Requires Improvement

Leeds and York Partnership NHS Foundation Trust

Acute admission wards and psychiatric intensive care units

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Becklin Centre	RGD02	Ward 1, Ward 3, Ward 4 and Ward 5	LS9 7BE
Newsam Centre	RGD03	Ward 4 and PICU	LS14 6WB
Ward 40, Brotherton Wing, Leeds General Infirmary.	RGD08	Yorkshire Centre for Psychological Medicine	LS1 3EX
Bootham Park Hospital	RGDX4	Ward 1 and Ward 2	YO30 7BY

This report describes our judgement of the quality of care provided within this core service by Leeds and York Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Leeds and York Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Leeds and York Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for Acute admission wards and psychiatric intensive care units	Requires Improvement 
Are Acute admission wards and psychiatric intensive care units safe?	**Requires Improvement** 
Are Acute admission wards and psychiatric intensive care units effective?	**Good** 
Are Acute admission wards and psychiatric intensive care units caring?	**Good** 
Are Acute admission wards and psychiatric intensive care units responsive?	**Requires Improvement** 
Are Acute admission wards and psychiatric intensive care units well-led?	**Requires Improvement** 

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

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

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

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

Summary of findings

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Overall summary

We found the design and layout of premises at Bootham Park hospital and ward 40 at the Yorkshire centre for psychological medicine was unsuitable and unsafe for patients. The trust was working with commissioners of services to relocate these wards. Patients with DDA needs were not admitted to Bootham Park hospital, as they were not DDA compliant.

Completion of mandatory training was below the 85% target set by the trust. The trust was aware that this figure was below their expected target however plans were in place to address this.

The provider should ensure that where the need for the seclusion of patients is required at Bootham Park hospital then this service provision is made accessible and is reflective of the MHA code of practice.

We found there were consistent issues reported about the high use of bank and agency staff. There were also clear systems in place for reporting safeguarding concerns and staff understood what they had to do to escalate a safeguarding concern. We found ligature risks within some of the ward environments we inspected some of which had not been identified by the service. These were at the Beckin centre,Newsam centre and ward 40 at the Yorkshire centre for psychological medicine.

We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act Code of Practice.

We found there was a lack of consistency in how patient capacity to consent was assessed to ascertain if the patient was agreeable to, or had the capacity, to consent to care and treatment required for their mental health treatment under the MHA, at Bootham Park hospital ward 2 and the Becklin centre ward 4 and 5.

We found physical health checks had been completed for patients on all the wards we visited.

We found the wards made use of a range of guidance reflecting National Institute for Health and Care Excellence (NICE) guidance to inform the care and treatment they provided to patients.

We saw some examples of good collaborative working.

All the wards at all locations visited had resuscitation equipment that was clean and had been recently checked and we saw that emergency drugs were within date. Patients were supported to make decisions and choices about their care and treatment. The trust completed audits and had implemented changes to improve the effectiveness and outcomes of care and treatment. We observed staff treated patients with respect and were kind, caring and responsive to patients. Patients were mainly positive about the staff and felt they made a positive impact on their experience on the wards.

The trust provided interpretation services to ensure that where there was a barrier for patients to communicate effectively, these were overcome using different approaches. We found staff were aware of their roles and responsibilities and staff reported that they felt well supported by their managers. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible.

Discharge and transition planning was undertaken. However, we found at Bootham Park in York there were some delays in coordinating and facilitating discharge and transition. Staff reported this was because of access to suitable housing and accommodation to meet the needs of patients being discharged to the York area.

Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made.

Patients told us they would know how to make a complaint and that they felt involved in their care and treatment. Staff told us they tried to resolve concerns with patients before they became a formal complaint. We found there were no records to determine neither the number of complaints raised at ward level nor the outcome of actions taken to deal with any complaints raised.

Lessons from complaints, incidents, audits and quality improvement projects were discussed at clinical governance meetings. We found there were procedures in place for the reporting of incidents and that incidents were reviewed and investigated to prevent them from happening again. Learning from these incidents was disseminated to staff.

Summary of findings

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

Are services safe?

Requires Improvement

We found the design and layout of premises at Bootham Park hospital and ward 40 at the Yorkshire centre for psychological medicine was unsuitable and unsafe for patients.

We found the Becklin centre had a rusty shower seat on ward 5 and mould on the ceiling of the shower room. It was reported to us by patients and staff at the Newsam centre, the wards were hot and oppressive and the only control for temperature was to open a window. There was no air conditioning on these wards.

We found the seclusion room at Bootham park hospital was not fit for purpose And following our visit the trust informed us they had closed the seclusion suite with immediate effect.

We found ligature risk assessments had been completed within the wards we visited. We identified further ligature risks on some of the wards in Leeds, some of which had not been identified by the trust. There was evidence to show that ligature risks for patients were being managed with increased or enhanced observations of patients where a risk had been identified.

We found at this inspection and the previous inspection of Bootham Park Hospital, the hospital was not compliant with the requirements of the Disability Discrimination Act 1995. This was due to the fabric of the building and its listed status.

Completion of mandatory training was below the 85% target set by the trust. The trust was aware that this figure was below their expected target and had plans in place to address this.

There was a reliance on bank and agency staff. The way that agency and bank staff were used did not ensure that people's safety was always protected. There was on-going recruitment to fill staff vacancies within the trust.

Staff knew about potential risks to patients' health and safety, and how to respond to them and manage risk.

Incidents were reported and investigated and lessons were learnt and shared to prevent them happening again.

There were clear systems in place for reporting safeguarding concerns and staff understood what they had to do. The storage, dispensing and administration of medication were safe.

The storage, dispensing and administration of medication were safe.

Summary of findings

Are services effective?

Good

We looked at patients' care records and found there was a lack of consistency in how patient capacity to consent was assessed to ascertain if the patient was agreeable to, or had the capacity, to consent to care and treatment required for their mental health treatment under the MHA Code of practice, at Bootham Park hospital ward 2 and the Becklin centre ward 4 and 5.We found the trust had a target of 90% for staff to achieve compulsory/mandatory training by April 2015 moving from a target rate of 85%. The information provided indicated mandatory training was below this target in most areas. This meant that some staff were not up to date with all of their mandatory training, thus increasing the risk to the safety of patients. The trust was aware that this figure was below their expected target however plans were in place to address this.

We found patient records were a combination of paper and electronic patient records. This meant that some patient notes were difficult to navigate and there was a risk that staff did not have access to the most up to date information about patient care and treatment.

Patients were supported to make decisions and choices about their care and treatment. The trust completed audits and had implemented changes to improve the effectiveness and outcomes of care and treatment.

There was evidence of good multidisciplinary working on wards.

We found physical health checks had been completed for patients on all the wards we visited.

We found the wards made use of a range of guidance reflecting National Institute for Health and Care Excellence (NICE) guidance to inform the care and treatment they provided to patients.

Are services caring?

Good

Overall, we saw that staff were kind, caring and responsive to patients and were skilled in the delivery of care. We observed staff treating patients with respect and communicating effectively with them. Staff showed us that they wanted to provide high quality care, despite the challenges of staffing levels and some poor ward environments. Patients we spoke with were mainly positive about the staff and felt they made a positive impact on their experience on the ward.

Are services responsive to people's needs?

Requires Improvement

Facilities and premises were not all appropriate for the services being delivered. During our previous inspection, we identified that Bootham Park hospital was not compliant with the requirements of

Summary of findings

the Disability Discrimination Act 1995. This was due to the fabric of the building and its listed status. The trust was working with commissioners of services to relocate the wards. Patients with DDA needs were not admitted to these wards as they were not DDA compliant.

The ward environment at Bootham Park Hospital ward 1 did not provide sufficient space for activities for patients. Activities were being provided in bedroom corridor areas affording no privacy and or dignity for patients.

We saw private space was limited at Bootham Park Hospital although patients had access to a meeting room where they could have visits from family and friends.

Discharge and transition planning was undertaken. However, we found at Bootham Park in York there were some delays in coordinating and facilitating discharge and transition. Staff reported this was because of access to suitable housing and accommodation to meet the needs of patients being discharged to the York area.

Patients told us they would know how to make a complaint. Staff told us they would try and resolve concerns with patients before they became a formal complaint. However we found there were no records to determine neither the number of complaints raised at ward level nor the outcome of actions taken to deal with any complaints raised. This meant opportunities to learn at ward level were not implemented.

Patients were able to access beds in their local acute psychiatric service. Patients told us they felt involved in their care and treatment. The trust provided interpretation services to ensure that where there was a barrier for patients to communicate effectively, these were overcome using different approaches.

Swipe cards were available at some hospital locations allowing free egress for informal patient to allow them to leave as they liked.

Are services well-led?

Requires Improvement

The arrangements for governance and performance did not always operate effectively. The arrangements for identifying, recording and managing risks, issues and mitigating actions were not robust.

We found Mental Health Act reviewer monitoring reports were not always reviewed and acted upon to ensure improvements were made on ward 2 at Bootham Park hospital and ward 4 at the Becklin centre and the Newham centre ward 4.

Summary of findings

We found the trust had a target of 90% for staff to achieve compulsory/mandatory training by April 2015 moving from a target rate of 85%. The information provided indicated mandatory training was below this target in most areas. This meant that some staff were not up to date with all of their mandatory training, thus increasing the risk to the safety of patients. The trust was aware that this figure was below their expected target however plans were in place to address this.Staff we spoke with were aware of their roles and responsibilities and staff had knowledge of the trust's values and objectives. Staff reported that they felt well supported by their managers. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible. Lessons from complaints, incidents, audits and quality improvement projects were discussed at clinical governance meetings.

Summary of findings

Background to the service

Leeds and York Partnership NHS Foundation Trust provides inpatient services for men and women aged 18 years and over with mental health conditions.

Services

• Psychiatric Intensive Care Unit (PICU)

• Adult Mental Health Inpatient Service

• Assessment and Treatment Service

The acute admission wards are based on four hospital sites at The Newsam centre, The Becklin centre in Leeds, Bootham Park Hospital in York and the Yorkshire Centre for Psychological Medicine (YCPM) at Brotherton wing Leeds General Infirmary. They provide inpatient mental health services for adults aged 18-65 years. The Becklin centre has four acute admission wards. The Newsam centre has one acute ward. They are purpose built facilities and provide inpatient mental health services for adults. The wards provide in-patient care and treatment for patients admitted informally and patients detained under the Mental Health Act. The Yorkshire Centre for Psychological Medicine at Leeds General Infirmary provides a service for patients with severe and complex medically unexplained symptoms (MUS), severe physical and psychological comorbidity and patients with severe Chronic Fatigue Symptom (CFS) and Myalgic Encephalomyelitis (ME).Bootham Park Hospital has two acute admissions inpatient wards. Ward 1 provides assessment and treatment for working age women with acute mental health needs. Ward 2 provides the same for male patients of working age.

The Psychiatric Intensive Care Unit (PICU) at the Newsam centre provides high intensity care and treatment for patients whose illness means they cannot be easily or safely managed on an acute ward. Patients will normally stay in a PICU for a short period of time and will usually be transferred to an acute ward once their risk has reduced.Leeds and York Partnership NHS Foundation Trust has been inspected on a number of occasions since registration. In terms of the acute in-patient services we have previously inspected the wards at Bootham Park Hospital in December 2013. We found that the trust was compliant with consent, care and welfare and staffing levels. We found the trust was non-complaint with premises, assessing and monitoring the quality of the service and records. We issued compliance actions on the provider's failure to meet the regulations in these areas; the provider sent an action plan and took steps to respond to this positively.

Our inspection team

Our inspection team was led by:

Chair: Michael Hutt, Chief Operating Officer, Cumbria Partnership NHS Foundation Trust

Team Leader: Jenny Wilkes, Head of Hospital Inspection (Mental Health) Care Quality Commission

The team included CQC inspectors, a Mental Health Act reviewer, a pharmacist inspector and an analyst. We also had a variety of specialist advisors which included senior nurses, social workers, occupational therapists, senior managers as well as consultant psychiatrists.

Experts by experience who had used services also accompanied us on the inspections. These are not independent individuals who accompany an inspection team, they are part of the inspection team.

Why we carried out this inspection

We inspected this core service as part of our comprehensive mental health inspection programme.

Summary of findings

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about acute admission wards and psychiatric intensive care units (PICU) and asked other organisations to share what they knew, including speaking with local Healthwatch, independent mental health advocacy services and other stakeholders. We held two public listening events, as well as listening events at each main hospital location for current in-patients including detained patients. We reviewed comment cards completed by patients.

We carried out an announced visit over three days between 30 September and 2 October 2014. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors and therapists. We talked with patients who use services who shared their views and experiences of the service. We observed how patients were being cared for and we talked with carers and/or family members. We reviewed care or treatment records of patients who use services. We reviewed Mental Health Act documentation. We spoke with senior managers and looked at the environment of the wards.

What people who use the provider's services say

Overall the 35 patients we spoke with told us that staff treated them with respect and dignity. Patients said they could approach staff with any issues they had and staff treated them with respect and care. Patients told us staff respected their privacy and dignity.

Good practice

Swipe cards were available at some hospital locations allowing free egress to informal patients, allowing them to leave the acute wards as they liked.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

The trust must ensure their facilities and premises are appropriate for the services being delivered.

The trust must ensure consent to care and treatment is obtained in line with legislation and guidance in accordance with the Mental Health Act, Code of Practice.

The trust must review current ligature risk assessments to make sure all ligature points are identified and managed effectively at the acute admission wards in Leeds.

Action the provider SHOULD take to improve

The trust should ensure all staff mandatory training is completed and monitored.

eeds and York Partnership NHS Foundation Trust

Acute admission wards and psychiatric intensive care units

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ward 1	Becklin Centre
Ward 3	Becklin Centre
Ward 4	Becklin Centre
Ward 5	Becklin Centre
Ward 4	Newsam Centre
Ward 40 Yorkshire Centre for Psychological Medicine	Leeds General Infirmary
Psychiatric Intensive Care Unit	Newsam Centre
Ward 1	Botham Park Hospital
Ward 2	Botham Park Hospital

Mental Health Act responsibilities

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

We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act Code of Practice.

Detailed findings

We found Mental Health Act reviewer monitoring reports were not always reviewed and acted upon to ensure improvements were made on ward 2 at Bootham Park hospital and ward 4 at the Becklin centre and the Newsam centre ward 4.At Bootham Park Hospital ward 2 and the Becklin centre ward 4 and 5 the Mental Health Act (MHA) reviewer visited the wards as part of this inspection. We found previously during their visits that responsible clinicians (RCs) were not recording capacity to consent discussions with patients when treatment for mental disorder was discussed. On this visit we found that there were still no capacity to consent discussions recorded in most of the fourteen records reviewed which was not in line with the MHA Code of Practice. We found that some care records did not show that patients had been told about their rights under the Mental Health Act which could have impacted on their understanding of how to appeal against their detention and how to obtain the services of an Independent Mental Health Advocate (IMHA) to support them. There was no evidence that copies of Section 17 forms had been given to some patients or their relatives. We also found copies of patients' detention papers were sometimes missing from care records.

Mental Capacity Act and Deprivation of Liberty Safeguards

We identified that staff showed an awareness of the Mental Capacity Act 2005 (MCA). However most staff we spoke with told us they needed further training in relation to the MCA as the trust did not always provide specific training to staff.

Requires improvement

Are services safe?

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

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

Summary of findings

Are Acute admission wards and Psychiatric intensive care units safe?

We found the design and layout of premises at Bootham Park hospital and ward 40 at the Yorkshire centre for psychological medicine was unsuitable and unsafe for patients

We found the Becklin centre had a rusty shower seat on ward 5 and mould on the ceiling of the shower room. It was reported to us by patients and staff at the Newsam centre, the wards were hot and oppressive and the only control for temperature was to open a window. There was no air conditioning on these wards.

We found the seclusion room at Bootham park hospital was not fit for purpose And following our visit the trust informed us they had closed the seclusion suite with immediate effect.

We found ligature risk assessments had been completed within the wards we visited. We identified further ligature risks on some of the wards in Leeds, some of which had not been identified by the trust. There was evidence to show that ligature risks for patients were being managed with increased or enhanced observations of patients where a risk had been identified.

We found at this inspection and the previous inspection of Bootham Park Hospital, the hospital was not compliant with the requirements of the Disability Discrimination Act 1995. This was due to the fabric of the building and its listed status.

Completion of mandatory training was below the 85% target set by the trust. The trust was aware that this figure was below their expected target and had plans in place to address this.

There was a reliance on bank and agency staff. The way that agency and bank staff were used did not ensure that people's safety was always protected. There was on-going recruitment to fill staff vacancies within the trust.

Staff knew about potential risks to patients' health and safety, and how to respond to them and manage risk.

Incidents were reported and investigated and lessons were learnt and shared to prevent them happening again.

There were clear systems in place for reporting safeguarding concerns and staff understood what they had to do. The storage, dispensing and administration of medication were safe.

The storage, dispensing and administration of medication were safe.

Our findings

Becklin Centre – ward 1, ward 3, ward 4 and ward 5

Safe and clean ward environment Environmental risk audits were undertaken and risk management plans were in place. However; there were inconsistencies across the service in relation to the identification and management of ligature risks. We found the taps in the toilets at the Becklin posed a ligature risk. These risks had not been identified through audit or escalated onto the wards risk registers. Staff explained what measures had been put in place to reduce the risk of patients harming themselves through the use of ligatures. This meant that some systems were in place to protect patients from known identified risks. We found resuscitation equipment was clean and had been recently checked and emergency drugs were within date. The staff we spoke with described how they would use the equipment.

We looked at other equipment used and found some equipment maintenance was overdue. We found some equipment for example the body mass index (BMI) equipment had not been checked at the Becklin centre. We brought this to the attention of the ward managers who told us they would arrange for the equipment to be reviewed. Ward areas were clean. However we found rusty shower seats in the shower room on Ward 5 and mould on the ceiling of the shower room. There was a system in place for reporting any maintenance and cleaning requirements. Patients and staff told that the wards could

Requires improvement

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be hot and oppressive. The only control for temperature was to open a window. There was an air conditioning unit in an identified 'cool' room on each ward for use by patients, should temperatures become too uncomfortable. Training information we reviewed in infection control identified 68% to 85% of acute admissions staff were up to date with their infection control training in September 2014. The trust was aware that this figure was below their expected target however plans were in place to address this. The acute admission wards at the Becklin centre did not have seclusion rooms. We found the administration and management of medicines was safe. We found policies were in place to instruct staff about the safe handling of medicines. We checked the medication recording sheets and found them to be in order. **Safe staffing**Bank and agency staff was used to cover shifts and supplement the staffing numbers when there was a need for 1:1 care required. Staff told us, where possible, they used bank/agency staff who was familiar with the ward environment to promote continuity of care for patients. Staff on the wards were supported by two occupational therapists (OT) on each ward for planned individual and group social and therapeutic activities on and off the ward areas. There was always one experienced nurse in the ward area. Escorted leave was rarely cancelled however where leave had been cancelled staff told us they negotiated and discussed this with the patient to re-arrange the leave. All staff we spoke with told us there was a ward doctor and consultant psychiatrist available between office hours on the ward they were working. There was an, 'on-call' system in place for, 'out of hours' medical cover. Staff and patients we spoke with told us that they had not experienced any problems accessing a doctor when needed. **Assessing and managing risk to patients and staff**We found all wards had processes in place to assess the needs of each patient before they were admitted to the ward. This was to ensure that patients' needs could be safely met on the ward and that the level of security was consistent with the level of risk the individual posed. Staff undertook a risk assessment of every patient on admission.

We found a consistent tool was being used to undertake risk assessments which identified the individual risks to a person's safety and wellbeing whilst in hospital. We also saw evidence of coherent risk management plans in response to identified risks.

There were policies and procedures for use of observation (including minimising risk from ligature points) and the searching of patients. Staff told us they used the least restrictive option when delivering care. For example; staff used de-escalation techniques to defuse situations. Staff told us that this way of working had resulted in a reduction in the use of restraint. Staff had received training in the management of violence and aggression. Between November 2013 and July 2014 there were 53 incidents of restraint on ward 1 with 11 incidents of patients being restrained in the prone (face down) position. On Ward 5 there were 53 incidents of restraint with 16 incidents of patients being restrained in the prone position. The trust had a policy in place regarding the use of prone restraint. Leeds and York Partnerships restraint policy and procedures and staff training emphasised prevention and de-escalation, with physical restraint being avoided where possible. The trust was working on a two year period for the use of de-escalation and prevention to embed within the services. (Board of directors meeting – 18 September 2014, reducing the use of physical restraint in mental health.) The use of rapid tranquilisation follows National Institute for Health and Care Excellence (NICE) guidance. Rapid tranquilisation was rarely used on the wards. Staff completed an incident form if rapid tranquilisation was used. Appropriate checks on all patients were conducted by staff in line with the trust's observation policy. Staff were able to tell us how the policy was implemented on the wards and described the varied levels of observation used. Staff had completed between 55% and 93% training for safeguarding adults' level 1 and 68% and 96% for safeguarding children level 2. Staff were able to describe what actions could constitute abuse. They were able to apply this to patients and described in detail what actions they were required to take in response to any concerns. Staff knew how to make a safeguarding alert. Staff understood the importance of raising concerns when patients were perceived to be threatened, at risk of exploitation or their mental health was deteriorating. We saw that the medicine management systems were safe and ensured patients had the medicines they were prescribed to promote their health and wellbeing. The trust had policies in place to manage acute medical emergencies which required patients to be transferred to the nearest accident and emergency department. The trust and local acute general hospital had procedures in place for when patients required physical health care treatment. The wards had security measures in place to make sure only authorised visitors and patients entered and exited the

Requires improvement

Are services safe?

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

wards.The centre had a reception area that was staffed during the day. Staff and some patients were given electronic 'swipe cards' which allowed them access based on their individual circumstances.

Reporting incidents and learning from when things go wrong We found 62% (69) of incidents occurred between 2013 and 2014 within inpatient areas with the largest proportion 40% occurring within the adult mental health speciality. The trust had systems for reporting and managing incidents, and for learning from incidents.

Staff were able to recognise potential incidents that may arise in their work and described how they reported these using the trust's incident forms. Staff told us incidents had been discussed in team meetings and changes were made to the care of patients in response. Minutes of team meetings confirmed this.

Yorkshire Centre for Psychological Medicine - ward 40

Safe and clean ward environment Staff on the unit acknowledged the building was not purpose built for the service they provided, but they had put in systems to manage any identified risks within the environment. This included taking account of previous incidents, listening to feedback from users and carers, and sharing and using good practice from other services. Environmental audits were undertaken and risk management plans were in place. We saw that there were systems to identify and manage potential ligature risks. The ward presented a challenge for staff to meet the needs of the patients. We were able to observe ligature points and staff not having clear lines of sight. The ward was clean, however the ward was poorly decorated and the safety and suitability of premises and facilities for patients on the ward were not always adequate.

- There was no separate therapeutic kitchen.
- There were ligature risks identified, within the suspended ceilings and door handles on the ward.
- We found lack of access to outside space for patients, as this was provided on a balcony.
- The balcony provided a risk to patients as there was no caging to prevent patients from falling or jumping.
- The environment was cramped and needed redecoration.

This building is part of the Leeds general infirmary and is owned by Leeds teaching hospitals trust. Leeds and York partnership NHS Foundation trust were in the process of looking for new premises and had increased staffing levels in preparation for a move. The trust had identified some locations for the move but no information was available to us about when the move was taking place.

Staff adhered to the NHS initiative 'Bare below the Elbow'. We observed staff wore short sleeves or long sleeve shirts rolled up and jewellery was not worn on the ward. There was sanitising gel available on the ward and staff had their own personal sanitising gel.

Safe Staffing

Staffing levels were set to meet the needs of patients. Information about safe staffing was displayed on the trust website. We looked at the information for August 2014 the service had achieved a 98% fill rate for qualified nursing shifts. The manager told us there was always at least one qualified nurse on duty with adequate numbers of staff available to meet patient's needs. Systems were in place so that additional staff could be brought in where needed, for example if staff were off sick. Staff and patients told us there was always enough staff. We looked at the numbers for staffing agreed by the trust and these matched the number of staff working on staff rotas we looked at on the day of the inspection.

Assessing and managing risk to patients and staff We found the ward had processes in place to assess the needs of each patient before they were admitted to the ward. This was to ensure that patients' needs could be safely met on the ward and that the level of security was consistent with the level of risk the individual posed. Staff completed a risk assessment of every patient on admission. Systems were in place for keeping patients safe and safeguarded from abuse. 63% of staff had received training in safeguarding vulnerable adults and some staff had also received training in safeguarding children and knew how to recognise a safeguarding concern. Staff were aware of the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns. Staff provided examples of safeguarding referrals that had been made. Staff we spoke with were able to describe different types of abuse and knew how to raise any safeguarding concerns. We noted that staff were able to access all policies and procedures on the trust's intranet system to ensure they had the appropriate guidance to care for people safely. **Reporting incidents and learning from when things go wrong** During 2013-2014 YCPM reported 84 incidents. The service had one category three

incident which categorises pressure ulcers and this was fully investigated and the patient was involved in the investigation. This meant the trust had responded appropriately to the incident. The trust had systems for reporting and managing incidents, and for learning from incidents. Staff were able to recognise potential incidents that may arise in their work and described how they reported these using the trust's incident forms. Staff told us incidents were discussed in team meetings and changes were made to the care of patients in response. We reviewed minutes of team meetings which confirmed this.

Bootham Park Hospital – Ward 1 and Ward 2

Safe and clean ward environment The trust was found non-compliant with Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010, on the adult acute and older person's admission wards at Bootham Park Hospital York in December 2013.

During this recent inspection we found that, due to the listed status of the building and limitations regarding the removal of some of the ligature risks identified, the trust had not been able to remove all potential ligature points. We noted some of the previously identified ligature risks were still apparent in the wards inspected. We saw that the trust had identified and included these on their strategic risk register as an extreme risk in relation to the premises that was not suitable from an environmental prospective. We found ligature risks were being managed on the wards by staff. The management of patient suitability to these wards included patient risk assessments, increased levels of observations and assessment of patient suitability. We saw that the trust had implemented a work schedule in response to their environmental inspection risk assessment in relation to the management of ligature points.

We saw records that confirmed weekly meetings had been held to monitor, implement and review the environmental ligature risks identified. The trust must ensure the anti-ligature schedule of work is continually managed and the capital scheme of work is fully implemented and reviewed against any risks identified. We saw that the seclusion room based on ward 2 was not fit for purpose.

- The door was broken and there was a problem with the locking and unlocking of it.
- There was no temperature control and there was no privacy in the toilet area.
- Access to the seclusion room afforded no privacy or dignity towards female patients if used by ward 1 as this was accessed from the ground floor female ward via a male adult acute ward.
- The door to the seclusion room also afforded no privacy to patients as the door panel was large in size and patients could be seen from the main ward area.
- The lift used was not of a sufficient size to safely accommodate the number of staff needed to accompany the patient.
- The ward manager on ward 2 confirmed the seclusion room was in the process of being decommissioned.

Information provided and reviewed identified that seclusion was used three times in July 2014 and was specific to ward 2.

Following the inspection, the trust sent us information that the seclusion room had been closed with immediate effect as this did not meet the MHA code of practice. The trust was working with commissioners to ensure that staff and patients were able to access necessary alternative resources without delay. The wards were clean. We found some of the bedroom areas on ward 1 required attention due to flaking paint work. This meant there could be an increased risk of infection due to dirt and dust being trapped in the paintwork and it not being able to be cleaned effectively.We saw hand wash gel was available for staff, patients and visitors to use to use as part of their infection control procedures.

Information provided by the ward during the visit showed 56% staff on ward 2 and 71% on ward 1 had completed their infection control training in 2013 to 2014 against the trust expected 85% target rate. We also saw that resuscitation equipment and emergency drugs were checked regularly (nightly) and we saw this had improved on both wards in September 2014. We also saw an anti-ligature knife was available on both wards accessible in the clinic areas. We saw that the trust had a procedure in place to access emergency out of hours medication should this be required. **Safe staffing**

The trust had problems with staffing the wards at Bootham Park. It had failed to recruit to a number of vacant nursing posts. Other posts were unfilled because staff had been suspended or seconded to another part of the trust. On average, 10% of nursing staff had been off sick over the past 12 months.

Requires improvement

Are services safe?

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

As a result of the problems with staffing the trust had employed an agency nurses or a bank nurse to work a shift on 580 occasions between 1 March 2014 to 31 May 2014. The records suggested that the trust had not been able to cover 88 shifts. We were unable to determine whether this meant that these shifts had been left with reduced staffing numbers.

The ward risk register highlighted staffing as a risk. The trust had put controls in place to mitigate this, including:

- a recruitment drive (two new band 5 nurses had just been appointed to ward 1);
- offering overtime to permanent staff to work additional shifts;
- offering short-term, bank contracts;
- ensuring that preference was given to employing bank nurses who knew the patients;
- ensuring that agency staff received an induction to orient them to the ward;
- an employee assistance programme offering counselling and support to staff to manage stress;
- more ward handovers –especially when shifts were covered by agency and bank staff.

The ward managers told us that they sometimes had to cancel patients' leave because there were too few staff on the shift. The managers were recording this. Two of the nine patients we talked to told us that they had had leave cancelled.

Despite the staffing challenge, the trust ensured that there was a qualified nurse on every shift. Patients on both wards told us that they found that staff were both visible and accessible.

We concluded that day-time medical cover was adequate. There was a doctor on-site at night who could be on the ward within ten minutes of being called.

Assessing and managing risk to patients and staff From the records reviewed we saw that staff had undertaken a risk assessment of every patient on admission to the wards. We saw that risk had been identified using the safety assessment and management plan (SAMP) and these had been updated where necessary.The ward managers told us they had formal weekly assessments of all patients and three times a day they had a handover system in place with staff. The ward managers told us that this mitigated the risks toward patient safety as levels of increased observations were discussed. These discussions included any bank or agency staff so that they were kept up to date about any current risk issues specific to patients if they were not familiar with the patients or ward area. The patient records we looked at confirmed that where patients had been identified as being at risk of self-harm or of any suicidal ideation then levels of observations of the patients had been increased to manage and monitor the risk. We found the trusts' 'Observation and Engagement' policy was in date. The policy addressed gender issues when assigning staff to undertake observations of patients and ensured that staff should take account of this. We saw a list of staff identified as having Intermediate Life Support (ILS) or Emergency Life Support (ELS) skills on each ward. The ward managers told us if trained staff were not available on the individual ward someone was always available at the hospital and were contactable by telephone. We reviewed patient prescription cards on both wards and no significant errors were found. Staff told us on both wards that restraint was very rarely used. Information reviewed informed us that three incidents of restraint had been used on the 5 June 2014 - 20 June 2014. None of these incidents were reported as being in prone restraint nor was any rapid tranquilisation used. Staff told us rapid tranquilisation of patients was very rarely used and staff had received bespoke de-escalation training on the wards with the use of actors in the training provided. Staff reported this had had a positive impact on the ward. Staff reported, "We have a skilled team now in de-escalation and I feel massively more confident." All staff we spoke with demonstrated they knew how to identify and report any abuse to ensure that patients who used the service were safeguarded from harm. They told us they would feel comfortable to raise any concerns of abuse and that they could seek guidance from the trust safeguarding lead if needed or raise the issue with their ward manager. All patients who used the service told us that they felt safe and knew how to raise any concerns about abuse. We saw that information was displayed to inform patients who used the service, and staff, how to report abuse. We looked at safeguarding mandatory training records for staff at Bootham park hospital; these identified 63% of staff on ward 1 as having completed their safeguarding adults training compared to 84% on ward 2. The trust was aware that this figure was below their expected target and had plans in place to address this.

Requires improvement

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Managers and staff told us the IT system was difficult to access at Bootham park hospital and this had resulted in reduced percentages for staff having completed their mandatory training. **Reporting incidents and learning from when things go wrong**We saw incidents were reported via Datix incident reporting system. The newly appointed interim ward managers and matron told us that the reporting of incidents had improved. The matron told us they reviewed any actions taken by the ward managers and had an oversight of any incidents and actions taken to further review. The matron and the managers told us they had received feedback following incidents through a lessons learnt bulletin and this was disseminated to staff by weekly team meetings, handover and supervision. All staff told us that a debrief session was available following an incident and they had access to one to one support and or a group debriefing session.

PICU

Safe and clean ward environment Care was provided in a clean and hygienic ward environment. The ward area had some blind spots which were mitigated by the use of mirrors and observation. We checked the seclusion room on the ward. We saw that they were free of ligature points and allowed observations from nursing staff in an adjoining room to be made safely. Patients who used the seclusion room had access to toilet facilities and there was a clock which was visible to those who were using the room.

Environmental audits were undertaken and risk management plans were in place. Staff explained what measures had been put in place to reduce the risk of patients harming themselves through the use of ligatures. A fully equipped clinic room with resuscitation equipment and emergency drugs was available and checked regularly. There was a pharmacy top-up service for ward stock and other medicines were ordered on an individual basis. This meant that patients had access to medicines when they needed them. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature as recommended by the manufacturer. **Safe staffing**During our inspection we found there were sufficient staff available to meet the care and welfare needs of the patients. We saw information provided by the trust confirmed the high use of bank and agency staff on this ward from 1 March 2014 to 31 May 2014, figures indicated 587 shifts had been filled by bank or agency staff to cover sickness, absence or vacancies. Figures reviewed also showed that 60 shifts had not been covered in this time period by bank or agency staff and we were unable to determine from the information provided if these shifts had been covered by permanent staff on the wards or if the wards had been left with reduced staffing numbers. The number of whole time equivalent (WTE) vacancies of qualified nurses was 1.0 of an establishment level of 18.5 and the number of WTE vacancies of nursing assistants was 2.9 of an establishment level of 12.5. Figures also indicated that there was 4.4% of permanent staff off sick at this hospital ward over the last 12 months and 9.6 % of vacancies overall (excluding seconded staff). We found the trust were in the process of recruiting staff to fill permanent posts. Figures also indicated there had been mean percentage bed occupancy of 70% at this ward over the last six months. **Assessing and managing risk to patients and staff**We found the ward had processes in place to assess the needs of each patient before they were admitted to the ward. This was to ensure that patients' needs could be safely met on the ward and that the level of security was consistent with the level of risk the individual posed. Staff completed a risk assessment of every patient on admission. Records showed the staff were up to date with safeguarding training and staff we spoke with could describe the different types of abuse. They were able to explain how they would use this knowledge and respond to allegations of abuse. **Reporting incidents and learning from when things go wrong**Staff we spoke with had a good understanding of the current risks in the service. Past incidents were discussed at team meetings to ensure that safety issues were addressed by the staff and that staff were aware of them.

Are services effective?

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Summary of findings

Are Acute admission wards and Psychiatric intensive care units effective?

We looked at patients' care records and found there was a lack of consistency in how patient capacity to consent was assessed to ascertain if the patient was agreeable to, or had the capacity, to consent to care and treatment required for their mental health treatment under the MHA Code of Practice, at Bootham Park hospital ward 2 and the Becklin centre ward 4 and 5. We found the trust had a target of 90% for staff to achieve compulsory/ mandatory training by April 2015 moving from a target rate of 85%. The information provided indicated mandatory training was below this target in most areas. This meant that some staff were not up to date with all of their mandatory training, thus increasing the risk to the safety of patients. The trust was aware that this figure was below their expected target however plans were in place to address this.

We found patient records were a combination of paper and electronic patient records. This meant that some patient notes were difficult to navigate and there was a risk that staff did not have access to the most up to date information about patient care and treatment.

Patients were supported to make decisions and choices about their care and treatment. The trust completed audits and had implemented changes to improve the effectiveness and outcomes of care and treatment.

There was evidence of good multidisciplinary working on wards.

We found physical health checks had been completed for patients on all the wards we visited.

We found the wards made use of a range of guidance reflecting National Institute for Health and Care Excellence (NICE) guidance to inform the care and treatment they provided to patients.

Our findings

Becklin Centre - ward 1, ward 3, ward 4 and ward 5

Assessment of needs and planning of care We found detailed and comprehensive assessments of both the physical and mental health needs of patients which included risk assessments. These were clearly documented in the trust's electronic records system. This information was used to inform how care was delivered and the level of observation required. Care plans were person centred and recovery focused. They included areas such as activities, medication management and plans to address physical healthcare needs such as diabetes. The wards were using an assessment tool called a Modified Early Warning System (MEWS) to inform the development of the physical healthcare plans. The records showed that physical health checks were completed on admission and as required afterwards by the ward doctors. Prescription charts were clear and completed fully, showing that patients were receiving their medicines as prescribed. We saw that each patient had a care plan. These were written and reviewed, where possible, with the involvement of the patient. The care plans we looked at were centred on the needs of the individual patient and demonstrated a knowledge of current, evidence based practice.

Patient records were a combination of paper and electronic patient records. This meant that some patient notes were difficult to navigate. We were also told that bank staff did not always have access to the electronic patient record and they completed paper records which were later scanned or transcribed onto the system. This meant there was a risk that staff did not have access to the most up to date information about patient care and treatment. **Best practice in treatment and care**We found that the wards made use of a range of guidance reflecting National Institute for Health and Care Excellence (NICE) guidance to inform the care and treatment they provided to patients. A range of policies and clinical guidelines were in place across the trust. These were also based on best practice and were evidence based. Outcomes for patients were assessed through use of a range of multi-disciplinary assessment tools to monitor patients' progress and promote their recovery. These included: Health of the Nation outcome Scale (HoNoS), and Model of Occupational Screening Outcome Tool (MOHOST). Outcomes for patients were monitored and audited by the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation, and effectiveness of medication. The patients we spoke with were mostly positive about the care and treatment

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they had received. Patients were provided with information about their medicines. Pharmacist and ward staff discussed changes to patient's medicines, and mental health medicines information leaflets were available for patients. **Skilled staff to deliver care**Staff described receiving support and debriefing following serious incidents. Staff told us they were able to attend a reflective group facilitated by the clinical psychologist which was highly valued. There were regular team meetings and staff felt well supported by their manager and colleagues on the ward. Many staff mentioned good team work as one of the best things about their ward. Staff were supported by occupational therapy staff for planned individual and group social and therapeutic activities on and off the ward areas. Wards 1, 3, 4 and 5 had two occupational therapists allocated to the wards that were not included in the staffing numbers for the ward. However they did not have occupational therapy assistants allocated to the wards. Staff we spoke with gave positive feedback regarding the occupational therapy service on the ward. The wards had access to a pharmacist who provided support and advice to staff and patients. There were systems in place to enable the managers to track and ensure staff had completed their mandatory training and staff told us they had received mandatory training. However on reviewing information provided by the trust we found the trust had a target of 90% for staff to achieve compulsory/mandatory training by April 2015 moving from a target rate of 85%. The information provided indicated mandatory training was below this target in most areas. One example of this was staff had only completed 50% of training for staff in clinical risk on ward 5 and only achieved 55% of staff having attended safeguarding adults training. We found on ward 1,73% of staff had received training in the Prevention and Management of Violence and Aggression (PMVA) training and on ward 5, 78.6%. Both these wards had reported the lowest percentage of staff that were up to date with (PMVA) training at this hospital.

We found restraint was being used on ward 1 and on ward 5 at the Becklin centre. Both wards reported 53 incidents of restraint. Ward 1 reported 11 restraints in the prone position. Ward 5 reported 16 restraints in the prone position and 4 incidents of rapid tranquilisation**.** This may mean there is a danger that patients are inappropriately restrained and there may be a delay in response due to gaps in the PMVA mandatory training as not all staff have received the training in this area. **Multi-disciplinary and inter-agency team work**There were effective handovers on the wards. We observed staff working together. Ward handovers were done during shift changes. Staff who led on handovers showed an awareness of multidisciplinary input and they shared this input with their teams at handover.

There were weekly ward reviews and daily meetings on the wards. Care and treatment in the service was effective. Information about patients' needs was effectively handed over between the community teams and inpatient areas. A multi- disciplinary team meeting (MDT) is a group of health care and social care professionals who provide different services for patients in a coordinated way. Members of the team may vary and will depend on the person's needs and the condition or disease being treated. We were able to observe an MDT meetings taking place on some of the wards. These meetings included social workers, occupational therapists, and medical and nursing staff. Patients told us they attended part of their MDT meetings, and some said they did contribute to it. The wards worked with the trust Intensive Community Support (ICS) team that links with crisis team, CMHT care coordinators and local authority social services to facilitate discharge**.** There was a link worker from the addiction unit who visited the wards to speak with staff and patients**. Adherence to the MHA and the MHA Code of Practice**We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act's Code of Practice. Patients we spoke to were not aware of their right to an Independent Mental Health Advocate (IMHA). Many patients told us that they had not seen the IMHA visit the ward or understood how the IMHA could support them. Staff told us that patients were unable to refer themselves for support from the IMHA service and that the service was slow to respond to referrals. It was sometimes difficult to ascertain what the current section leave authorisation was for individual patients within the documentation. This was exacerbated by the practices of not striking through outdated forms and not providing an end or review date. It was not clear whether section 17 leave copies of leave had not been provided for the patient and other relevant people. There were no records of assessments of capacity to consent for treatment for mental disorder. In addition, the statutory consultees had made no record of their discussion with the Second Opinion Appointed Doctor (SOAD) and there was no record that the patient had been informed of the

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outcome of the SOAD visit. Many of these issues had been found on previous MHA monitoring visits. **Good practice in applying the MCA**We noted that assessments of capacity to consent often consisted of a short confirmation of whether or not the patient was considered to have capacity with no further explanation of how capacity was assessed.

We noted that assessments of capacity to consent often consisted of a short confirmation of whether or not the patient was considered to have capacity with no further explanation of how capacity was assessed in line with the requirements of the Mental Capacity Act (MCA) 2005. We identified that staff were aware of the MCA 2005. However most staff we spoke with told us they needed further training in relation to the MCA as the trust were not always providing specific training to all their staff. We asked about specific training related to the MCA and the Deprivation of Liberty Safeguards, and were told that whilst a briefing had been provided to staff, it was an area that further training would be helpful.

Newsam Centre – ward 4

Assessment of needs and planning of care We found detailed and comprehensive assessments of both physical and mental health needs. Care plans were person centred and recovery focused. They included areas such as activities, medication management and plans to address physical healthcare needs such as diabetes. The wards were using an assessment tool called a Modified Early Warning System (MEWS) to inform the development of the physical healthcare plans. The records showed that physical health checks were completed on admission and as required afterwards by the ward doctors. Prescription charts were clear and completed fully, showing that patients were receiving their medicines as prescribed. We saw that each patient had a care plan. These were written and reviewed, where possible, with the involvement of the patient. The care plans we looked at were centred on the needs of the individual patient and demonstrated a knowledge of current, evidence based practice. Patients had a comprehensive risk assessment. These were clearly documented in the trust's electronic records system. This information was used to inform how care was delivered and the level of observation required. Discussions with patients and their relatives were not always documented in the patient record. It was not always clear what treatment and care patients had received. **Best practice in treatment and care**We found the wards made use of a range of guidance reflecting National Institute for Health and Care Excellence (NICE) guidance to inform their support to patients. A range of policies and clinical guidelines were in place across the trust. These were also based on best practice and were evidence based. Outcomes for patients were assessed through use of a range of multi-disciplinary assessment tools to monitor patients' progress and promote their recovery. These included Health of the Nation Outcome Scale (HoNoS), and Model of Occupational Screening Outcome Tool. (MOHOST). Outcomes for patients were monitored and audited by the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation, and effectiveness of medication. The patients we spoke with were mostly positive about the care and treatment they had received.

Patients were provided with information about their medicines. Pharmacist and ward staff discussed changes to patients' medicines, and mental health medicines information leaflets were available for patients. Staff completed treatment plan audits and clinical staff participated actively in clinical audit. **Skilled staff to deliver care**

Staffing levels were set to meet the needs of patients. There were adequate numbers of staff available to meet patients' needs. Staff and patients told us there was always enough staff. Staff described receiving support and debriefing following serious incidents. Staff told us they were able to attend a reflective group facilitated by the clinical psychologist which was highly valued. There were regular team meetings and staff felt well supported by their manager and colleagues on the ward. Many staff mentioned good team work as one of the best things about their ward. There was an information board available for patients accessing social and recreational facilities off site. Staff were supported by occupational therapy staff for planned individual and group social and therapeutic activities on and off the ward areas. The wards had access to a pharmacist who provided support and advice to staff and patients. The trust had a target of 90% for staff to achieve compulsory training by April 2015 moving from a target rate of 85%. However only 63% of staff on ward 4 had completed infection control training. We observed a member of staff only wearing one glove when they were removing soiled clothing when supporting a patient with personal care. **Multi-disciplinary and inter-agency team work**

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There were effective handovers on the wards. We observed staff working together. Ward handovers were done during shift changes. Staff who led on handovers showed an awareness of multidisciplinary input and they shared this input with their teams at handover.

A multi- disciplinary team meeting (MDT) is a group of health care and social care professionals who provide different services for patients in a coordinated way. Members of the team may vary and will depend on the person's needs and the condition or disease being treated. We were able to observe MDT meetings taking place as well as staff handovers on some of the wards. These included social workers, occupational therapists, and medical and nursing staff. Patients told us they attended part of their MDT meetings, and some said they did contribute to it. The wards worked with the Intensive Community Support (ICS), the crisis team, CMHT care coordinators and local authority social services to facilitate discharge. There was a link worker from the addiction unit visited the wards to speak with staff and patients. **Adherence to the MHA and the MHA Code of Practice**We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act's Codes of Practice. We carried out a MHA monitoring visit in August 2014 to ward 4. We found evidence of positive practice in many areas. However we found copies of the patients' detention papers were missing from files and inconsistencies in the recording of patient rights. The trust recently sent an action plan to address these areas.

Good practice in applying the MCA We identified that staff showed an awareness of the Mental Capacity Act (MCA) 2005. We asked about specific training related to the MCA and the Deprivation of Liberty Safeguards, and were told that whilst a briefing had been provided to staff, it was an area that further training would be helpful.

Yorkshire Centre for Psychological Medicine ward 40

Assessment of needs and planning of care The service used a shared record with the acute trust for recording patient care plans. The unit also had access to care plan documents recorded on the trust the electronic patient notes (PARIS) system. Comprehensive care plans were in place, based on the patient's own views and an assessment of their psychological, physical and social needs. Patient's care and treatment was planned and delivered in line with evidence based guidelines. Care was person centred, supported recovery and was directed towards increasing the patient's independent living skills and the achievement of their personal goals. We saw that these were reviewed on a regular basis and updated or discontinued as appropriate. Patients told us they were aware of their individual care plan and many had been involved in developing their care plans. Patients gave examples of how their individual needs were met. We saw that physical health problems were identified and treated appropriately and staff carried out regular monitoring of basic observations such as blood pressure, temperature and weight. **Best practice in treatment and care**Treatment and care was measured using routine CORE-OM and the EQ-SD-SL outcome measurement tools when a patient was admitted and again at discharge. Clinical Global Impression scoring was used when a patient was discharged. **Skilled staff to deliver care**Staffing levels were set to meet the needs of patients. There were adequate numbers of staff available to meet patient's needs. Staff and patients told us there was always enough staff. We looked at the numbers for staffing agreed by the trust and these matched the number of staff working on staff rotas we looked at on the day of the inspection. 'Bank' and agency staff, who had not worked on a ward before, were given an induction to the ward, which included orientation to the layout of the ward. Every staff member we spoke with on the unit said they really enjoyed working on the ward and with the patient group. Information from the electronic staff record supplied indicated staff were not up to date with some mandatory training. The trust had a target of 90% for staff to achieve compulsory training by April 2015 moving from target rates of 85%. Information we looked at showed staff had achieved above 85% for most training. We reviewed the comprehensive training records kept by the manager. All the staff had received an annual appraisal. Mandatory training was up to date or programmed to take place and additional training, relevant to roles, was undertaken periodically. We spoke with the manager for about PMVA training and checked information the trust sent to us. The information told us that 0% of staff had completed PMVA training and only 10 % had completed PMVA breakaway skills. The manager told us they were arranging bespoke PMVA training for staff and this was to be completed before the end of the year. The manager was enthusiastic about staff training as part of professional development and encouraged staff to participate in training whenever it was available. Patients told us they felt the staff were well trained and knowledgeable. **Multi-disciplinary and inter-agency**

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team work Multidisciplinary teams worked well together to ensure coordinated care for patients. Staff described an open and productive working environment with strong and effective communication between colleagues. Assessments on the unit were multi-disciplinary in approach, with involvement from medical, nursing and specialist teams. There was evidence of effective multi-disciplinary team (MDT) working in patients' records. Patients had access to nursing and medical staff as well as psychologists, occupational therapists and social workers. We saw that care plans included advice and input from different professionals involved in patient care. Patients confirmed they were supported by a number of different professionals on the unit. During patient review meetings it was evident that medical and nursing staff worked together collaboratively to manage patient risk and welfare. The consultant psychiatrists had a thorough knowledge of their patients' progress and demonstrated an understanding of their individual needs, operating a holistic rather than medical model. We observed a nursing handover. We saw that this was well planned and organised with staff sharing relevant information about the patients to ensure continuity and safety of care. Staff spoke about patients with respect and demonstrated a good understanding of their needs and assessed risks. **Adherence to the MHA and the MHA Code of Practice**All of the patients were informal. We carried out a MHA monitoring visit to ward 40 in August 2014 and did not raise any issues that required action. We therefore did not monitor how the trust was meeting its responsibilities under the Mental Health Act 1983 at this location; however we examined the provider responsibilities under the Mental Health Act at other locations. **Good practice in applying the MCA**

We asked about specific training related to the Mental Capacity Act and the Deprivation of Liberty Safeguards, and were told that whilst briefing had been provided to staff, it was an area that further training would be helpful.

Bootham Park Hospital ward 1 and ward 2

Assessment of needs and planning of care We saw in records we reviewed that care plans were in place and had been agreed by the patient. Care plans we saw incorporated patient views, discharge planning including carer and family involvement as well as information about funding and community links. The care plans were written about each individual patient in supportive language and without the use of standardised statements being used. We saw records that physical health needs of patients who used the service were assessed on admission and monitored to ensure patients' health and wellbeing were maintained. Records reviewed were partly computerised as well as paper, however plans were in place for the wards to implement and transfer over to computerised records. **Best practice in treatment and care**We saw the wards had an activity time table that showed all the group activities provided. Activity coordinators and occupational therapy attended the wards. Patients were also involved in activities on the ward and there was access to nurse led activities and weekly community meetings were in place. We saw brief minutes had been recorded for the community meetings but no actions had been recorded. This meant that it not possible for patients or staff to confirm if any actions or issues had been addressed by the ward to promote improvement and listening to patients' comments or views. Staff reported activities were not available seven days of the week. A comment card left on ward 1 stated, 'Days drag by with very little to do unless the activities coordinator is at work. She ensures that there is something to do. Without her, nothing happens'. We did not see any individual activity timetables. However we saw that patients went off the ward to access facilities on site at the hospital. We saw audits were in place these included weekly environmental ligature audits, pharmacy checks, and random care plan audits as well as audit checks in relation to patient s17 leave. **Skilled staff to deliver care**We saw in the records provided and reviewed that there were gaps in mandatory training for staff. On both wards one and two the overall percentage of staff having completed their mandatory training was 59 % on ward 1 and 69 % on ward 2. The trust was aware that these figures was below their expected target and had plans in place to address this.

All staff spoken with told us that they received regular supervision monthly and had an annual appraisal as well as good support from their multi-disciplinary team (MDT) peers and managers. **Multi-disciplinary and inter-agency team work**We saw in records we sampled there was evidence that the multi-disciplinary team (MDT) worked together. We also observed a ward handover meeting attended by a consultant, occupational therapist, bed manager and nursing staff. We saw evidence of discussions had taken place with partner agencies and carers of patients. The MDT also included access to physiotherapist, pharmacist, health care assistants,

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assistant practitioners, junior doctors. The MDT also included some staff attendance from the community mental health teams however staff also reported they do not routinely attend. Staff reported difficulties in sometime getting hold of community workers and it was easier to email them rather than have a conversation. Other staff reported input from care coordinators was improving. Staff told us patient care coordination had improved recently however one manager told us there were 'massive issues' in the York area with patients accessing housing on discharge with some patients being discharged to the Salvation Army accommodation on discharge. Staff told us the links with the crisis team had improved and they were supporting some patients on discharge. One staff member commented, "The MDT operates effectively and the communication is open." **Adherence to the MHA and the MHA Code of Practice**We saw that most patients who were detained there under the Mental Health Act had the appropriate documentation in place for consenting to their treatment including medicines. Patients interviewed all told us that they had their rights explained to them by staff and that they had been informed of and used the Independent Mental Health Advocacy (IMHA) service. We found previously that responsible clinicians (RCs) were not recording capacity to consent discussions with patients. On this visit on ward 2 we found there were still no capacity to consent discussions recorded in three of the records reviewed and could not find evidence of the responsible clinician's discussions with any of the patients we reviewed documenting their capacity to consent to treatment in accordance with the MHA Code of Practice. We found that each of the patients files we reviewed 11 out of 13 had had their physical health needs assessed on admission, as well as ongoing physical health support where required. Patients told us that they felt supported by staff in meeting their physical health needs.

Good practice in applying the MCA We found staff had an awareness and understood capacity however we were told by medical and nursing staff that further training about the MHA and MCA was needed.

PICU

Assessment of needs and planning of care Assessments for risk and patient's needs were carried out on admission, and we found them to be comprehensive. These were also followed up by detailed care plans. All patients had a comprehensive care plan containing information such as their most recent care plan, and information on their rights under the Mental Health Act. Care plans were written and reviewed, where possible, with the involvement of the person. The care plans we looked at were centred on the needs of the individual person and demonstrated a knowledge of current, evidence based practice.

We saw that patients physical health needs were assessed regularly. Physical health examinations and assessments were documented by medical staff following the patient's admission to the ward.

Best practice in treatment and care Staff were aware of the most recent, relevant National Institute for Health and Care Excellence (NICE) guidance. Information about up to date clinical guidelines and policy was shared amongst the team. **Skilled staff to deliver care**The staff we observed were polite, compassionate and treated patients with respect and dignity. Patients who used the service also told us that they felt safe and were happy with the care they received. We found that patients were involved in their care, but that there were limited activities for them. Information from the electronic staff record supplied indicated staff were not up to date with some mandatory training .Although the trust had a target of 90% for staff to achieve compulsory training by April 2015 moving from target rates of 85%. The records we reviewed showed staff had achieved above 85% for most training. Staff had completed PMVA and PMVA breakaway training. Staff had a good understanding of the use of de-escalation techniques. We found 81 % of staff had completed their clinical risk training, 63 % of staff had received their intermediate life support and 86% had completed their emergency life support training. All staff had access to regular supervision and staff had had annual appraisals although figures we looked at indicated 38% of staff had only received an appraisal. We saw that supervision records were up to date. Medical staff had regular peer review meetings monthly to develop clinical role. Staff were aware of the observation policies on the ward. **Multi-disciplinary and inter-agency team work**Daily meetings were held on the wards. These were attended by nursing staff and doctors.The unit had a dedicated police liaison officer. There were monthly meetings between health and the police. **Adherence to the MHA and the MHA Code of Practice**Information on the rights of patients who were detained was displayed in wards and independent advocacy services were available to support patients. Staff

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Good

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

were aware of the need to explain patient's rights to them. **Good practice in applying the MCA**There was limited evidence in the records of advanced directives, or patients' views about how they wished to be treated if they became unwell in the future.

Good

Are services caring?

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

Summary of findings

Are Acute admission wards and Psychiatric intensive care units caring?

Overall, we saw that staff were kind, caring and responsive to patients and were skilled in the delivery of care. We observed staff treating patients with respect and communicating effectively with them. Staff showed us that they wanted to provide high quality care, despite the challenges of staffing levels and some poor ward environments. Patients we spoke with were mainly positive about the staff and felt they made a positive impact on their experience on the ward.

Our findings

Becklin Centre ward 1, ward 3, ward 4 and ward 5

Kindness, dignity, respect and support We saw that staff respected patients' privacy and dignity to promote their wellbeing. Staff demonstrated good emotional support to patients on the ward at an individual level. We observed staff taking time to explain and support patients in a sensitive manner. Patients told us they felt well supported and the staff are brilliant. Patients told us they could approach staff and felt they could raise concerns and discuss their care plans with them.Patients' diversity of needs was respected. Attempts were made to meet a patient's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. There was a faith room available to patients. **The involvement of people in the care they receive**All the patients we spoke with told us they felt safe. However, some felt that communication could be improved. Patients told us they were involved in their care and were confident their feedback would be taken on board for discussion. Patients told us they were involved in their care plans and attended meetings that were about them. Patients said they attended their review meetings and they were okay. Nursing staff told us that all patients had a care plan which was developed and reviewed with patients. This usually took place at the time of admission and care plans were reoffered if the patient was tired or too unwell at the time of admission. Patients were offered a copy of their care plan. The wards held weekly meetings with patients. Patients we spoke with told us they felt listened to in these meetings. The wards displayed you said we did information in the reception areas.

Newsam Centre

Kindness, dignity, respect and support We found the services provided by the trust had caring and compassionate staff that worked across the service. We saw that staff worked positively with patients and supported them well. Staff were skilled and knowledgeable so that they could respond to patient's individual needs and preferences. **The involvement of people in the care they receive**The ward had a welcome pack for newly admitted patients which gave appropriate information regarding their stay on the ward. We noticed that a range of appropriate information was located on walls in the ward area, where patients could access it. All the patients we spoke with told us they felt safe. However, some felt that communication could be improved. Patients told us they were involved in their care and were confident their feedback would be taken on board for discussion. Patients told us they were involved in their care plans and attended meetings that were about them. Patients said they attended their review meetings and they were okay. Nursing staff told us that all patients had a care plan which was developed and reviewed with patients. This usually took place at the time of admission and care plans were reoffered if the patient was tired or too unwell at the time of admission. Patients were offered a copy of their care plan.

Yorkshire Centre for Psychological Medicine - ward 40

Kindness, dignity, respect and support The unit had a welcome pack for newly admitted patients which gave appropriate information regarding their stay on the ward. We noticed that a range of appropriate information was located on walls in the ward area, where patients could access it. Patients we spoke with told us they felt well cared for and that they thought staff were kind and caring. We saw positive interaction between staff and patients during our inspection. We spoke with staff that were clear about patients' needs and their treatment. Staff planned and provided care in a way that took into account patients' wishes. For example we saw one patient had particular health needs. Staff had involved the patient on how they could meet those needs. For example, the staff took them

Good

Are services caring?

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

to the local food shops to purchase particular foods which met their needs. Patients were supported to return home as soon as possible. Staff on all wards spoke of the importance of providing information to patients as a way of promoting self-recovery. Care plans we looked at showed that discussions had taken place and any changes were discussed. **The involvement of people in the care they receive**Staff told us the ethos of the unit was to involve patients in their care as much or as little as they wished. Care plans we saw showed that discussions about their care had taken place with patients, and any changes were discussed.

Patients told us they were aware of their individual care plan and many had been involved in developing their care plans. Patients were supported to make informed choices and decisions about their care and treatment and were able to access the independent advocacy service if they wished.

Bootham Park Hospital ward 1 and ward 2

Kindness, dignity, respect and support All of the patients we spoke with spoke positively about the staff and told us that staff were helpful and approachable and they had been treated with dignity and respect and felt safe on the wards. Other comments made by patients included staff are helpful, friendly and approachable, staff try to reach me, good staffing ratios, find staff very helpful and when depressed they are easy to talk to and help me raise my spirits and I really like the staff. We observed that the interactions between staff and patients who used the service were good and staff treated patients with respect. Compassion and concern for the patients was observed and staff were seen to be individually reassuring patients of our presence on the wards. We saw staff were available for patients on the wards we visited and observed positive interactions between patients and staff with staff providing emotional support to patients. Patients reported that nurses and staff were visible on the wards. **The involvement of people in the care they receive**Patients told us they were involved in their care and were given choices about food and medication. Patients had access to advocacy services. Patients we spoke with told us their family members and or carers were involved and informed about their care. Records sampled showed that patients were given information about their care and treatment options. Half of the patients we spoke with confirmed they had been given information about their care and treatment and had been involved in their care decisions. Patients we spoke with told us some had received a copy of their care plan but most patients we spoke with reported they had not received a copy. Records we reviewed indicated that six out of 10 patients had been given a copy of their care plan. We saw that care plans were in place to support the patient during their inpatient stay, records we looked at confirmed patients had been involved in their care plan and patients subject to the MHA were aware of their care plans also.

PICU

Kindness, dignity, respect and support Patient's privacy and dignity was respected. Patients told us staff treated them with respect, kindness and compassion even when restrictions in relation to their care and treatment were in place. We observed staff interacting with patients in a caring and compassionate way. **The involvement of people in the care they receive**We found that patients were able to see medical staff when they needed to. Patients told us that they could see a doctor when they wanted to and they were always available to give support. We saw that reviews were taking place regularly and patients knew when their reviews were happening.

Patients told us that they had a high level of involvement in their care and if they had any issues staff clearly explained to them how to address these.

Patients were involved in their ward reviews. We saw that efforts were made to include the person in decisions and help them to understand the process and what was happening to them.

Requires Improvement

Are services responsive to people's needs?

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

Summary of findings

Are Acute admission wards and Psychiatric intensive care units responsive to people's needs?

Facilities and premises were not all appropriate for the services being delivered. During our previous inspection, we identified that Bootham Park hospital was not compliant with the requirements of the Disability Discrimination Act 1995. This was due to the fabric of the building and its listed status. The trust was working with commissioners of services to relocate the wards. Patients with DDA needs were not admitted to these wards as they were not DDA compliant.

The ward environment at Bootham Park Hospital ward 1 did not provide sufficient space for activities for patients. Activities were being provided in bedroom corridor areas affording no privacy and or dignity for patients.

We saw private space was limited at Bootham Park Hospital although patients had access to a meeting room where they could have visits from family and friends.

Discharge and transition planning was undertaken. However, we found at Bootham Park in York there were some delays in coordinating and facilitating discharge and transition. Staff reported this was because of access to suitable housing and accommodation to meet the needs of patients being discharged to the York area.

Patients told us they would know how to make a complaint. Staff told us they would try and resolve concerns with patients before they became a formal complaint. However we found there were no records to determine neither the number of complaints raised at ward level nor the outcome of actions taken to deal with any complaints raised. This meant opportunities to learn at ward level were not implemented.

Patients were able to access beds in their local acute psychiatric service. Patients told us they felt involved in their care and treatment. The trust provided interpretation services to ensure that where there was a barrier for patients to communicate effectively, these were overcome using different approaches.

Swipe cards were available at some hospital locations allowing free egress for informal patient to allow them to leave as they liked.

Our findings

Becklin Centre ward 1, ward 3, ward 4 and ward 5

Access, discharge and bed management The bed occupancy percentage rates for wards were between 90% and 97%; with ward 4 having the highest occupancy rate of 97% and ward 1 having the lowest occupancy rate of 90%. Staff told us the average length of stay for patients on the wards was 24-27 days. There were 49 emergency readmissions between 1 January 2014 and 30 June 2014 within 90 days.

The trust provided information on delayed discharges for the Becklin Centre. Ward 4 had a delayed discharge rate of 4.6% the service had implemented weekly meetings with the bed management team to review any patient whose discharge from the acute admission wards was delayed. Resources were then deployed to try and facilitate the patient's discharge. We observed a discharge meeting and staff agreed actions to facilitate discharge for two patients on the wards. Ward managers told us that there are no movements between wards unless this was justified on clinical grounds and in the best interests of the patient. An example would be if a patient needed to be referred to PICU. Staff and patients told us when a person went on leave a bed was always available on their return. **The ward environment optimises recovery, comfort and dignity**All wards were single sex and had a full range of rooms and equipment to support treatment and care (clinic room to examine patients, activity and therapy rooms). There were quiet areas on the ward and a room where patients can meet visitors. Patients could make a phone call in private using the ward cordless phones. Patients had access to a courtyard area.

We saw that some of bathrooms in the Becklin centre needed to be refurbished to promote the privacy and dignity of patients who used the service. On one ward patients had to use a board to stop the shower room from flooding. This entailed patients having to walk backwards with the board into the shower. There was a risk of patient falls and patient dignity was compromised.

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Patients who were not detained under the Mental Health Act were told how they could leave the ward, and were given a leaflet which explained this in detail. Patients who we spoke with said they did not feel locked in and could come and go as they wished.

There was an information board available for patients accessing social and recreational facilities off site. There was an information pack, for patients that included information on treatments, local services, patients' rights, how to complain etc.

All patients were provided with their own room keys. Patients had access to their bedrooms during the day if needed.

Patients we spoke with told us the food had improved and was of a better quality. However three patients told us they were not told the system for ordering food and times and process at mealtimes. Patients told us if they changed their mind about the food ordered an alternative would be provided. Patients were able to have hot drinks and snacks 24/7. One patient told us they could access the activity room 24/7 and use the art equipment even in the middle of the night.

Ward policies and procedures minimise restrictions Swipe cards were available for informal patient to allow them to leave as they liked. During the inspection we observed patients were able to come and go on the wards using the swipe cards. Detained patients were also provided with swipe cards when they had leave which was unescorted, following section 17 leave procedures. Patients were able to personalise their bedrooms and one patient told us they had brought items in from home**.** Three patients allowed us to look at their bedrooms and they had their own personal belongings and they told us they were responsible for their own rooms. **Meeting the needs of all people who use the service**

The unit had a welcome pack for newly admitted patients which gave appropriate information regarding their stay on the ward. We noticed that a range of appropriate information was located on walls in the ward area, where patients could access it.

There were systems in place for the provision of translation services for patients whose first language was not English. Information leaflets were available in languages spoken by patients on request.

Patients' diversity of needs was respected. Attempts were made to meet a patient's individual needs including cultural, language and religious needs.

The trust had a learning disabilities team that staff could contact if they needed advice. A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals. Patients were given information on how they could access help in a crisis when they are discharged. **Listening to and learning from concerns and complaints**There were posters informing patients about how to make a complaint or raise concerns were visible on each ward. There were very few complaints made to the trust about the service. We found that ward 1 had received eight complaints and two complaints had been upheld and two complaints were still under investigation. Staff attributed the low number of complaints to the fact that they were very accessible and anyone could meet with them and discuss their concerns. Patients and their families and friends felt able to bring issues directly to a staff member, where it could almost always be resolved immediately, removing the need for a formal complaint to the trust. However we found there were delays in the trust responding to complaints. Staff received feedback on the outcome of investigation of complaints and acted on the findings.

Newsam Centre

Access, discharge and bed management The bed occupancy percentage rate for ward 4 was 95%. Weekly meetings were held with the bed management team to review any patient whose discharge from the acute admission wards was delayed. Resources were then deployed to try and facilitate the patient's discharge. The average length of stay for ward 4 was between 23-29 days. **The ward environment optimises recovery, comfort and dignity**The unit provided an environment with communal areas. Patients have access to two patient lounges and a balcony area. Each patient has their own room which they could personalise.Rooms did not have en-suite facilities. **Ward policies and procedures minimise restrictions**We saw that the door to the unit was kept locked to prevent entry by anyone not authorised to enter the unit. All visitors to the ward were required to sign in and out at reception to create a record of who was on the ward at any given time. We found that a consistent tool was

Requires Improvement

Are services responsive to people's needs?

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being used to undertake risk assessments which identified the individual risks to a person's safety and wellbeing whilst in hospital. We also saw evidence of coherent risk management plans in response to identified risks. **Meeting the needs of all people who use the service**

The unit had a welcome pack for newly admitted patients which gave appropriate information regarding their stay on the ward. We noticed that a range of appropriate information was located on walls in the ward area, where patients could access it.

We observed good patient information displayed throughout the wards some of this included safeguarding information with contact numbers displayed, staffing levels on ward, advocacy information, Mental Health Act information, and weekly activities boards. We also saw information displayed informing patients about our visit to the ward.

Patients' diversity of needs was respected. Attempts were made to meet a patient's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. There was a faith room available to patients. A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals. There were systems in place for the provision of translation services for patients whose first language was not English. The trust had a learning disabilities team that staff could contact if they needed advice. **Listening to and learning from concerns and complaints**We saw posters informed patients about how to make a complaint or raise a concern and these were visible on each ward. We found there were very few complaints made to the trust about the service. Staff attributed the low number of complaints to the fact that they were very accessible and anyone could meet with them and discuss their concerns. This meant that patients and their families and friends were able to bring issues directly to a staff member, where it could almost always be resolved immediately, removing the need for a formal complaint to the trust.

Yorkshire Centre for Psychological Medicine - ward 40

Access, discharge and bed management There were clear, shared policies and procedures for admission to the unit. Patients' care was planned and delivered to facilitate early discharge and was responsive to patients on a day to day basis. YCPM currently has eight beds and admits approximately 35 patients annually. The service has four beds allocated for Leeds patients and four beds are available for patients who live in the UK.The trust has reviewed the number of beds and has agreed a plan to increase the number of beds to 14. The average length of stay for patients was 10.3 weeks in 2013/2014. **The ward environment optimises recovery, comfort and dignity**

The trust acknowledged that the environment was not fit for purpose, and the trust was working to identify a suitable alternative location for the unit. Staff showed an awareness of the risks posed by the ward environment and the systems that had been put in place to minimise the risks posed to patients using the service. **Ward policies and procedures minimise restrictions**

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complaint to the trust. The unit was proactive in its approach to seek a range of feedback from patients. Weekly patient meetings occur on the ward providing patients with a means to express their needs and wishes. Patients had an opportunity to explore issues and make decisions about the ward. Patients told us they were involved in their care and were confident their feedback would be taken on board for discussion.

Bootham Park Hospital – Ward 1 and ward 2

Access, discharge and bed management We saw both wards worked with the community teams to facilitate discharge of patients back into the community, however records reviewed and staff spoken with informed us that there were delays in the discharge of some patients from the adult acute wards at Bootham Park Hospital. Staff confirmed a bed manager attended the wards to assist in facilitating discharge of patients. However staff also reported there were issues around access to suitable housing and accommodation to meet the needs of patients being discharged to the York area. We reviewed information provided by the DoH from August 2013 to July 2014 in relation to this trust. This clearly identified in the most recent months of data that there has been a decline of patients with a delayed transfer of care including the number of days they were delayed. We found the bed occupancy over the last six month as recorded by the trust was 98% on ward 1 and 92% for ward 2. From the records reviewed we noted that one patient had been admitted to the ward for 220 days and another patient for 164 days.

Information reviewed from January 2014 – June 2014 told us that Bootham Park Hospital wards, one and two had 14 patients who had experienced delayed discharges in their care.15 patients had had a readmission within 90 days of being discharged. Although the Hospital Episode Statistics (HES) from November 2012 to October 2013 did not indicate any risks regarding readmission for patients this may be an area the trust should continue to review and monitor. **The ward environment optimises recovery, comfort and dignity**Although there was a lift available for patients to access from the ground floor this was limited in size and would not be sufficient or safe in an emergency where staff may have to accompany a patient should wheel chair access be required. Patients would not be able to access all patient areas as previously highlighted by CQC. On ward 1 we found patient activity groups were being delivered in patient bedroom corridors and or lounges as specific rooms were not available on the wards to provide a separate activities room. A quiet room was available although this was also used for patient reviews when required.

We found ward information leaflets were available for patients and their carers or family members and some patients confirmed they had received copies of these. We found patients had access to a computer and internet access on ward 2 as patients were seen using this resource however this was not observed on ward1.

We found both wards had access to outside space which contained smoking shelters. Patients were supported to maintain their independence where they were able to and had access to a small kitchen where they could make their own drinks. We saw there was corner where patients could make telephone calls however the ward manager confirmed that if patients wanted to make private telephone calls then patients were able to access the ward office. Ward 1 had access to a cordless phone that patients could use to promote privacy when making personal calls. We saw private space was limited at Bootham Park Hospital although patients had access to a meeting room where they could have visits from family and friends. **Ward policies and procedures minimise restrictions**We saw the doors were locked on both wards and informal patients had to ask staff to leave the wards. However on ward 2 there was clear information displayed informing patients of this and we did not see any informal patient being denied exit. Ward 1 had no notice visible to informal patients to inform them of the locked door policy. During our visit we discussed this with the matron who told us this would be rectified. An electronic key fob was used to access and egress ward 2 and we were informed by the ward manager that additional key fobs had been ordered so that informal patients would be able to leave the ward when they chose without needing to ask staff to open the door. Most of the areas on the wards are accessible throughout the day to patients, with locked areas being those identified with ligature or other risks associated. **Meeting the needs of all people who use the service**

During our previous inspection, we identified that the hospital was not compliant with the requirements of the Disability Discrimination Act 1995. This was due to the

Requires Improvement

Are services responsive to people's needs?

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

fabric of the building and its listed status. The trust was working with commissioners of services to relocate the wards. Patients with DDA needs were not admitted to these wards as they were not DDA compliant.

We found a multi faith room was available off the ward and information for patients could be provided in a different language and or formats if needed. We were also informed that should an interpreter be required then this could be arranged throughout the trust. Staff also told us individual spiritual needs were also assessed and access to spiritual leaders would be accessed if needed. We found on both wards a choice of food was provided. Staff told us that should food be required to meet dietary requirements than this was discussed and arranged on admission to the wards. **Listening to and learning from concerns and complaints**We asked on both wards to see a record of any complaints made and this was not available. Managers on the ward told us that where possible, patient complaints would be dealt with at ward level, we did see information displayed informing patients of how to make a complaint and this included CQC information for MHA detained patients and information about local Patient Advice Liaison services (PALs). We were told if the ward could not resolve the complaint then they would support the patient to complain to the trust and or to PALs. Information reviewed told us that incidents and complaints were managed at the trust by the risk management team, led by the head of risk management and is supported by the patient safety manager, the complaints and claims manager, the serious incident administrator and the risk management information officer. The trusts internal audit report dated April 2014 confirms that service users and their family, friends, carers and advocates are able to make a complaint against the trust. Complaints and anonymous concerns would direct staff to record these on their Datix system and details would be provided for the trusts investigation. The trust internal audit report dated April 2014 confirmed that if a complaint is received from anyone other than the service user, consent for an investigation would be sought from the patient. The trust procedures state that the investigation will be complete in 30 working days with a final response being sent to the complainant. The findings from this audit have led the trust to make recommendations for the management of complaints across the trust and an action plan has been produced.

PICU

Access, discharge and bed management The bed occupancy percentage rate for the ward was between 90% for the period January 2014 to July 2014. The ward were able to adjust beds according to risks in the service. Patients are only occasionally moved out of area. There is no out of area budget therefore patients are only occasionally moved out of area.

The ward environment optimises recovery, comfort and dignity The ward had an, 'air lock system' in place for added security. This meant that patients had to be allowed through two sets of locked doors by staff before they could access the ward area. The ward had a full range of rooms and equipment to support treatment and care (clinic room to examine patients, activity and therapy rooms), There were quiet areas on the ward patients had access to a secure courtyard area. The ward had a seclusion room which was fit for purpose with no blind spots. The room had an en-suite toilet and shower. There was a clock available and the bed and furniture were appropriate. **Ward policies and procedures minimise restrictions**Staff told us they used the least restrictive option when delivering care. They told us that they used seclusion as a last resort and for the minimum time necessary. The use of restraint recorded between November 2013 and July 2014 for ward 1 was 78 incidents of restraint with 25 incidents of prone restraint. The trust had employed strategies to reduce aggressive incidents that may lead to patients being restrained. An example of this was through the training of staff in de-escalation skills. We saw that all staff had been trained in the physical intervention method used within the trust and all staff spoken with confirmed they had completed the training. The seclusion records were completed in accordance with the Code of Practice. Observations had been completed by nursing staff and doctors through the night and an MDT review had taken place.

Meeting the needs of all people who use the service

Patients' diversity of needs was respected. Attempts were made to meet a patient's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. The ward planned to take account of the needs of different people, to ensure that people's needs are assessed, planned for and managed effectively.

Requires Improvement

Are services responsive to people's needs?

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

We found the ward provided a choice of food. Staff told us that dietary requirements for patients were discussed and arranged on admission to the ward. **Listening to and learning from concerns and complaints**The unit was proactive in its approach to seek a range of feedback from patients. Weekly patient meetings occur on the ward providing patients with a means to express their needs and wishes. Patients had an opportunity to explore issues and make decisions about the ward. Patients told us they were involved in their care and were confident their feedback would be taken on board for discussion.

Are services well-led?

Requires Improvement

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

Summary of findings

Are acute admission wards and psychiatric intensive care units well-led?

The arrangements for governance and performance did not always operate effectively. The arrangements for identifying, recording and managing risks, issues and mitigating actions were not robust.

Mental Health Act reviewer monitoring reports were not always reviewed and acted upon to ensure improvements were made at the Becklin centre and at Bootham Park hospital ward 2.

We found the trust had a target of 90% for staff to achieve compulsory/mandatory training by April 2015 moving from a target rate of 85%. The information provided indicated mandatory training was below this target in most areas. This meant that some staff were not up to date with all of their mandatory training, thus increasing the risk to the safety of patients. The trust was aware that this figure was below their expected target however plans were in place to address this. Staff we spoke with were aware of their roles and responsibilities and staff had knowledge of the trust's values and objectives. Staff reported that they felt well supported by their managers. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible. Lessons from complaints, incidents, audits and quality improvement projects were discussed at clinical governance meetings.

Our findings

Becklin Centre ward 1, ward 3, ward 4 and ward 5

Vision and values The staff we spoke with were aware of the trust's values and vision; however there were varying levels of awareness of the trust's future development plans. Records showed that there were regular managers' meetings which focused on service delivery. These showed that issues were being addressed and escalated as necessary to a more senior level within the trust. **Good governance**

The arrangements for governance and performance did not always operate effectively. The arrangements for identifying, recording and managing risks, issues and mitigating actions were not robust. Feedback from Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made. The approach to improvement was reactive and did not always identify the improvements and actions which needed to be taken.

The wards held regular staff meetings that had an agenda which was focussed on governance issues. These meetings linked into the trust governance meetings which provided assurance that issues could be escalated and shared across services. **Leadership, morale and staff engagement**Ward managers told us they had access to on-going leadership training and development. This covered the theory of management as well as scenarios and techniques which could be used in practice. The overall sickness rate for permanent staff is 4.50%. The acute admissions wards at the Becklin centre were not identified as having high sickness rates by the trust. Wards 1 and 5 at the Becklin centre was identified as one of 10 inpatient wards with the highest numbers of unfilled shifts. Staff reported a service that consisted of good leadership, where they were encouraged to use evidence-based practices. The consultant told us that they viewed all staff who practised on the unit as important member of the team, and all contributions from staff were welcomed. **Commitment to quality improvement and innovation**The trust had performance dashboards which measured each wards' performance of absence rates, nursing day and night hours, budget control, incidents, Care Programme Approach (CPA) review, nutritional screening and delayed discharge rates. The service had been awarded a star award for their informal rights leaflet. Staff were encouraged to be involved in research and development. One consultant was undertaking research into the cause of schizophrenia within families. Medical staff had audited physical health checks and implemented a checklist within the service for staff to complete when a patient was admitted. The service had produced a leaflet and poster about driving which had be shared with the GMC and also presented at a national conference for mental health staff.

Newsam ward 4

Are services well-led?

Requires Improvement

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

Vision and values The staff we spoke with were aware of the trust's values and vision; however there were varying levels of awareness of the trust's future development plans. Records showed that there were regular managers' meetings which focused on service delivery. These showed that issues were being addressed and escalated as necessary to a more senior level within the trust. **Good governance**

The arrangements for governance and performance did not always operate effectively. The arrangements for identifying, recording and managing risks, issues and mitigating actions were not robust. Feedback from Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made. The approach to improvement was reactive and did not always identify the improvements and actions which needed to be taken.

The wards held regular staff meetings that had an agenda which was focussed on governance issues. These meetings linked into the trust governance meetings which provided assurance that issues could be escalated and shared across services. **Leadership, morale and staff engagement**Ward managers told us they had access to on-going leadership training and development. This covered the theory of management as well as scenarios and techniques which could be used in practice. The overall sickness rate for permanent staff was 4.5%. The acute admissions ward at the Newsam was not identified as having high sickness rates by the trust. There were 7.5 whole time equivalent (WTE) qualified nursing vacancies and 1.6 WTE nursing assistant vacancies.

Ward 4 at the Newsam centre was identified as one of 10 inpatient wards with the highest numbers of unfilled shifts. Staff reported a service that consisted of good leadership, where they were encouraged to us evidence-based practices. The consultant told us that they viewed all staff who practised on the unit as important member of the team, and all contributions from staff were welcomed. **Commitment to quality improvement and innovation**The trust had performance dashboards which measured each wards performance of absence rates, nursing day and night hours, budget control, incidents, Care Programme Approach (CPA) review, nutritional screening and delayed discharge rates.

Yorkshire Centre for Psychological Medicine –ward 40

Vision and values The staff we spoke with were aware of the ward and hospital's vision and values, which stemmed from the trust's values and vision. Staff told us they were generally aware of how the trust planned to develop the service. Staff spoke highly of the managers within the unit. **Good governance**

The service used information and analysis to identify improvements. There was a focus on continuous learning and development at all levels within the service. The unit carried out audits, which were monitored regularly and actions taken to improve quality.

Processes and systems for joint working arrangements with the acute trust and other stakeholders were understood and effective.All new policies were identified and communicated to staff through staff meetings, reflective groups and emails. All the staff we spoke with confirmed to us that they received regular communication their managers. **Leadership, morale and staff engagement**Staff spoken with told us they experienced good support from their immediate line managers. Staff told us they felt listened to and there were processes within the service and the trust to gain the views of staff. Staff told us there was an electronic newsletter and the chief executive completed a weekly blog. The chief executive had recently visited the unit.

Information from the trust's board was communicated through emails, newsletters and the chief executive's "blog". The ward manager told us they ensured staff were aware of important changes. **Commitment to quality improvement and innovation**All staff received annual appraisals and their personal and professional development goals were set. We saw that there were a number of audits which were carried out which were able to measure standards in terms of development and improvement within the service. These audits included records keeping, hand hygiene, medication and health and safety. This meant that the performance of the service was monitored in order to drive improvement.

Bootham Park Hospital – ward 1 and ward 2

Vision and values Staff and managers were all aware of the vision and values and improvement plans and how these would impact positively on patient care. They were also aware of the reported incidents and building not being fit for purpose. Staff were aware of plans that were in place to improve the hospital site. We found information

Are services well-led?

Requires Improvement

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

displayed in the hospital provided patients and visitors with information and drawings about the proposed changes to the building and services for patients. **Good governance**

The arrangements for identifying, recording and managing risks, issues and mitigating actions were not robust. Feedback from Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made. The approach to improvement was reactive and did not always identify the improvements and actions which needed to be taken.

The mandatory training records for Bootham Park Hospital identified substantial gaps in their clinical risk management training. The records indicated one ward had only 8 % of their staff trained with the other being 9 %. We saw that not all staff had been trained in the physical intervention method used within the trust called (PMVA). Mandatory staff training records we looked at for both wards provided on the day informed us that staff trained in PMVA was 71-72 % of the staffing establishment. The matron and ward managers told us that some staff had experienced difficulties in accessing mandatory training due to access to their computer systems in place at Bootham Park Hospital. We saw records confirming that this had been placed onto the ward risk register. The managers told us they were supported by the modern matron who was visible on the ward as well as the clinical service manager. They were aware of who the executive team was and how the feed of information from ward to board should take place. **Leadership, morale and staff engagement**Managers reported about the sickness and staff absence rates on both wards. Staff were positive that this was being addressed in the near future although most raised it as a concern. One staff member told us "The ward is running on the goodwill of staff". Most staff told us the morale was very good and felt well supported by their managers and peers. Staff we spoke with reported they were able to report issues via their line management system. We were informed that staff had reported incidents about staff where they had witnessed bad practice. This had resulted in necessary action being taken and had been reported to the local safeguarding team and the police instigated where necessary. Regular team meetings were held on the wards and staff reported having a dedicated consultant attached to the ward was important to them. Medical staff reported they had been well trained, supervised and were motivated in their work at Bootham Park Hospital. MDT workers reported they felt part of the team on the wards. **Commitment to quality improvement and innovation**We saw there were a number of audits on the wards which were carried out to measure standards of care and to make improvements. These included care plan audits, medication, checks on emergency equipment and environmental and ligature checks as well as audits of detained patients leave from the wards being cancelled. All staff reported they had received annual appraisal. We looked at nine staff appraisal records which were all completed and SMART objectives had been set in all the records reviewed. Ward managers told us they had access to a leadership programme to support them in the management of their newly appointed positions. Ward managers and pharmacists reported patients are provided with medication choices and discussions with patients' regularly takes place.

PICU

Vision and values All staff spoken with showed a good understanding of the values, vision and objectives of the service. Staff told us that the aim of the service was to support patients to deliver safe, high quality care and to keep them in hospital for the shortest possible time. Staff told us that the team had a focus on person-centred care and would always work together to try and improve the way they worked. **Good governance**Regular team meetings were held with minutes of the meetings recorded. Areas of discussion included service updates, incidents, complaints, and any issues of concern raised by staff. All the staff we spoke with confirmed to us that they received regular communication from the board and their managers and were kept up to date with changes within the trust. **Leadership, morale and staff engagement**Regular team meetings were held on the wards and staff reported having a dedicated consultant attached to the ward was important to them. Staff we spoke with were aware of their roles and responsibilities on the ward. Staff we spoke with felt supported by the managers at ward level. Staff also valued the support of the team who worked well together and were committed to 'going the extra mile' to provide the service. Most staff told us the morale was very good and felt well supported by their managers and peers. Staff we spoke with reported they were able to report issues via their line management system. **Commitment to quality**

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improvement and innovation There was a leadership programme which managers could access if they felt they needed additional training. The ward manager was additional to the staff numbers when on duty.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered provider did not ensure that patients and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of suitable design and layout specifically at ward 40(YCPM) and Bootham Park hospital. 15 (1) (a).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of patients in relation to the care and treatment provided to them at Bootham Park hospital ward 2 and the Becklin centre ward, 4 and 5 in accordance with the Mental Health Act, Code of Practice. Regulation 18