time.
- Staff could not access all the necessary information in order to provide care and treatment. There were gaps within care records which resulted in staff not always having the most up to date information about patients, and their care and staff were using different versions of documents and recording information in different places or recording on separate paper records.
- Staff had not completed all the required mandatory training, with low compliance in some wards and teams, and with specific courses.
- Ligature risk assessments in place did not identify or mitigate all the ligature risks in the three inpatient core services at the time of the inspection. Building and environmental risk assessments were not always up to date or contained the relevant information.

# Summary of findings

- Seclusion suites at two of the trust's psychiatric intensive care units had no en-suite facilities and the use of receptacles was common practice and was not in line with the trust policy. In addition, all seclusion rooms had no alternative way for staff to offer food and drinks to patients apart from entering the room.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood their responsibilities around safeguarding and were able to demonstrate them.
- Ward environments were clean and well maintained. The fixtures and fittings were appropriate.
- The service managed patient safety incidents well. Staff in most services recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- 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.

## Are services effective?

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

- We rated three of the trust's 10 mental health core services and one of the five community health core services as requires improvement in the effective key question. We took into account the current ratings of the nine services not inspected this time.
- Not all staff receive clinical supervision as required by the trust. Systems in place to monitor staff supervision were not always effective.
- Care plans were not always holistic and recovery orientated in three of the services we inspected and the recording of patient and carers views not being evident.
- Staff did not always act in accordance with the Mental Capacity Act 2005 when providing care and treatment to patients who are unable to give consent because they lacked the capacity to do so.
- Despite the trust increasing access to psychology and occupational therapy as required at the previous inspection, there remained an issue with patients being able to access psychology on the wards at Swallownest court in Rotherham.
- Clinical and local audits were not always completed or effective, and actions were not always completed in response to the outcomes, particularly around care records.

However:

- 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 provided a range of treatment and care for patients based on national guidance and best practice. They ensured in most cases patients had access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.
- Staff in most services understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Managers supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

# Summary of findings

## Are services caring?

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

- We rated nine of the trust's 10 mental health core services as good and one as outstanding, and all five community health core services as good, in the caring key question. We took into account the current ratings of the nine services not inspected this time.
- Feedback from patients from the services we visited was consistently positive. Patients told us about how caring and kind staff were, and that they treated them with dignity and respect. They told us staff were knowledgeable and regularly went above and beyond their roles.
- Staff worked closely with families and carers offering appropriate support and signposting them to local organisations within their communities.
- The trust regularly sought feedback from patients and carers to develop and improve services.
- Staff understood and respected the personal, cultural, social and religious needs of patients and their families and took these into account in the way they delivered services. Patients were offered advocacy support where required.

## Are services responsive?

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

- We rated nine of the trust's 10 mental health core services as good and one as outstanding, and four community health core services as good and one as outstanding, in the responsive key question. We took into account the current ratings of the nine services not inspected this time.
- The design, layout, and furnishings of the inpatient wards 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 good quality and patients had access to hot drinks and snacks at any time.
- Services were easy to access. Referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly. Staff followed up patients who missed appointments.
- Staff on inpatient wards planned and managed discharges well. They aimed to deliver a coordinated approach and manage the process in a timely manner.
- The trust had an open culture in reviewing and responding to complaints. The trust made it accessible for patients and carers to raise concerns. Lessons were learnt and shared with the teams.
- Community teams provided care which met the needs of the local communities they served. They worked closely with other organisations in the wider system, including organisations in the voluntary sector to support care and treatment for the people it served.
- Staff endeavoured to meet the needs of the patients, including those with protected characteristics.

However:

- Patients who required assessment on the neurodevelopmental pathway within the specialist community mental health teams for children and young people waited a long time to be seen for assessment.

## Are services well-led?

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

# Summary of findings

- We rated four of the trust's 10 mental health core services and one of the five community health core services as requires improvement for the well led key question. We took into account the current ratings of the nine services not inspected this time.
- Despite the structures, systems and processes in place to sight the board on quality and safety, there were issues identified with the management of some risks and performance in the core services we inspected. Our findings from the other key questions demonstrated that governance processes did not always operate effectively at service level.
- Systems and processes were not effective in ensuring that staff were maintaining accurate, complete and contemporaneous records. Issues were identified with staff accessing information on the system and the consistency in recording information on the patient electronic system, even though the trust had begun implementing this over 18 months ago.
- Systems and processes were not effective in ensuring there were sufficient staff in the acute mental health services and psychiatric intensive care unit, that caseloads were within the recommended number in the community mental health services for adults of working age, and that all staff received the required mandatory training and clinical supervision as is necessary to enable them to carry out the duties they were employed to perform.
- Systems and processes were not established and operating in all services effectively for assessing, monitoring and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk; the ligature risk assessments in place did not identify or mitigate all the ligature risks in the inpatient core services at the time of the inspection or ensure that environmental risk assessments had been completed in all core services.
- Clinical and local audits were not always completed or effective to provide assurance, including in relation to the application of the Mental Capacity Act and recording in the electronic care records. Managers did not always take the action as required in response to these audits and the performance dashboards in place to support them in completing their role.
- Whilst data quality was improving, it remained an area of concern for the trust; further improvement was required to underpin the decisions of the organisation, including the ability to horizon scan and forecast areas of concern.
- Complaints were not always completed, investigated and responded to in a timely way and not all contact with the complainants was documented. We informed the trust and they were acting to address this.
- The trust was taking steps to complement the existing risk framework; introducing the additional structure for presenting a more robust and integrated picture of risk for the organisation up to the board was yet to be implemented.
- Staff were not fully clear on how they would receive trust-wide learning from serious incidents; senior leaders recognised sharing learning across the care groups was an area that could be improved.
- A systematic and structured approach to succession planning and talent management was not in place; the trust recognised this and was taking action to address it.
- The trust dashboard received by the mental health legislation committee did not contain all the data to provide assurance in relation to the application of the Mental Health Act and the Code of Practice, and that all policies in relation to the Mental Health Act and the Code of Practice were reviewed and uploaded onto the staff intranet in a timely way so staff had access to these.

However:

# Summary of findings

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They understood the issues, priorities and challenges the service faced and managed them. There was a growing multidisciplinary approach to clinical leadership demonstrable through the appointment of allied health professions chief officer.
- The newly developed trust strategy was robust and realistic for achieving trust priorities and developing good quality, sustainable care across all sectors. It directly linked to the vision and values of the trust, which underpinned a culture that was patient centred. The trust involved clinicians, patients and groups from the local community in the development of the strategy.
- The trust had taken the decision to recruit a director of strategy, to support the embedding of the new organisational strategy and the completion of the actions at a pace to ensure successful outcomes.
- Staff felt valued, supported and listened to and overall felt positive and proud about working for the trust in the services we visited. 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.
- The pharmacy team and medicines optimisation were embedded into the trust's governance structure. There were clear lines of communication and accountability between the chief pharmacist and the board, with mechanisms in place to escalate medicines' risk.
- The trust demonstrated progress around staff networks promoting and engaging staff across protected characteristics. This was evident in the positive impact this was having within the organisation and culture.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced. The trust's board of governors was proactive and provided constructive challenge to the trust's senior leadership team.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The trust was actively engaged in collaborative work with external partners working within the health and social care system.
- The trust welcomed and proactively sought external scrutiny of its services and its internal processes. The trust had commissioned an external provider to work with them on a programme of board development. The trust was also working with NHS Improvement to implement two key programmes; leadership and culture.
- The trust was committed to improving services and innovating, with services involved in quality improvement processes. The trust was actively involved in research and continued to grow, broaden and engage with the wider workforce as well as stakeholders.

## 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 at trust level. For more information, see the outstanding practice section of this report.

# Summary of findings

## Areas for improvement

We found areas for improvement including 33 breaches of legal requirements that the trust must put right. We found 44 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 six requirement notices to the trust. This means the trust must send us a report saying what action it will take to meet these requirements.

Our action related to breaches of legal requirements at trust level and in all six core services.

## 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

### Trust-wide:

- In November 2019 the trust won the health service journal award for the freedom to speak up organisation of the year in recognition of the work they had completed and continued to do in supporting staff to raise concerns and to support the delivery of safe patient care.
- There were a number of initiatives run across the trust to support staff well-being including running clubs, keep-fit sessions and yoga. The trust had won a number of awards; recently receiving the large business award and the workplace health initiative in this year's 'Be well @ Work Workplace Health Awards.
- The trust had achieved the cyber essentials plus accreditation, which all NHS organisations are required to achieve by 2021.
- The trust was the first mental health trust to join the Northern Health Science Alliance at the beginning of this year. The Northern Health Science Alliance is an alliance of the North's leading universities, research-intensive NHS trusts and four academic health science networks, supporting the grounded research team to connect with research centres across the region, the United Kingdom and internationally.
- The grounded research team have also been nominated for a number of awards and in October 2019 they won the award for clinical research nursing at the nursing times awards.
- Whilst the trust participates in the learning disability mortality programme, a structured judgement review was completed for all deaths of patients with a learning disability to ensure learning was implemented as required in a timely way.

### Community Health Services for Adults:

- The trust used technology to support treatment and care through applications where patients could record information about their physical health using their own mobile phones.
- The trust provided a tele-health service using technology and remote support'

# Summary of findings

## Areas for improvement

### Action the trust MUST take to improve

#### Trust-wide:

- The trust must ensure systems and processes are effective in ensuring that staff are maintaining accurate, complete and contemporaneous records. (Regulation 17)
- The trust must ensure systems and processes are established and operated effectively to ensure there are sufficient staff all services, that caseloads are within the recommended number in the community mental health services, and that all staff receive the required mandatory training and clinical supervision as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 17)
- The trust must ensure systems and processes are established and operating effectively for assessing, monitoring and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, including the completion of ligature risk assessments which identify and mitigate all ligature points and environmental risk assessments, and a recently completed risk assessment in relation to the access and administration of emergency medication which is regularly reviewed. (Regulation 17)
- The trust must ensure that clinical and local audits are completed and sufficient to provide assurance, including in relation to the application of the Mental Capacity Act and recording in the electronic care records, and that managers take the action as required in response to these audits, as well as the performance dashboards in place to support them in completing their role. (Regulation 17)

#### In community mental health teams for adults:

- The trust must ensure care and treatment of service users is appropriate, meets their needs, and reflects their preferences. The trust must ensure staff work collaboratively with the relevant person(s), complete assessment of the needs and preferences for care and treatment of the service user; and design care or treatment with a view to achieving service users' preferences and ensuring their needs are met. (Regulation 9)
- The trust must ensure that care and treatment is provided in a safe way for service users. The trust must assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks. (Regulation 12)
- The trust must ensure systems and processes are established and operated effectively to ensure compliance including assessing, monitoring and improving the quality and safety of the services provided assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. (Regulation 17)
- The trust must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed. The trust must ensure staff receive such appropriate support, mandatory training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18)

#### In acute wards for adults of working and psychiatric intensive care units:

- The trust must ensure that the location of seclusion is in line with the Mental Health Act Code of Practice i.e. not located in a patient bedroom area. All premises used to provide patient care must be suitable for the purpose they are being used, properly maintained and appropriately located. By ensuring that there is a method by which patients can access bathroom facilities, and receive food, drink and medication when using seclusion when it is not safe for staff to enter the room. (Regulation 15)

# Summary of findings

- The trust must ensure that all assessment of environmental risks are completed fully, accurately and are accessible; and action is taken to mitigate risk. This includes ligature points. (Regulation 12)
- The trust must ensure that a recent risk assessment in relation to the access and administration of emergency medication that acts as an antidote to benzodiazepines as recommended by the national resuscitation council guidance is completed and regularly reviewed. (Regulation 12)
- The trust must ensure that staff follow the trust's infection control policy. (Regulation 12)
- The trust must ensure that there are sufficient staff numbers of nursing and allied health professional staff to consistently provide all aspects of patient care. (Regulation 18)
- The trust must ensure that all staff on all wards have received up to date required training, as determined by the trust. (Regulation 18)
- The trust must ensure that systems and processes in place are effective to monitor, assess and improve the quality and safety of the services. (Regulation 17)
- The trust must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, and take robust and timely action to mitigate identified risks and embed changes where risks have been identified. (Regulation 17)
- The trust must ensure staff keep an accurate and contemporaneous record in respect of each service user, including the recording of patient observations. (Regulation 17)

## **In long stay rehabilitation wards:**

- The trust must ensure that ligature risk assessments document the ligature risks in individual rooms and explain how the risks are mitigated. (Regulation 12)
- The trust must ensure that staff complete the relevant mandatory training to carry out their roles. (Regulation 18)
- The trust must ensure that staff fully assess, manage and mitigate the risks to the health and safety of patients when they transfer from staying on the ward at Emerald Lodge into the bungalows away from the main ward area. (Regulation 12)
- The trust must ensure that any restrictions on patients are identified, reported and reviewed in line with trust policy and the Mental Health Act code of practice. (Regulation 17)
- The trust must ensure that staff assess the risks to the health and safety of service users going on section 17 leave. Staff must do all that is reasonably practicable to mitigate any such risks, including being able to identify when a patient is absent without leave. (Regulation 12)
- The trust must ensure that the recording of any episodes of seclusion is in line with trust policy and complies with the Mental Health Act code of practice. (Regulation 17)
- The trust must ensure that staff maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. The trust should ensure the views of the patient are reflected within the care plan reviews. (Regulation 17)
- The trust must ensure that when a patient is deemed to not have capacity to make a significant decision or a decision to which the person is objecting, staff must document the capacity assessment and its outcome. Staff must record the discussion and decision-making processes they follow to come to a best interest decision in line with trust policy. (Regulation 11)

# Summary of findings

- The trust must ensure that quality assurance systems identify inconsistencies in the quality of care across the core service and implement plans to address these inconsistencies. The trust must ensure that local clinical checks identify issues and staff should act on the results when needed. (Regulation 17)

## **In forensic inpatients and secure wards:**

- The provider must ensure care records are accurate, complete and contemporaneous including updates to risk assessments, recording seclusion reviews at appropriate intervals and recording of multi-disciplinary review meetings. (Regulation 17)
- The trust must ensure that staff on all wards are compliant with the mandatory training as determined by the trust. (Regulation 18)

## **In specialist community mental health services for children and young people:**

- The trust must ensure that all staff receive appropriate supervision. (Regulation 18)

## **In community health services for adults:**

- The trust must ensure that staff maintain an accurate, complete and contemporaneous record in respect of each service user. This must include a record of the care and treatment provided to the patient. (Regulation 17)
- The trust must ensure that an effective system and process is operated to ensure that staff follow policies and procedures in recognising and reporting incidents appropriately. (Regulation 17)
- The trust must ensure that all staff receive appropriate supervision. (Regulation 18).
- The trust must ensure that staff act in accordance with the Mental Capacity Act 2005 when providing care and treatment to patients who are unable to give consent because they lack the capacity to do so. (Regulation 11)

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

### **Trust-wide:**

- The trust should ensure that actions identified in relation to planned improvements are completed at a pace to ensure successful outcomes.
- The trust should ensure a more systematic and structured approach to succession planning and talent management.
- The trust should ensure that the dashboard received by the mental health legislation committee contains all the data to provide assurance in relation to the application of the Mental Health Act and the Code of Practice.
- The trust should ensure that the policies due for review in relation to the Mental Health Act and the Code of Practice are reviewed and uploaded onto the staff intranet in a timely way so staff have access to the most up to date policies and procedures.
- The trust should ensure mechanisms are clear for sharing trust-wide learning from serious incidents.
- The trust should ensure complaints are completed, investigated and responded to in a timely way and that all contact with the complainants is documented.
- The trust should ensure that further improvements are made in relation to data quality to underpin the decisions of the organisation, including the ability to horizon scan and forecast areas of concern.
- The trust should continue taking steps to strengthen the learning and sharing good practice across both care groups and service lines.

# Summary of findings

- The trust should continue with their steps to complement the existing risk framework with structures for presenting a more robust and integrated picture of risk for the organisation up to the board.
- The trust should continue with their work to further improve the collection and use of demographic data in relation to its population for a more systematic and targeted approach to engagement across the care groups, including those people with protected characteristics.

## **In community mental health teams for adults:**

- The trust should ensure service users are supported to understand the care and treatment choices available to them using communication that is accessible.
- The trust should ensure premises used by the service are safe to use for their intended purpose and are used in a safe way. Fire risk assessments for all premises should be accessible and available to staff and managers.
- The trust should ensure that all teams within the service have an up to date service specification.

## **In acute wards for adults of working and psychiatric intensive care units:**

- The trust should ensure that staff record whether a debrief was provided to patients and staff following an incident or restrictive intervention such as restraint.
- The trust should ensure that patients are only moved wards during their admission for clinical reasons.
- The trust should ensure that all patients have a clear discharge plan.
- The trust should ensure that they have a policy to guide staff in the support and admission of transgender patients.
- The trust should ensure that patients have access to a variety of menu choices in accordance with their dietary needs.
- The trust should ensure there is clear recording of patients' capacity to consent to treatment.
- The trust should ensure there is a method for them to record compliance with staff supervision requirements.

## **In long stay rehabilitation wards:**

- The trust should ensure that outstanding environmental work is carried out at Coral Lodge to address issues identified in the fire risk assessment.
- The trust should ensure that a women-only day room is available for patients at Emerald Lodge all the time.
- The trust should ensure that staff assess the risks to the health and safety of patients and others when participating in community-based group activities.
- The trust should ensure that spot checks are carried out and documented for patients who are self-medicating in line with the trust policy.
- The trust should ensure that staff complete food and fluid charts fully and accurately where these are in place.
- The trust should ensure that Goldcrest ward has access to sufficient psychology input.
- The trust should ensure that potentially identifiable information is held confidentially within the office at Goldcrest Ward.
- The trust should continue their efforts to ensure the environment at Coral Lodge is suitable for rehabilitation.
- The trust should continue the work to review the rehabilitation pathway and ensure that Goldcrest ward is included in the trusts review of rehabilitation services.

## **In forensic inpatients and secure wards:**

# Summary of findings

- Staff should ensure health and safety checks and audits are completed regularly.
- Staff should ensure all ligature risks are identified and recorded on the ligature risk assessment.
- Staff should ensure patient specific medicines are appropriately labelled.
- Staff should ensure patient medicines are stored securely.
- Staff should ensure food items stored in fridges are appropriately labelled once open.
- Staff ensure they use a recording system following the cleaning of equipment and maintain cleaning records for the clinic room.
- The trust should ensure staff receive supervision and this is accurately recorded.

## **In specialist community mental health services for children and young people:**

- The trust should ensure that all staff are up-to-date with their mandatory training.
- The trust should ensure that all staff consistently use the appropriate templates in the electronic record so that accurate, complete and contemporaneous records are kept in respect of each patient.
- The trust should ensure all patients and their families have access to a copy of their plan of care.
- The trust should ensure an appropriate pathway is in place to ensure timely assessment for all individuals on the neurodevelopmental pathway.
- The trust should ensure they continue to escalate any maintenance problems with the premises at Kimberworth Road to the local authority for action.
- The trust should ensure staff respond to complaints in the timescales set out by the trust and should provide a written explanation to patients if timescales for investigation need to be extended.

## **In community health services for adults:**

- The trust should ensure that staff receive information on the lessons learnt from incidents.
- The trust should ensure that staff complete and update patient risk assessments regularly.

## 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 went down. We rated it as requires improvement because:

- Despite the structures, systems and processes in place to sight the board on quality and safety, there were issues identified with the management of some risks and performance in the core services we inspected. Our findings from the other key questions demonstrated that governance processes did not always operate effectively at service level.

# Summary of findings

- Systems and processes were not effective in ensuring that staff were maintaining accurate, complete and contemporaneous records. Issues were identified with staff accessing information on the system and the consistency in recording information on the patient electronic system, even though the trust had begun implementing this over 18 months ago.
- Systems and processes were not effective in ensuring there were sufficient staff in the acute mental health services and psychiatric intensive care unit, that caseloads were within the recommended number in the community mental health services for adults of working age, and that all staff received the required mandatory training and clinical supervision as is necessary to enable them to carry out the duties they were employed to perform.
- Systems and processes were not established and operating in all services effectively for assessing, monitoring and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk; the ligature risk assessments in place did not identify or mitigate all the ligature risks in the inpatient core services at the time of the inspection.
- Clinical and local audits were not always completed or effective to provide assurance, including in relation to the application of the Mental Capacity Act and recording in the electronic care records. Managers did not always take the action as required in response to these audits and the performance dashboards in place to support them in completing their role.
- Complaints were not always completed, investigated and responded to in a timely way and not all contact with the complainants was documented. We informed the trust and they were acting to address this.
- Whilst data quality was improving, it remained an area of concern for the trust; further improvement was required to underpin the decisions of the organisation, including the ability to horizon scan and forecast areas of concern.
- The trust was taking steps to complement the existing risk framework; introducing the additional structure for presenting a more robust and integrated picture of risk for the organisation up to the board was yet to be implemented.
- Staff were not fully clear on how they would receive trust-wide learning from serious incidents; senior leaders recognised sharing learning across the care groups was an area that could be improved.
- A systematic and structured approach to succession planning and talent management was not in place; the trust recognised this and was taking action to address it.
- The trust dashboard received by the mental health legislation committee did not contain all the data to provide assurance in relation to the application of the Mental Health Act and the Code of Practice, and that all policies in relation to the Mental Health Act and the Code of Practice were reviewed and uploaded onto the staff intranet in a timely way so staff had access to these.

However:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They understood the issues, priorities and challenges the service faced and managed them. There was a growing multidisciplinary approach to clinical leadership demonstratable through the appointment of allied health professions chief officer.
- The newly developed trust strategy was robust and realistic for achieving trust priorities and developing good quality, sustainable care across all sectors. It directly linked to the vision and values of the trust, which underpinned a culture that was patient centred. The trust involved clinicians, patients and groups from the local community in the development of the strategy.

# Summary of findings

- The trust had taken the decision to recruit a director of strategy, to support the embedding of the new organisational strategy and the completion of the actions at a pace to ensure successful outcomes.
- Staff felt valued, supported and listened to and overall felt positive and proud about working for the trust in the services we visited. 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.
- The pharmacy team and medicines optimisation were embedded into the trust's governance structure. There were clear lines of communication and accountability between the chief pharmacist and the board, with mechanisms in place to escalate medicines' risk.
- The trust demonstrated progress around staff networks promoting and engaging staff across protected characteristics. This was evident in the positive impact this was having within the organisation and culture.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced. The trust's board of governors was proactive and provided constructive challenge to the trust's senior leadership team.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The trust was actively engaged in collaborative work with external partners working within the health and social care system.
- The trust welcomed and proactively sought external scrutiny of its services and its internal processes. The trust had commissioned an external provider to work with them on a programme of board development. The trust was also working with NHS Improvement to implement two key programmes; leadership and culture.
- The trust was committed to improving services and innovating, with services involved in quality improvement processes. The trust was actively involved in research and continued to grow, broaden and engage with the wider workforce as well as stakeholders.

## 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 ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Mental health	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Overall trust	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Community health services for children and young people	Good Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Community health inpatient services	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Hospice services for adults	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
<b>Overall*</b>	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020

\*Overall ratings for community 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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Forensic inpatient or secure wards	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Wards for older people with mental health problems	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Community-based mental health services for adults of working age	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Mental health crisis services and health-based places of safety	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016
Specialist community mental health services for children and young people	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020
Community-based mental health services for older people	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Community mental health services for people with a learning disability or autism	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Substance misuse services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
<b>Overall</b>	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
10a and 10b Station Road	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
88 Travis Gardens	Good Apr 2018	Good Apr 2018	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Danescourt	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
2 Jubilee Close	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019

# Community health services

## Background to community health services

The trust provides the following community health core services:

- community health services for adults
- community health services for children and young people
- community health inpatient services
- community end of life care
- hospice.

We inspected one community health core service as part of this inspection:

- community health services for adults.

This community health service was announced 24 hours prior to the inspection to ensure everyone we needed to speak with was available.

## Summary of community health services

**Good** ● → ←

Our overall rating for these community health services stayed the same. The community health services were rated as good overall in all key questions; the same as they were in 2018.

However, the overall rating for the community health services for adults went down at this inspection compared to the last time we inspected these services in 2016. This core service was rated as requires improvement in safe, effective and well led, and good in caring and responsive.

# Community health services for adults

Requires improvement  

## Key facts and figures

Rotherham, Doncaster and South Humber NHS Foundation trust provide community health services for adults aged 18 and over across Doncaster.

The service provides the following community health services:

- a single point of access into services
- planned and unplanned community nursing
- community intermediate care and reablement
- stroke and neurological rehabilitation
- long term conditions services for Parkinson's disease, cardiac recovery services, diabetes, epilepsy, hepatitis C and respiratory and oxygen
- continence support
- telehealth
- and other specialist services including dietetics, occupational therapy, specialist falls, speech and language therapy, tissue viability and lymphedema.

The services are provided from a number of locations across Doncaster.

We last inspected the community health services for adults' core service in September 2015 and we published our report in January 2016. At our last inspection, we rated the core service as good overall. We rated the key question safe as requires improvement and the key questions effective, caring, responsive and well-led as good.

Following our last inspection, we issued the trust with one requirement notice in relation to a breach of Regulation 18 Staffing of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to the service not having enough registered nurses in the community nursing teams.

We told the trust that it must and should have taken the following actions to improve:

- The trust must ensure there are sufficient staff to meet the patients' needs within the community nursing service.
- The trust should support staff to undertake their statutory and mandatory training.
- The trust should review risk assessments and reviews to ensure they are completed accurately.
- The trust should review clinical supervision arrangements for all community staff.
- The trust should develop arrangements to support patients with dementia.

At this inspection, we inspected all the five key questions.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak with was available.

We inspected this core service as part of our routine inspection methodology. We inspected the following services:

- planned care South community nursing

# Community health services for adults

- unplanned care community nursing
- community intermediate care team
- community stroke rehabilitation service
- specialist nursing cardiac rehabilitation
- single point of access
- specialist respiratory and oxygen nursing team.

During our inspection, we:

- toured the services
- interviewed 37 members of staff including service managers / modern matrons, team leaders, sisters, registered nurses, registered occupational therapists, registered physiotherapists, health care assistants and administrators
- reviewed 25 patients' care and treatment records
- observed six referrals being received and processed through the Single Point of Access
- observed three clinical triages of referrals
- observed one multi-disciplinary team meeting
- observed one cardiac exercise class
- observed 26 home visits with patients
- spoke with 20 patients and carers
- reviewed a range of documents including policies and procedures 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:

- We identified issues with the safety, effectiveness and leadership of the service.
- Our inspection findings showed that leaders did not always operate effective governance processes throughout the service to identify, monitor and improve the quality and safety of the service.
- We found that staff did not ensure that patient records were accurate, complete and contemporaneous. Staff did not always report incidents that they should, and managers did not ensure that staff received regular supervision.
- Staff had provided care and treatment to a patient who they deemed had lacked mental capacity to consent to this and had not completed a mental capacity assessment.
- Staff did not always complete and update patient risk assessments regularly.
- Staff could not recall receiving information on lessons learnt from incidents.

However:

- Since our last inspection, the number of serious incidents had reduced, and the service had made improvements in staffing to ensure the service had enough staff who received the training required.

# Community health services for adults

- The service provided care and treatment mostly based on national guidance and evidence-based practice.
- Staff treated patients with compassion and kindness. They provided emotional support to patients and their carers and involved them in understanding their conditions and in decision making.
- The service planned care to meet the needs of local people. It was inclusive and responsive in providing care to people when they needed it.
- Staff felt respected, supported and valued. Leaders were visible and approachable, and the service engaged with patients, the public and local organisations to plan and manage services.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always keep detailed and contemporaneous records of patients' care and treatment. Records were not always clear and up to date or easily available to all staff providing care.
- Staff did not always have access to up-to-date and comprehensive information on patients' care and treatment.
- The service did not always manage patient safety incidents well. Staff did not always recognise incidents and report them appropriately. Most staff could not recall lessons learnt from incidents.
- Staff did not always complete and update patient risk assessments for each patient.

However:

- Overall, the number of serious incidents had reduced significantly, when things went wrong, staff apologised and gave patients information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills to all staff and for most courses made sure everyone completed it.
- 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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept the equipment and premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and others.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. They did not use agency staff. Less than one percent of shifts were covered by bank staff. Bank staff received a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

# Community health services for adults

## Is the service effective?

**Requires improvement** ● ↓

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

- Managers did not ensure that staff received regular supervision across the services. On average 44% of staff had received regular supervision.
- Staff did not always complete mental capacity assessments where patients lacked capacity to make their own decisions. We found that staff had not assessed the capacity of a patient they had deemed did not have capacity to consent to their care and treatment.
- Patients who received care out of hours only did not have anyone who coordinated their care and treatment.
- It was unclear whether staff assessed and monitored patients for nutrition and pain because staff did not complete these assessments consistently.

However:

- The service provided care and treatment mostly based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.

## 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, respected their privacy and dignity, and took into account their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Community health services for adults

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## 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 safe and effective key questions indicated that leaders did not always operate effective governance processes throughout the service. We identified issues with systems and processes which were not effective because they had not ensured that there were accurate, complete and contemporaneous records maintained, leaders had not ensured that staff followed policies on incident reporting and there was no oversight to ensure that staff received regular supervision.

However:

- Leaders were visible and approachable and had the integrity, skills and ability to run the service.
- Staff felt respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all the relevant stakeholders.
- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

# Mental health services

## Background to mental health services

The trust provides the following ten 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
- wards for older people with mental health problems
- 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 children and young people
- community-based mental health services for older people
- community mental health services for people with learning disability or autism
- substance misuse services.

The five mental health core services we inspected were:

- 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
- community-based mental health services for adults of working age
- specialist community mental health services for children and young people.

The inpatient mental health wards we inspected were unannounced inspections (people did not know we were coming). The community mental health services were announced 24 hours prior to the inspection to ensure everyone we needed to speak with was available.

## Summary of mental health services

**Requires improvement**  

Our overall rating for the mental health core services went down since the last inspection in 2018.

We rated the mental health services as requires improvement in safe, effective and well-led, and good in the caring and responsive key question at this inspection.

# Summary of findings

We rated three of the five mental health core services as requires improvement overall at this inspection; this meant three of the trust's 10 mental health core services were rated as requires improvement overall.

The overall ratings for the acute mental health services and adults of working age and the psychiatric intensive care unit, the community mental health services for adults of working age and the long stay/rehabilitation service remained the same as at the last inspection as requires improvement. The overall rating for the community mental health services for children and young people and the forensic/low secure services remained good.

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

Requires improvement   

## Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide long stay or rehabilitation mental health wards for working age adults across Rotherham, Doncaster and North Lincolnshire.

### Goldcrest ward

Goldcrest ward is at Swallownest Court in Rotherham. Goldcrest ward is a community rehabilitation ward with controlled access that provides care and treatment for up to 19 male and female patients. The service accepts patients who have overcome the acute phase of their mental health illness. Patients can be detained under the Mental Health Act or with informed consent stay informally. The service promotes a social inclusive approach to recovery and return to independent living.

### Emerald Lodge

Emerald Lodge is in Bentley, Doncaster. Emerald Lodge is a community open rehabilitation service that consists of an eight-bed ward and eight one-bedroom bungalows. The service provides care and treatment to male and female patients and focuses on mental health recovery and transitioning to independent living. Patients can be detained under the Mental Health Act or with informed consent stay informally. Patients begin their stay within the ward environment and transition to a one-bedroom bungalow as they progress through their stay.

### Coral Lodge

Coral Lodge is at the Tickhill Road site in Doncaster. Coral Lodge is changing to be a high dependency rehabilitation service for up to 16 male patients with enduring mental health illnesses who are detained under the Mental Health Act 1983. The service aims to provide specialist, assessment, treatment and rehabilitation.

The service has previously been inspected. At the last inspection in January 2018, we rated this core service as 'requires improvement' overall. We rated the domains of safe, effective, responsive and well-led as requires improvement and the domain of caring as good. We issued the trust with four requirement notices for breaches of Regulation 9, Regulation 12 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to blanket restrictions, risk assessment of group activities and therapies, access to psychological therapies and occupational therapy, and the risk assessment and management process for patients moving to the bungalows at Emerald Lodge.

This inspection took place between 15 and 17 October 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the service using all the key lines of enquiry in the five key questions as part of a full inspection of this core service.

Before the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team:

- visited all three wards, looked at the quality of the environment and observed how staff were caring for patients
- spoke with 12 patients using the service
- spoke with six carers or relatives of people using the service
- spoke with five leaders of the service including the service managers and team managers

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

- spoke with 21 other staff including nurses, health care assistants, consultant psychiatrists, occupational therapists, occupational therapy assistants, pharmacists, pharmacy technicians, psychologists, and health and a well-being practitioner.
- looked at the care and treatment records of nine patients and four seclusion records
- reviewed medication management including 15 patients' medication records
- attended and observed two handovers, two multidisciplinary team meetings and four patient activities
- reviewed a range of policies and procedures and other documents relating to the running of the service.

## Summary of this service

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

- The service was not consistently providing safe care. Staff did not always reduce the risk within the ward environments. Staff did not assess and manage risk well. Staff had not completed all their mandatory training, did not record seclusion in line with good practice and there were blanket restrictions on Coral Ward.
- The service was not consistently providing effective care. Staff did not always document holistic, recovery-oriented care plans reflecting the comprehensive assessment. Staff did not always discharge their roles and responsibilities under the Mental Capacity Act 2005.
- The service was not consistently well led. Governance processes did not operate effectively at ward level and performance and risk were not consistently well managed. There were gaps in care planning and seclusion records. Environmental checks were not always completed or acted on when an issue had been identified. The correct process had not been followed when a patient transferred to the bungalows at Emerald Lodge, and to identify and report blanket restrictions on Coral Lodge.

However:

- The service worked to a recognised model of mental health rehabilitation. Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983.
- 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 well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- Most ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

## Is the service safe?

**Requires improvement** ● → ←

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

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

- Staff had not reduced the environmental risks at Goldcrest and Coral Lodge. The ligature risk assessment at Goldcrest did not explain how patients would be kept safe. There was outstanding environmental work at Coral Lodge to address issues identified in the fire risk assessment.
- The service did not make sure all staff completed mandatory training in moving and handling, higher level safeguarding and in the Mental Health Act. The number of staff who completed it did not meet trust targets..
- Staff did not assess and manage risks to patients and others robustly. Staff did not follow identified processes when patients transferred from the ward environment to the bungalows at Emerald Lodge. There were no risk assessments for community-based group activities at Goldcrest ward.
- Staff did not always record a risk assessment before a patient went on section 17 leave. Staff did not always document what time they went on leave.
- Staff did not complete and document spot checks for patients who are self-medicating in line with trust policy.
- Staff did not record seclusion in line with best practice. There were missing reviews and poor or no seclusion care plans in place.
- The women-only day room at Emerald Lodge was occasionally used by male patients.

However:

- All wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients to keep people safe from avoidable harm.
- 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.
- 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, 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.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not always develop comprehensive care plans and update them as needed after reviews. Care plans did not always reflect all of a patient's assessed needs, and were not always personalised, holistic and recovery-oriented. Food and fluid charts were not fully completed at Coral Lodge.
- There was limited access to psychology at Goldcrest ward.

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

- Staff did not always assess and recorded mental capacity clearly for patients who might have impaired capacity. They did not always record the discussion and decision-making process they followed to make decisions in the best interest of the patient.

However:

- Staff assessed the physical and mental health of all patients on admission.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included enough access to psychological therapies on most wards, 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 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.
- Most 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 the range of skills needed to provide high quality care. They supported staff with appraisals 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. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

## 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.
- All wards followed the Triangle of Care best practice guidance and had displays of information including the trust friends and relatives' carer's charter and information on local services such as the referral process to the Rotherham mental health carers team. Carers told us staff were helpful and there was 'always someone to talk to'.

However:

- The staff office at Goldcrest ward had information relating to leave authorisation for detained patients which could potentially be seen and be identifiable by other patients.

## Is the service responsive?

Good ● ↑

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

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

- 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.
- 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. When clinically appropriate, staff supported patients to self-cater.
- The wards 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:

- The work to review the rehabilitation pathway was not yet complete and Goldcrest ward had not been included in the trusts review of rehabilitation services.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Our findings from the other key questions demonstrated that governance processes did not always operate effectively at ward level and that performance and risk were managed well. There were gaps in care planning and seclusion records. Environmental checks were not always completed or acted on when an issue had been identified. The correct process had not been followed when a patient transferred to the bungalows at Emerald Lodge, and to identify and report blanket restrictions on Coral Lodge.
- Not all staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- The absence of ward leaders on Coral Lodge was having a significant impact on the oversight and governance on the ward.

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.
- Staff engaged actively in local and national quality improvement activities.

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

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

# Forensic inpatient or secure wards

Good   

## Key facts and figures

Rotherham, Doncaster and South Humber NHS Foundation Trust provide forensic learning disability services in Doncaster. The service was arranged into low secure, forensic locked and unlocked rehabilitation services. The service was able to provide care to male patients only.

In April 2019 the trust completed work which supported the transforming care programme. This meant Amber Lodge low secure unit reduced its bed base from 23 to 13 beds. The bed base for 1 Jubilee Close remained the same. At the time of this inspection, one patient was supported at 7a Woodfield Way, this was a specialist commissioned placement.

This inspection took place on the 8 and 9 October 2019 and we inspected all of the key questions. Our inspection was unannounced.

This service was last inspected in September 2015. We rated this service as 'good' overall with ratings of 'good' in all key questions. We suggested some actions which the provider could take to improve the service including the development of seclusion facilities, a review of blanket restrictions, staff attendance at mandatory training and regular checks of the oxygen to ensure this is in date.

Prior to this inspection the CQC received several whistleblowing concerns, which included concerns around insufficient nursing and medical staffing and staff being trained sufficiently to meet the specific needs of the patients. The trust had responded appropriately and on this inspection we found no concerns in relation to these issues.

The CQC completed three Mental Health Act monitoring visits to the service between March 2019 and June 2019. Issues identified included blanket restrictions relating to smart mobile telephones, access to outdoor space, individual access to the internet, lack of food choices, incomplete or missing treatment authority certificates, lack of activity planners, community meeting minutes missing, limited monitoring of Section 17 leave and poor recording of patient input into care plans. During this inspection we reviewed all of these actions and were assured the service had addressed the majority of the issues identified and were progressing with others.

Prior to the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team:

- visited three wards, looked at the quality of the environment and observed how staff were caring for patients
- spoke with ten patients using the service, and reviewed their comments on feedback cards
- spoke with five carers or relatives of people using the service
- spoke with four leaders of the service including the service managers and team managers
- spoke with 16 other staff including consultant psychiatrists, nurses, occupational therapists, pharmacists, social workers, assistant psychologists and healthcare support workers.
- looked at the care and treatment records of six patients
- reviewed 12 patient medication records
- attended and observed 3 meetings

# Forensic inpatient or secure wards

- reviewed a range of policies and procedures and other documents relating 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. 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.

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff did not always update patient risk assessments following incidents on the ward. Patient care records were not contemporaneous during an episode of seclusion and several multi-disciplinary meetings.
- Staff at Amber Lodge did not regularly complete weekly and monthly health and safety checks and audits.
- Staff at Amber Lodge did not identify and record the ligature risk presented by the metal casing of biometric fingerprint recorders around the ward.
- Not all staff were up to date with all required mandatory training.
- We observed open and undated food items in fridges at 1 Jubilee Close and 7a Woodfield Way.
- Staff at Amber Lodge stored patient specific medicines in the fridge without appropriate patient identification labels.
- Staff at 1 Jubilee Close did not maintain the security of patient medicines.
- Staff at Amber Lodge did not use a system following the cleaning of equipment and did not maintain cleaning records for the clinic room.

# Forensic inpatient or secure wards

However:

- 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.
- 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.
- 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.

## 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 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 teams 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 teams 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.

# Forensic inpatient or secure wards

- 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 staff had received supervision as required by the trust.

## 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 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 wards 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 quality of food was adequate 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.

## Is the service well-led?

Good   

# Forensic inpatient or secure wards

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 generally 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.

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

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

Requires improvement   

## Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provides acute and psychiatric intensive care services for men and women aged 18 and over. Services are provided at Mulberry House in Scunthorpe, Swallownest Court in Rotherham, and at Tickhill Road in Doncaster.

Great Oaks provides one acute inpatient ward. This is:

- Mulberry House, a 19 bed male and female acute admission ward.

Swallownest court provides two acute inpatient wards and one psychiatric intensive unit. These are:

- Osprey ward, an 18 bed male and female acute admission ward.
- Sandpiper ward, an 18 bed male and female acute admission ward.
- Kingfisher ward, a five bed male and female psychiatric intensive care unit.

Tickhill road provides two acute inpatient wards and one psychiatric intensive care unit. These are:

- Brodsworth ward, a 20 bed male and female acute admission ward.
- Cusworth ward, a 20 bed male and female acute admission ward.
- Skelbrooke ward, a five bed male and female psychiatric intensive care unit.

The service admitted patients who were detained for treatment under the Mental Health Act (1983), those with deprivation of liberty safeguards in place and informal patients. Most patients were detained under the Mental Health Act at the time our inspection; there were no patients with deprivation of liberty safeguards in place.

We have carried out five Mental Health Act monitoring visits across the service since January 2019. Following these visits, the trust provided an action statement telling us how they would improve the service and improve adherence to the Mental Health Act and Mental Health Act Code of Practice. We have followed these up at this inspection.

We previously inspected the acute and psychiatric intensive care unit services in January 2018, and we found some areas for improvement. We rated the service as requires improvement in two key questions (safe and responsive) and rated the service as 'good' in caring, effective and well led. At that inspection, we found the service to be in breach of the following regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12, Safe care and treatment. This related to patient bedrooms which did not have patient call alarms.
- Regulation 9, Person centred care. This related to the services not having activity schedules in place at the weekends.
- Regulation 10, Dignity and respect. This related to environmental issues, such as some bedrooms which did not have observation panels which could be controlled by patients, and seclusion suites with no visible clock.
- Regulation 18, Staffing. This related to low compliance rates with mandatory training.

We reviewed these breaches of regulation at this inspection.

This inspection took place on the 22 - 24 October 2019 and we inspected all of the key questions. Our inspection was unannounced, so staff did not know we were coming.

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

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 seven wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 24 patients who were using the service
- spoke with four carers of patients who were using the service
- spoke with the head of service, modern matrons, ward managers, doctors, and safeguarding leads.
- spoke with 27 other staff members including nurses, healthcare support workers, occupational therapists, occupational therapy assistants, reablement workers, and pharmacy staff.
- looked at the care and treatment records of 19 patients
- reviewed medication management including patient medication administration records
- observed a variety of meetings and patient activities
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Ligature risk assessments in place did not identify or mitigate all the ligature risks on the wards. The seclusion suites were not an en-suite facility and the use of receptacles was common practice and there was no method by which to offer patients food, drink or medication if it was not safe for staff to enter the room.
- There were substantial and frequent staff shortages which placed patients and staff at risk of harm because the wards did not have enough nurses and allied health professional staff to ensure the service was safe and to provide the required levels of therapeutic activity to patients. Staff had not completed required levels of mandatory training in some areas that affected the quality of patient care.
- The trust had not undertaken a recent risk assessment in relation to the access and administration of emergency medication that acts as an antidote to benzodiazepines as recommended by the national resuscitation council guidance. Staff at Swallownest court did not always follow infection control procedures.
- The service was not always well led because the governance processes were not always effective. The trust was not aware of some the issues we found during the inspection and there was not a joined-up approach to the management of risk and best practice across all care groups.
- Staff completed clinical audits, but these were not entirely effective because they did not highlight all risks and concerns.
- Staff did not always complete a contemporaneous record for all patients because they did not always record patients' care accurately including records of seclusion, enhanced observation, capacity to consent to treatment and discharge plans.

However:

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

- Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, care plans informed by a comprehensive assessment. Staff had a good basic knowledge of the Mental Health Act and Mental Capacity Act. Overall, they discharged their responsibilities well.
- Managers ensured that staff received 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 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.

## Is the service safe?

**Requires improvement** ● → ←

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

- Ligature risk assessments in place did not identify or mitigate all the ligature risks on the wards.
- The seclusion suites on Kingfisher ward and at Mulberry House were not an en-suite facility and the use of receptacles was common practice and was not in line with the trust policy. In all seclusion rooms, there was no method by which to offer patients food, drink or medication if it was not safe for staff to enter the room. The seclusion room on Kingfisher only had one key available to staff on the day of our visit.
- The trust had not undertaken a recent risk assessment in relation to the access and administration of emergency medication that acts as an antidote to benzodiazepines as recommended by the national resuscitation council guidance.
- The service did not have enough nursing and therapy staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff had not completed all the required mandatory training, twelve courses failed to reach above 75% compliance which had an impact on patient care.
- Staff did not accurately keep records when restrictive interventions had been used with patients. This included the recording of seclusion in line with the Mental Health Act Code of Practice and the recording of enhanced observations.
- There were some gaps in the recording of patients' enhanced observations.
- Staff were not always consistent in recording when patients and staff had received debrief following incidents.

However:

- All wards were clean, well equipped, well-furnished and well maintained.
- 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.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had basic training on how to recognise and report abuse and they knew how to apply it. However not all required staff had completed training in enhanced safeguarding.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

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

- 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 service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. 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 plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs and were personalised and holistic.
- 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.
- 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.
- 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 had a good basic understanding of the Mental Health Act and Mental Capacity Act and overall, discharged their duties well.

However:

- Care plans were not always recovery orientated because staff did not always complete a discharge care plan in five out of 19 records we reviewed.
- There was disparity in the provision of therapeutic activity and psychological support across the wards. Not all patients had access to the same and recommended levels of occupational and psychology therapy.
- There were some gaps in the recording of patient's capacity to consent to their treatment under the Act, supporting patients to understand their rights under the Act, and ensuring all patients had copies of their section 17 leave.

## Is the service caring?

Good   

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

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

- 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 improved. We rated it as good because:

- Staff managed beds well. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the wards 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.
- There was a choice of food available, and patients on the acute wards 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:

- Patients at Swallownest court sometimes moved wards during their admission for reasons which were not of clinical benefit to the individual.
- We found that one patient did not have a care plan in place to manage their individual needs when they identified as transgender. The trust did not have a policy in place to guide staff in how to manage this and support the patient.

## 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 other key questions demonstrated that governance processes did not always operate effectively at ward level. For example, audits of observation records and ligature risks had not identified the concerns we found during the inspection.
- There remained gaps in the monitoring and management of the Mental Health Act, changes made by the trust in response to concerns raised in audits and by our Mental Health Act reviewers were not entirely embedded.

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

- Our findings from other key questions demonstrated that performance and risk were not always managed well. The service did not have a joined-up approach between care groups to the management of risk. Each risk register differed and did not identify the risks found during the inspection or highlighted to us by managers and staff. When risks had been identified, the trust had not taken timely and robust action to mitigate all risks.
- Staff did not always complete a contemporaneous record for all patients. Records of seclusion and enhanced observation were not always completed.
- The trust had not audited and reviewed all blanket restrictions, these included locked access to some areas, the use of plastic cups and a lack of access to hot drinks on the psychiatric intensive care units.
- The trust had not ensured that there was an embedded system for recording staff supervision.

However:

- Leaders had the skills, knowledge and experience to perform their roles. Ward managers 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.
- 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 quality improvement activities.

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

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

Requires improvement   

## Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide community-based mental health services for adults of working age across Rotherham, Doncaster and North Lincolnshire. The teams work with adults between 18 and 65 years of age that have a mental health illness, which requires the involvement of secondary care services. There are 21 community teams, providing mental health services for working age adults across South Yorkshire and North Lincolnshire.

The service is divided between regional care groups covering Rotherham, Doncaster, and North Lincolnshire. In North Lincolnshire and Doncaster, the teams have reorganised so that locality teams incorporated pathways for recovery, intensive community therapies and assertive outreach. In Rotherham, the service was in the process of reorganisation and was still configured in the trust's previous model for community mental health services with separate teams based on pathways including:

- an access team
- an assertive outreach team
- an intensive community therapies team
- a community therapies team
- a recovery team
- a social inclusion team

This inspection took place on 8-10 October 2019 and we inspected all of the key questions. Our inspection was announced with short-notice (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The service has previously been inspected three times. At the last inspection in January 2018, we rated this core service as 'requires improvement' overall. We rated the domains of safe, effective and well-led as requires improvement and the domains of caring and responsive as good. The inspection in 2018 was the third time we rated this core service as requires improvement since the first comprehensive inspection in 2015.

At this inspection we visited a sample of eight of the trust's 21 teams. The teams we visited were:

- Assertive Outreach Team (Rotherham),
- Early Intervention in Psychosis (Rotherham),
- Intensive Community Therapies Team (Rotherham),
- South Locality Team (Doncaster),
- Central Locality Team (Doncaster),
- Assertive Outreach Team (Doncaster),
- Recovery Focused Team Pathway (North Lincolnshire)
- Early Intervention in Psychosis (North Lincolnshire)

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

Prior to the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team:

- visited seven locations and five clinics, looked at the quality of the environment and observed how staff were caring for patients
- spoke with seven patients using the service and reviewed their comments on feedback cards
- spoke with four carers or relatives of people using the service
- spoke with 10 leaders of the service including the service managers and team managers
- spoke with 35 other staff including care coordinators, cognitive behavioural therapists, consultant psychiatrists, nurses, occupational therapists, pharmacists, social workers, and support time recovery workers.
- looked at the care and treatment records of 25 patients
- reviewed 20 patient medication records
- attended and observed five staff meetings
- accompanied staff on two home visits and observed two patient appointments
- reviewed a range of policies and procedures and other documents relating to the running of the service.

## Summary of this service

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

- The service was not consistently providing safe care. Staff did not assess and manage patient risks well. Staff did not consistently make plans for patients who might experience a mental health crisis in the community. The low compliance with mandatory training in specific modules and high caseloads in specific teams meant that the service did not have enough staff to keep patients safe. Fire risk assessments were not provided for one of the seven locations we inspected.
- The service was not consistently providing effective care. Most care records did not have evidence that staff worked with patients and families and carers to develop individual personalised, holistic and recovery orientated care plans or updated them as needed. Staff had not ensured that patients' physical health was assessed and monitored appropriately.
- The service was not consistently well-led. Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level to manage performance and risk well. Managers had identified the main areas of concern in record keeping, however actions taken had not sufficiently addressed these concerns by the time of inspection. Managers had not made sure staff understood and knew the trust's vision and values. The trust has not ensured compliance with fundamental standards in this service over several years and the core service has been rated as requires improvement overall after each of four inspections since 2015.

However:

- Staff were caring. Staff were attentive and treated patients and families with compassion and kindness. Patients and carers were positive about the service. Staff involved patients and families in making decisions about their care and in shaping the future of the service.

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

- The service was responsive to peoples' needs. Waiting times for interventions including therapy and specific assessments were not excessive. Staff were able to see patients in a range of settings including in local and town centre facilities, primary care location and in patients' own homes. Staff treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not assess and manage risks to patients and themselves well. All patients did not have an up to date risk assessment, risk management plan or crisis plan.
- The service did not have enough staff, who knew the patients and received mandatory training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, exceeded national guidance and was high enough to prevent staff from giving each patient the time they needed.
- There was low compliance for higher level training in safeguarding, and training at all levels in Mental Health Act and moving and handling.
- Fire risk assessments were not provided for one of the team bases. Call alarms were not present in one of the team bases we inspected. Clinic room equipment was out of date in one of the team bases we inspected.

However:

- Most clinical premises where patients received care 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 completed basic 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, record and store medicines. Staff provided clinics to review the effects of medications on each patient's mental and 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?

**Requires improvement** ● → ←

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

- Most care records did not have evidence that staff worked with patients and families and carers to develop individual care plans or updated them as needed. There was limited evidence of care plans that reflected the assessed needs, were personalised, holistic or recovery-oriented.
- Staff had not ensured that patients' physical healthcare was assessed and monitored appropriately.

However:

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

- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes and supported patients to live healthier lives. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- 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 the 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 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 trust 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 understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff actively sought feedback from patients and carers on the quality of care provided and to inform decisions about the service.

However:

- Staff did not consistently involve patients in care planning and risk assessment.

## 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 design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service tried to meet the needs of all patients – including those with a protected characteristic.

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

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

However:

- Despite some good practice, staff had not fully supported a patient with specific communication needs.
- Service specifications including referral criteria were overdue for review and had not been updated since the service had reorganised in Doncaster and North Lincolnshire.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level to manage performance and risk well.
- The service's track record showed repeated breaches of the same regulations in multiple locations. Managers have not ensured the service achieved compliance with regulations in each of our four inspections since 2015. The service has been rated as requires improvement overall after all four inspections.
- Leaders had not managed performance well using systems to identify, understand, monitor, and reduce or eliminate risks. They had not ensured risks were dealt with at the appropriate level.
- Managers had not made sure staff understood and knew the trust's vision and values.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles. Leaders encouraged participation in national accreditation schemes.
- Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear.
- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. They were aligned to local plans and the wider health economy.

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

# Specialist community mental health services for children and young people

Good   

## Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide specialist community mental health services for children and young people. There are three teams based in Rotherham, Doncaster and Scunthorpe that work across those areas with young people under the age of 18 years. The service offers a range of psycho-therapeutic approaches to young people and their families that experience a wide range of mental health, psychological and behavioural problems, including anxiety, depression, and eating disorders. The service is multidisciplinary and involves psychiatrists, psychologists, social workers, occupational therapists, mental health nurses and other therapists. The service covers early intervention and prevention of emotional ill-health and there is also a specialist service for children and young people who have both a learning disability and a mental health problem.

The inspection took place on 22 and 23 October 2019 and we inspected all of the key questions. The inspection was announced at short notice (staff knew we were coming) to ensure everyone we needed to speak with was available.

This service has been inspected twice previously. At our last focussed inspection in September 2016, we rated this core service as 'good' overall. We rated the domains of safe, effective, caring and responsive as 'good' and the domain of well-led as 'requires improvement'.

At this inspection we visited the teams and services based in Rotherham, in line with our inspection methodology.

Prior to the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team:

- visited the service at Kimberworth House in Rotherham, looked at the quality of the environment and observed how staff were caring for patients
- spoke with six patients using the service, and reviewed their comments on feedback cards
- spoke with three carers or relatives of people using the service
- spoke with two team leaders and the service manager
- spoke with eight other staff including care coordinators, therapists, consultant psychiatrists, nurses, social workers and support workers
- looked at the care and treatment records of six patients
- attended and observed two multidisciplinary meetings
- observed one patient therapy group
- reviewed a range of policies and procedures and other documents relating to the running of the service.

## Summary of this service

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

# Specialist community mental health services for children and young people

- The service provided safe care. Clinical premises where patients were seen were safe and clean. 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 ensured that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff delivered holistic, recovery-oriented care informed by a comprehensive assessment and in collaboration with families and carers. 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 supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed decisions relating to these well.
- 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 except where patients required specialist assessment for autism and attention deficit hyperactivity disorder. Staff assessed and treated patients who required urgent care promptly. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.

However:

- Not all staff had completed their mandatory training and not all staff had access to clinical supervision.
- Staff did not provide a physical copy of the care plan to patients and/or carers.
- The service had very long waiting times for patients who required assessment for autism and attention deficit hyperactivity disorder.
- The care plan audits we looked at did not identify that staff recorded information consistently in the care record.
- The service did not always respond to complaints within the timescales set out by the trust.

## Is the service safe?

Good   

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

- All clinical premises where patients received care were safe, clean, well equipped and well furnished.
- The service had enough staff, who knew the patients well. 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 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.
- 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 provider had a named clinicians for child safeguarding and the teams had a safeguarding lead.

# Specialist community mental health services for children and young people

- Staff kept detailed records of patients' care and treatment.
- Staff regularly reviewed the effects of medications on each patient's physical and mental 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.

However:

- Not all staff were up-to-date with all their mandatory training.
- One of the therapy rooms at Kimberworth House was not well maintained as it had damp ingress causing a bad odour. Following factual accuracy checks the trust told us they were using alternative rooms to see patients because of this problem with the damp ingress.

## Is the service effective?

**Requires improvement** ● ↓

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

- Not all staff had access to regular clinical supervision.
- Staff did not always use the required templates to document care plans or capacity and consent to treatment.

However:

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop treatment plans and updated them when needed.
- 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. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- 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 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 proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.

# Specialist community mental health services for children and young people

## 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 understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in treatment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- When appropriate, staff involved families and carers in assessment, treatment and care
- Patients and parents and carers were involved in the design and delivery of the service.

However:

- Staff did not provide a physical copy of the care plan to patients and families.

## Is the service responsive?

Good   

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

- The referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and staff followed up patients who missed appointments.
- The service ensured that patients, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- 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:

- Patients who required assessment on the neurodevelopmental pathway waited a long time to be seen for assessment.

## Is the service well-led?

Good  

Our rating of well-led improved. 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.

# Specialist community mental health services for children and young people

- Staff knew the provider's vision and values but they were not fully embedded because they were new.
- 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.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

However:

- Audits did not always identify areas for improvement, staff had an inconsistent approach to documenting care in the electronic patient record. Managers did not always respond to complaints in line with trust timescales.

## Areas for improvement

We found areas for improvement that the trust must put right. We also found 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.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 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  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### 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

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

## Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

## Regulation

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

# Our inspection team

Kath Mason, Head of Hospitals Inspection, led this inspection. One executive reviewer and a board level specialist advisor supported our inspection of well-led for the trust overall.

The inspection team included one inspection manager, seven inspectors, one pharmacist specialist, one Mental Health Act reviewer, one assistant inspector, two analysts, one inspection planner, 12 specialist advisors and three experts by experience.

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.