

# Tees, Esk and Wear Valleys NHS Foundation Trust

## Inspection report

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

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix. ([www.cqc.org.uk/provider/???/reports](http://www.cqc.org.uk/provider/???/reports))

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Tees, Esk and Wear Valleys NHS Trust was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust. In July 2008, they achieved foundation trust status under the NHS Act 2006. In June 2011 Tees, Esk and Wear Valleys NHS Trust took over the contract to provide mental health and learning disability services to the people of Harrogate, Hambleton and Richmondshire. On 1 October 2015, they took over the contract to provide mental health and learning disability services in the Vale of York.

Tees, Esk and Wear Valleys NHS Trust serves a population of 2 million people, employs 6,711 staff and provides mental health, learning disability services across a large geographical area. Their main towns and cities are Durham, Darlington, Middlesbrough, Scarborough, Whitby, Harrogate, Ripon, Vale of York and there are numerous smaller seaside and market towns scattered throughout their patch. They are also in the catchment area for the largest concentration of armed forces personnel in the UK (Catterick Garrison).

The last CQC comprehensive inspection of Tees Esk and Wear Valleys NHS Trust was in January 2015. We last inspected the trust between November 2016 and January 2017, during which time we inspected four core services and well led.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Tees, Esk and Wear Valleys NHS Trust provides services primarily across nine Clinical Commissioning Groups.

The trust headquarters are at West Park Hospital, Edward Pease Way, Darlington, DL2 2TS.

The trust services are provided in 22 locations across 78 wards providing 858 inpatient beds.

The trust provides the following core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Forensic inpatient/secure wards.
- Long stay/rehabilitation mental health wards for working age adults.
- Wards for older people with mental health problems.
- Child and adolescent mental health inpatient wards.
- Wards for people with learning disabilities or autism.
- Community mental health services for people with learning disabilities or autism.
- Community based mental health services for older people.
- Community-based mental health services for adults of working age.
- Community services for children and young people.
- Mental health crisis services and health-based places of safety.

The trust also provides:

- Adult social care.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

We inspected six core services, four mental health inpatient services and two mental health community services. These were selected due to their previous inspection ratings or because our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

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

## What we found

### Overall trust

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

- We rated, effective, caring, responsive and well-led as good, with safe as requires improvement. We rated three of the trust's 11 services as good and three as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as good.
- The trust had an effective leadership and governance structure. There were groups and committees at all levels and across the specialities to facilitate this. The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform their respective roles. There was appropriate challenge at board meetings which was accepted and responded to in a positive way by the executive team.
- The trust had a strong quality improvement culture which was well developed and embedded across all services and localities. There were examples of where the trust had developed its services by applying this methodology.
- The trust had an effective incident reporting system that analysed trends, captured learning and shared this learning across the services and localities.
- Staff were skilled and supported. Compliance with mandatory training was high. Staff had access to other training suitable for their role and the trust had leadership and development training which targeted specific groups of staff.
- In wards for older people and child and adolescent services there was good patient risk assessment practice for both formulation and review of risk.

# Summary of findings

- Report out meetings were effective and used across the services. They provided an effective system for ensuring care was patient focused, therapeutic, informed by risk and formulated with a discharge focus. They also provided an effective means of information flow through the organisation.
- Morale was high across the trust. Staff felt motivated, supported, valued and displayed a positive attitude about their role and the trust as an organisation.
- There was good engagement with patients and carers and the trust sought feedback to inform the performance and development of the service.
- The trust engaged well with its stakeholders. Stakeholders spoke positively about the trust performance and interactions they had with them.

However:

- We rated safe as requires improvement in four of the 11 core services and responsive as requires improvement in two of the 11 core services.
- There were some privacy and dignity issues on some wards with dormitory style accommodation and only a curtain between beds. Although the majority of bedrooms had ensuite facilities not all rooms were ensuite.
- Some wards were short staffed which had an impact on patients accessing leave from the ward, staff observation of patients and access to meaningful activities.
- Staff supervision records did not reflect what staff described. Despite some compliance records being low we found that staff were well supported by their managers and received regular supervision. The trust also had a plan in place to address this.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RX3/reports](http://www.cqc.org.uk/provider/RX3/reports).

## Are services safe?

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

- Risks were not always managed effectively. In acute wards, some patient risks were not identified and management plans did not always reflect the identified patient risks. Some management plans were generic with minimal strategies to manage risks. In community learning disability services, patient risk assessments were not always updated regularly or when the patients' presentation changed. Annual ligature risk assessments did not always contain all the ligature risks evident on the ward and the strategies to reduce the risks did not reflect ward practice or were generic and not ward specific. Blanket restrictions were in place on some wards and these had not been identified by staff.
- There were wards with dormitory style accommodation, some of which had beds only separated by a curtain.
- Monitoring and audit of services were not always effective. Clinic room temperatures were consistently higher than 25 degrees on a number of wards and no action had been taken to address this. There were gaps in the recording of the checks of daily emergency bags on some wards. In community based mental health services for adults of working age there were inconsistencies in the provision of emergency equipment in clinics.
- There weren't always enough staff on the wards. Some wards were often short staffed which had an impact on patient leave from the ward and observation of patients. Some wards did not meet their minimum staff levels for registered nurses.

# Summary of findings

- Medicines were not always managed appropriately. Prescription cards for a patient's covert medication on Meadowfields ward had not been completed for 17 out of 26 administrations. Recording of patients' physical observations following rapid tranquilisation was not always completed and at times the refusal of monitoring was not recorded. There wasn't clear instruction or guidance in all care plans for the use of some as required medication although the information was correctly stated in patients' medication charts.
- Staff didn't always complete records effectively. Agency staff did not always have access to the electronic patient records. Where the ward was staffed only by agency staff they relied on a handover from the previous shift and relied on the next shift to complete records. Some seclusion records had information missing and staff did not always carry out reviews in line with the Mental Health Act code of practice.
- We rated four of the 11 core services as requires improvement for the safe key question. This takes into account the ratings of the core services which were not inspected at this inspection.

However:

- Environments for patients were clean and well maintained. Environmental risk assessments were in place, comprehensive and updated regularly. The trust reduced the number of mixed sex wards and the remaining wards complied with national guidance.
- Staff had a good understanding of risks and how to manage them. Staff knew how to report incidents and acted on lessons learnt from incidents, complaints and feedback. Staff had a good understanding of safeguarding and their responsibilities. The trust supported staff throughout the process. In wards for older people and child and adolescent services there was good patient risk assessment practice for both formulation and review of risks.
- Compliance with mandatory training was generally high across the services.
- Staff were following best practice guidance when using mechanical restraint and were making positive steps in trying to reduce its use.
- The trust had made some positive moves in monitoring and improving staffing in some areas. The trust had reviewed and increased the numbers of staff nurses on the psychiatric intensive care units in line with national guidance and planned to increase staff establishments on the 20 bed acute wards.
- There was good medicines management in the community services and the child and adolescent wards.

## Are services effective?

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

- The multi-disciplinary team worked well together and linked to other areas of the trust and external teams. The teams included or had good access to a range of specialists to meet the needs of patients. Report out meetings were effective and used across the services. They provided an effective system for ensuring care was patient focused, therapeutic, informed by risk and formulated with a discharge focus.
- Patients' care plans were generally person centred, covered all aspect of the patients' needs and were up dated regularly. Care planning had significantly improved at Roseberry Park Hospital. Staff used a range of recognised rating scales to measure the effectiveness of interventions and patient recovery.
- Staff generally had a good understanding of the Mental Health Act and Mental Capacity Act and put this into practice. There were effective policies and procedures in place as well as an effective administration team.
- Staff received regular clinical supervision and appraisal and felt supported in their roles. Morale of staff across the trust was very positive and they were motivated to provide quality care.

# Summary of findings

- There was good access to physical healthcare across the services and monitoring of patients' physical health was generally good. The services encouraged and promoted healthier lifestyles for patients including physical activity and diet.

However:

- Recording of supervision was not always accurate. Although staff reported they received regular supervision and were supported by managers and colleagues, the trust data did not reflect this in some teams.
- Staff didn't always follow the Mental Capacity Act. At The Orchard, staff were not carrying out mental capacity assessments for patients even when capacity was in question for medication decisions. On Baysdale ward staff were not considering mental capacity for patients who were 16 years old or over. In some acute wards and psychiatric intensive care units, staff did not always record capacity assessments or best interest decisions. In older people wards there was no record of staff considering a patient's capacity when delivering personal care.
- Staff did not always complete patient monitoring or assessments. At The Orchard staff were not consistent in using the national early warning scores tool with all patients. In forensic services staff did not revisit annual health checks until the next year if the patient refused it.
- There was inconsistency with care planning on some wards. In some acute wards and psychiatric intensive care units care plans were not personalised, holistic or recovery orientated. Some wards had standardised generic templates. They did not always reflect the involvement of the patient or meet all needs identified in the assessment. There was also a lack of clarity about the process of assessment and review when patients moved between wards.
- Not all staff groups were integrated or represented in the multidisciplinary team. Cedar ward had limited occupational therapy and psychology input and no representation at report outs.

## Are services caring?

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

- Staff understood the needs of patients and patients felt listened to. Staff worked in partnership with patients and carers, and demonstrated understanding of the needs, likes and dislikes of individual patients. Care planning at Roseberry Park hospital detailed patients' preferences, views and thoughts and engagement was positively encouraged.
- Patients were treated with dignity and respect. We saw positive interactions between staff and patients. Patients and carers were actively involved in multi-disciplinary and care programme approach meetings.
- Patients and carers were actively involved in the service and how it was developed. They could provide feedback about the service through surveys and regular meetings. In older people wards carers workshops were held quarterly. In acute and psychiatric intensive care units there were carers leads and carers gave positive feedback about their involvement in care. There was good support for carers. Patients and carers felt confident to raise concerns and staff acted on these.
- In community learning disability service staff were described as going the extra mile to support patients. Staff showed determination and creativity in overcoming obstacles to care delivery.

However:

- In forensic services some patients said that staff could be abrupt at times.
- Some care plans in acute and psychiatric intensive care units did not always show the involvement of patients and some contained clinical terminology and abbreviations.
- In children and adolescent mental health services some timetabled activities did not take place.

# Summary of findings

## Are services responsive?

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

- Services effectively and actively worked with patients to support meaningful admission and discharge planning. The wards followed the purposeful inpatient admission process to ensure every patient had a clear reason for admission, a formulation and clear goals to achieve to support discharge. Community services had clear referral criteria, waiting time and access to services was generally good. In community learning disability service, the team made follow-up contact with patients who did not attend appointments and offered flexibility in the time and location of appointments to facilitate attendance.
- The services met the needs of patients. They offered services to address individual requirements such as interpreters, written information in different formats, building access, and access to other services. Staff supported patients of different sexual orientation, ethnicity and religions. Some wards had access to multi-faith rooms. The clam boxes on Cedar ward contained prayer mats and a copy of the Koran.
- Staff felt respected, supported and valued. They had the opportunity to input ideas and contribute to the development of the service. Staff were positive about working for the trust and spoke highly of their colleagues and team.
- Leaders were visible in the services and staff felt supported by their managers. Locality managers and modern matrons visited the services regularly.
- On Ward 15, an innovative recovery at home service worked with patients to support them in their home and local community before discharge. There had been a 30 per cent reduction in the average length of stay for patients.

However:

- The trust had some wards with dormitory style bed bays and some of the beds were only separated by a curtain which sometimes did not maintain the dignity of the patients. Not all bedrooms had ensuite facilities.
- In older people wards leave beds were used at times for admissions and the average bed occupancy was above 85 per cent.
- Activities were not always available for patients. In forensic services there were no scheduled meaningful activities taking place on a weekend, there were no outcome measures for activities and the activity room at Northdale centre was difficult for patients to access. In some acute and psychiatric intensive care units there was limited meaningful activity when occupational therapy staff were not present.
- There was over restrictive practice on some wards in forensic services such as access to snacks and snap locks on doors.
- West Lane hospital patients sometimes said the standard of meals provided was poor.
- There were long waiting times at Lancaster House autism service.

## Are services well-led?

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

- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform their respective roles. There was appropriate challenge at board meetings, these were accepted and responded to in a positive way by the executive team.

# Summary of findings

- The trust had an effective leadership and governance structure. There were groups and committees at all levels and across the specialities to facilitate this. The trust had leads for each speciality and the executive director of nursing was the lead for safeguarding adults and children.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges and acted to address them. Issues were effectively identified, discussed and escalated where necessary through the daily huddles at all levels of the trust.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Leadership development was available to staff, a strong focus being placed on creating a coaching culture that supported recovery and wellbeing. The trust was introducing a programme for staff from a black, Asian and minority ethnic background. The trust introduced a bespoke coaching service called 'TEWV-Think-On' in July 2017.
- Succession planning was in place throughout the trust. Trust strategies had a focus on creating a coaching culture that supported recovery and wellbeing. The head of organisational development and talent management lead monitored the recruitment of leaders and managers in the trust to highlight any succession planning issues. The trust had a talent management system which was an integral part of appraisal.
- Managers had access to information on dashboards covering incidents, safeguarding, staffing and patient experience.
- Staff were regularly involved in audits and quality improvement projects to improve the quality of the service. The trust had a strong quality improvement culture which was embedded into all levels and services of the organisation.
- Staff felt respected, supported and valued. Staff were positive about working for the trust. There was range of programmes to support staff including mindfulness course, trust retreats, and employee psychology service.
- Positive feedback was received from external stakeholders such as local authorities, clinical commissioning groups, quality surveillance groups and third sector organisations.
- The trust had an effective approach to investigating and learning from complaints and incidents. They encouraged feedback for patients and carers and used this information to inform service development.
- Appropriate governance arrangements were in place in relation to Mental Health Act administration and compliance. Oversight of the Mental Health Act was provided through the mental health legislation committee and direct to the board, this also included the Mental Capacity Act monitoring.
- The trust had systems in place to identify learning from safeguarding alerts and make improvements. There was a clear 'think families' focus across the safeguarding team and the trust.
- The trust had a comprehensive digital transformation strategy which aimed to address some of the areas in the services where information technology and equipment was slow and cumbersome.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives and were using this to make improvements.

However:

- The ratings in some of the core services had declined. There were a number of differences in the processes locally and the trust were not always identifying issues when they occurred. The use of mechanical restraint was not being regularly reported to the board from the quality assurance committee or quality assurance groups. The board did not



# Summary of findings

have a good understanding of how often or when this was being used in the trust. The quality assurance systems had not identified inconsistencies in the quality of care across the region in a range of areas in acute wards and psychiatric intensive care units. There were inconsistencies in the ligature audits, risk management plans, personalisation of care planning and privacy in shared dormitories.

- There were safety concerns such as shared sleeping arrangements in dormitories.
- Some black, Asian and minority ethnic staff described some bullying and harassment experiences of a racial nature and experience of racial abuse from patients. The trust was aware of the issues and were acting to address this.
- The trust had not made good progress in engaging all their staff in the Disclosure and Barring Service update. They had identified a shortfall in the September target and trajectories for improvement were in place.
- Supervision records did not always reflect what was occurring in the core services. Staff felt supported and supervised but records showed low compliance.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in five core services.

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in:

# Summary of findings

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

- Access to psychological therapies were excellent, there were little wait times for patients requiring psychological interventions. Staff were trained in cognitive behavioural therapy, dialectical behavioural therapy as well as more specialist training such as cognitive analytical therapy and eye movement desensitization reprocessing. Each community team had at least one clinical psychologist as part of its 'Super Cell'.

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

- Staff at all levels were actively encouraged to suggest and be involved in quality improvement projects. Examples ranged from using a photograph to show how a stock cupboard should be organised to reviewing the admission process to be more meaningful.
- The service was actively engaged in supporting and training external providers to have the skills to support patients following discharge and patient care plans extended beyond the ward in to the community.

## **Child and adolescent mental health wards.**

- The manager at the Evergreen centre used the 'stop the line' process to investigate the use of restraint for nasogastric feeding for one patient. This had a positive impact particularly for staff involved as they were reassured this was the best method of treatment and it was being administered in the most appropriate and safe way for the patient. A result from this process was staff were supervised on a two-weekly basis by the restraint trainer within the trust to ensure best practice continued.

## **Community mental health services for people with a learning disability or autism.**

- Feedback from patients and carers was consistently positive, with carers giving examples of how staff had gone the extra mile to ensure patients receive the best quality care, such as through organising hydrotherapy sessions. Staff showed creativity in overcoming obstacles to delivering care through taking the time to get to know patients and their interests.

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

- The service followed the Triangle of Care best practice guidance and carers gave us positive feedback about their involvement in care. We saw excellent practice at Ward 15. A carers hub outside the ward environment contained lots of information so carers did not have to pick up leaflets in front of patients.
- The trust operated a psychiatric intensive care unit pathway called the 'PICU pyramid'. The pathway was focused on individual patient needs and recovery. Staff from the psychiatric intensive care unit worked with acute staff and patients to explore additional strategies to manage behaviours of concern. This meant admission to a psychiatric intensive care unit was a last resort and when necessary patients were transferred when needed without delay. Staff told us they had a good relationship with the psychiatric intensive care units and felt supported.
- An innovative recovery at home service on Ward 15 worked with patients to support them in their home and local community before discharge. There had been 30% reduction in the average length of stay of patients.
- The service at Peppermill Court received clinical team of the year in March 2018 for engaging multi-disciplinary teams across the trust in the purposeful inpatient admissions process (PIPA), this team had been praised for its leadership.

## Areas for improvement

We found areas for improvement in this service.

# Summary of findings

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

## Action the trust must take to improve:

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

- The trust must ensure that each ward has a ligature risk assessment that identifies all ligature points on the ward. The strategies identified to reduce these risks must be specific to individual wards and reflect current working practice.
- The trust must ensure that patients have a risk management plan that addresses the risks identified in the assessments and is person centred. Risk assessments should identify all the risks posed to, or by, the patient.
- The trust must ensure that staff monitor and record physical observations following the administration of rapid tranquilisation in line with trust policy and national guidance.
- The trust must ensure that the recording of any episodes of seclusion is in line with trust policy and complies with the Mental Health Act code of practice.
- The trust must ensure that the wards meet their agreed staffing establishment levels, including registered nurses.
- The trust must ensure care plans are personalised, holistic, recovery-oriented and meet the needs identified during the assessment. Care plans should reflect the thoughts and views of the patient and evidence of patient involvement should be recorded on the electronic record keeping system.
- The trust must ensure that quality assurance systems identify inconsistencies in the quality of care across the core service and implement plans to address these inconsistencies. The trust must ensure that local clinical checks identify issues and staff should act on the results when needed.
- The trust must ensure staff can identify blanket restrictions and that there is a clear process for reviewing blanket restrictions on all wards.

### In forensic inpatient/secure wards:

- The trust must ensure there are enough staff to enable the use of least restrictive practice on Merlin ward and prevent Section 17 leave being cancelled across all wards.
- The trust must ensure that fridge and clinic room temperatures are monitored and action taken when required in line with the trust policy.
- The trust must ensure activity schedules are in place and therapeutic activities take place on weekends throughout the service.

### In wards for older people with mental health problems:

- The trust must ensure staff record physical health observations, including a patient's refusal to be monitored following the administration of rapid tranquilisation in line with the trust's policy.
- The trust must ensure that patients have easy access to nurse call systems to summon assistance from their bedrooms in an emergency, including shared bedrooms.
- The trust must ensure prescription charts in relation to the administration of covert medication are completed in line with the trust's policy.

# Summary of findings

## **In community mental health services for people with learning disabilities or autism:**

- The trust must ensure that staff are considering patients' capacity to consent where required and are maintaining records that demonstrate that they have done so.

## **At trust level:**

- The trust must ensure it reviews further actions that can be taken to mitigate the impact on privacy and dignity where only curtains separate the beds in dormitory style accommodation.

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

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

- The trust should ensure that staff are aware of the requirement to report a breach of the eliminating mixed sex accommodation requirements in line with trust policy.
- The trust should ensure that all equipment in the emergency bags is in date and ready to use in an emergency. Staff should check the emergency bags daily and record that they have done so.
- The trust should ensure that agency staff not having access to electronic care records does not impact on care provision.
- The trust should ensure that when patients are prescribed more than one medicine to help with extreme episodes of agitation and anxiety, staff have clear guidance as to how these are to be used.
- The trust should ensure that staff are aware of the expectations of assessment and review when patients moved between wards.
- The trust should continue to ensure that staff receive and record supervision and there is senior management oversight of supervision compliance.
- The trust should ensure that Cedar ward at West Park Hospital receives contributions from occupational therapy and psychology staff within multidisciplinary team meetings, such as report out.
- The trust should ensure that staff complete their mandatory training modules in Mental Capacity Act and Mental Health Act by May 2019, in line with the trusts trajectory. Staff should record when a patient has, or has been offered an independent mental health advocate. When patients lack capacity, staff should record the discussion and decision-making processes they follow to come to a best interest decision in line with trust policy.
- The trust should ensure that patients have access to activities on the wards throughout the week.
- The trust should ensure that privacy and dignity is maximised in the bed bays of Cedar ward at the Briary unit. The trust should ensure that all wards comply with the trust policy of having privacy curtains in bathrooms off corridors.
- The trust should ensure staff record what action they take when clinic room temperatures are outside the safe range.
- The trust should fully consider all methods and mitigation to maintain patient safety in the absence of call alarms in patient bedrooms and other patients access areas.

### **In forensic inpatient/secure wards:**

- The trust should ensure that patients on Hawthorn/Runswick ward have access to their bedrooms without the restriction of snap lock doors and ensure patients on Merlin ward have 24-hour access to snacks in line with the trust's restrictions policy.

# Summary of findings

- The trust should ensure that there are processes in place to protect patients' privacy and dignity when being escorted to different wards for the use of seclusion facilities.
- The trust should consider why there is a difference between their reported reason for section 17 leave being cancelled and the patients and carers understanding of why leave is being cancelled.
- The trust should consider the Department of Health Environmental Design Guide Medium Secure Services guidance with regards to observation panels in patient bedroom doors and in the meantime, manage risks and issues through staff awareness.
- The trust should continue to review the use of mechanical restraint with the aim of eliminating its use.
- The trust should fully consider all methods and mitigation to maintain patient safety in the absence of call alarms in patient bedrooms and other patients access areas.

## **In wards for older people with mental health problems:**

- The trust should ensure ligature assessments take account all areas of the wards
- The trust should ensure patients' bedrooms appropriately maintain their privacy, dignity and respect.
- The trust should consider recording patients' capacity and best interest decisions where personal care is being provided.

## **In child and adolescent mental health inpatient wards:**

- The trust should ensure that capacity assessments are considered where required and recorded in care plans on Baysdale unit.
- The trust should ensure effective systems and processes are in place to monitor the compliance and quality of clinical supervision.
- The trust should ensure the sensory room on Holly ward is well equipped and maintained.
- The trust should ensure there are sufficient staff available to coordinate activities scheduled for children and young people.
- The trust should ensure the quality of food available to patients at West Lane hospital is improved in line with other services.
- The trust should fully consider all methods and mitigation to maintain patient safety in the absence of call alarms in patient bedrooms and other patients access areas.

## **In community mental health services for people with learning disabilities or autism:**

- The trust should ensure that patient risk assessments are continually reviewed and updated for all patients.
- The trust should ensure that staff at Lancaster House continue to work on reducing patient waiting times for a service, to meet National Institute for Health and Care Excellence standards.
- The trust should ensure that staff at The Orchard are using the National Early Warning Scores tool consistently with all patients and that regular reviews of patient physical health are taking place.

## **In community-based mental health services for adults of working age:**

- The trust should ensure it completes its review on the use of emergency equipment to ensure there is a unified approach across all the trust.

# Summary of findings

- Staff should ensure they keep patients medication cards up to date and contemporaneous in line with best practice.
- The community mental health team should ensure they complete their mandatory training modules in Mental Capacity Act and Mental Health Act by May 2019, in line with the trusts trajectory.
- The trust should accurately maintain supervision records to reflect what staff are receiving.
- The trust should ensure they use a recognised risk assessment tool in line with best practice.

## At trust level:

- The trust should ensure it continues to actively engage all eligible staff in the Disclosure and Barring Service update service and closely monitors progress against trajectory.
- The trust should ensure it addresses its issues of equality and diversity for staff of black, Asian and minority ethnic background.

## Is this organisation well-led?

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

This was our first review of well led under our next phase methodology. We rated well led as good because:

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

- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role. There was appropriate challenge at board meetings, these were accepted and responded to in a positive way by the executive team.
- The trust had an effective leadership and governance structure. There were groups and committees at all levels and across the specialities to facilitate this. The trust had leads for each speciality and the executive director of nursing and governance was the lead for safeguarding adults and children.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges and acted to address them. Issues were effectively identified, discussed and escalated where necessary through the daily huddles at all levels of the trust.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Leadership development was available to staff, a strong focus being placed on creating a coaching culture that supported recovery and wellbeing. The trust was introducing a programme for staff from a black, Asian and minority ethnic background. The trust introduced a bespoke coaching service called 'TEWV-Think-On' in July 2017.
- Succession planning was in place throughout the trust. Trust strategies had a focus on creating a coaching culture that supported recovery and wellbeing. The head of organisational development and talent management lead monitored the recruitment of leaders and managers in the trust to highlight any succession planning issues. The trust had a talent management system which was an integral part of appraisal.
- Managers had access to information on dashboards covering incidents, safeguarding, staffing and patient experience.

# Summary of findings

- Staff were regularly involved in audits and quality improvement projects to improve the quality of the service. The trust had a strong quality improvement culture which was embedded into all levels and services of the organisation.
- Staff felt respected, supported and valued. Staff were positive about working for the trust. There was range of programmes to support staff including mindfulness course, trust retreats, and employee psychology service.
- Positive feedback was received from external stakeholders such as local authorities, clinical commissioning groups, quality surveillance groups and third sector organisations.
- The trust had an effective approach to investigating and learning from complaints and incidents. They encouraged feedback for patients and carers and used this information to inform service development.
- Appropriate governance arrangements were in place in relation to Mental Health Act administration and compliance. Oversight of the Mental Health Act was provided through the mental health legislation committee and direct to the board, this also included the Mental Capacity Act monitoring.
- The trust had systems in place to identify learning from safeguarding alerts and make improvements. There was a clear 'think families' focus across the safeguarding team and the trust.
- The trust had a comprehensive digital transformation strategy which aimed to address some of the areas in the services where information technology and equipment was slow and cumbersome.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives and were using this to make improvements.

However:

- The ratings in some of the core services had declined. There were a number of differences in the processes locally and the trust were not always identifying issues when they occurred. The use of mechanical restraint was not being regularly reported to the board from the quality assurance committee or quality assurance groups. The board did not have a good understanding of how often or when this was being used in the trust. The quality assurance systems had not identified inconsistencies in the quality of care across the region in a range of areas in acute wards and psychiatric intensive care units. There were inconsistencies in the ligature audits, risk management plans, personalisation of care planning and privacy in shared dormitories.
- There were safety concerns such as shared sleeping arrangements in dormitories.
- Some black, Asian and minority ethnic staff described some bullying and harassment experiences of a racial nature and experience of racial abuse from patients. The trust was aware of the issues and were acting to address them.
- The trust had not made good progress in engaging all their staff in the Disclosure and Barring Service update. They had identified a shortfall in the September target and trajectories for improvement were in place.
- Supervision records did not always reflect what was occurring in the core services. Staff felt supported and supervised but records showed low compliance.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

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



## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
Forensic inpatient or secure wards	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018
Child and adolescent mental health wards	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Wards for older people with mental health problems	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Wards for people with a learning disability or autism	Outstanding May 2015	Good May 2015	Good May 2015	Requires improvement May 2015	Good May 2015	Good May 2015
Community-based mental health services for adults of working age	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Mental health crisis services and health-based places of safety	Good May 2015	Outstanding May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Specialist community mental health services for children and young people	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Community-based mental health services for older people	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Community mental health services for people with a learning disability or autism	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Outstanding ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
<b>Overall</b>	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

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

# Wards for older people with mental health problems

Requires improvement   

## Key facts and figures

Tees Esk and Wear Valleys NHS Foundation Trust provides wards for older people with mental health problems for men and women with organic and functional mental health conditions, who require admission to hospital either informally or detained under the Mental Health Act.

The trust has 13 wards for older people with mental health problems located in 11 hospital locations.

### Roseberry Ward

15 bed mixed acute admission ward for adults over the age of 65 with a wide range of mental health problems.

### Hamsterley Ward

15 bed female assessment and treatment ward for older people experiencing complex organic mental health problems.

### Ceddesfeld Ward

15 bed male which provides assessment and treatment ward for older people experiencing complex organic mental health problems.

### Oak

12 bed mixed inpatient facility which provides assessment and care for older people who suffer from a wide range of mental health problems.

### Acomb Garth

14 bed male ward for assessment and treatment of older adults with dementia.

### Cherry Trees House

18 bed mixed ward for assessment and treatment for older adults with functional illness

### Meadowfields Unit

18 bed unit providing inpatient assessment and treatment for people aged over 65

### Westerdale North

20 bed mixed acute assessment and treatment ward for older adults with a wide variety of mental health problems.

### Westerdale South

14 bed ward, specifically designed for patients with dementia

### Rowan Lea Ward

20 bed mixed assessment and treatment ward for older adults with a wide variety of mental health problems.

### Springwood Ward

14 bed mixed complex needs unit for people over the age of 65 who need specialist mental health nursing care.

### Ward 14

# Wards for older people with mental health problems

10 bed mixed assessment and treatment ward for older adults with a wide variety of mental health problems.

Rowan Ward

6 bed mixed assessment and treatment ward for older adults with a wide variety of mental health problems.

Tees Esk and Wear Valleys NHS Foundation Trust have been inspected on a number of occasions by the CQC since registration. We completed a comprehensive inspection of the wards for older people with mental health problems in January 2015. We rated the service as good overall. We conducted a further unannounced inspection in November 2016 focused on the safe, effective and well led key questions. At that inspection we rated the core service as requires improvement in each of the domains we inspected and requires improvement overall.

We issued the trust with five requirement notices for breaches of Regulation 9, Regulation 10, Regulation 12, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place between 12 and 14 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the service using all the key lines of enquiry in the five key questions as part of a full inspection of this core service.

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

- interviewed three senior managers, four locality managers and three modern matrons
- visited all thirteen wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 44 patients who were using the service, and reviewed patient comments on one feedback card
- spoke with 22 carers of patients who were using the service
- spoke with 10 ward managers who were available
- spoke with 94 other staff members including doctors, registered nurses, healthcare assistants, occupational therapists, occupational therapy assistants, psychologists, student nurses, pharmacists and pharmacy technicians
- reviewed 50 care records for patients who were using the service
- reviewed medication management including 140 patients' medication administration records and records of the administration of rapid tranquilisation
- attended and observed nine 'report out' meetings, one clinical review, one huddle meeting, one patient meetings, and three short observational framework for inspectors observations
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- There were gaps in the recording of the administration of a patients' covert medication.
- Nurse call alarms were not present in all patient bedrooms.
- Some beds were provided in dormitory style accommodation, separated only by a curtain.

# Wards for older people with mental health problems

- Refusal of observations were not always recorded in line with the trust policy following the administration of rapid tranquilisation.
- The consideration of patient's capacity and best interest decision was not always reflected in patient records.

However:

- There was positive practise in the formulation and review of patient risk assessments.
- There was a daily multidisciplinary review of all patients.
- There was effective psychological input in the development of individual formulation from the point of admission.
- There were effective practices in the monitoring of patients physical and mental health.
- Care planning extended beyond the ward and in to discharge, staff supported and trained other care providers in the patient's needs to support effective discharge.
- Quality improvement systems were embedded across the service and all staff were encouraged to be part of a quality improvement project.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were no nurse call alarms in patient bedrooms at Acomb Garth and Meadowfields and no nurse call alarms in bathrooms on ward 14.
- The recording of the use of restraint to perform personal care did not always detail the type of intervention used or the time frame the restraint was implemented for.
- We found instances on Hamsterley, Ceddersfield, Oak and Rowan where recording of the refusal of physical observations following the administration of rapid tranquilisation had not been recorded in line with the trust policy.
- Prescription charts for a patient's covert medication on Meadowfields had not been completed for 17 out of 26 administrations.

However:

- There were good practises in the formulation and review of risk assessments.
- Risks were reviewed daily in the daily multidisciplinary 'report out' meeting.
- Levels of restraint were generally low and staff utilised individual behaviour plans to support de-escalation.

## Is the service effective?

**Good** ● ↑

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

- Patients care plans were up to date and reflected individual patient needs.

# Wards for older people with mental health problems

- There was effective psychological input from the point of admission in developing individual formulation for all patients.
- There were effective processes in place to monitor patient's physical health.
- The multidisciplinary team demonstrated effective multidisciplinary working.

However:

- Records did not demonstrate staff had considered patients capacity when delivering personal care.
- Section 17 leave records were not always up to date on the electronic system and patients were not always able to utilise section 17 leave on some wards due to staffing levels.

## Is the service caring?

**Good** ●

We rated it as good because:

- We observed positive genuine interactions between staff and patients.
- Staff were seen to treat patients with kindness, dignity and respect.
- Staff demonstrated an understanding of the needs, likes and dislikes of individual patients.
- Staff supported carers and routinely offered access to carers assessments.
- There was a rolling programme of carers workshops every quarter providing information and support to carers.

## Is the service responsive?

**Good** ●

We rated it as good because:

- Discharge planning was discussed from the point of admission.
- Staff worked with care home providers delivering training in patient's individual needs and support to facilitate effective discharges.
- Patients were admitted to the ward closest to their home where possible and arrangements made for them to be transferred to the closest ward at the earliest opportunity if this was not possible.
- Wards had the appropriate rooms and facilities to support patients' needs.

However:

- Dormitory style bed bays on Rowan were only separated by curtains and did not maintain the dignity and privacy of patients and some patients did not have access to natural light or view outside. The trust had taken steps to mitigate this and had a plan to reduce dormitory style accommodation, at this inspection no patients complained about the effects on privacy and dignity.
- Not all bedrooms had ensuite provision.

# Wards for older people with mental health problems

- There were instances where leave beds were utilised for an admission and the average bed statistics were above the recommended 85%.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Risks associated with the lack of nurse call alarms in patient rooms had not been identified in environmental audits on Acomb garth, Meadowfields and Ward 14.
- There were concerns with maintaining patients' dignity and privacy on Meadowfields, Acomb garth and Rowan.
- Audits had not identified the recording of physical health observations following the use of rapid tranquilisation were not in line with trust policy on Hamsterley, Ceddersfield, Oak and Rowan.
- Omissions in the prescription charts of a patient's covert medication had not been identified in medication audits.
- Training in the Mental Health Act and Mental Capacity act had only been mandatory since April 2018 despite being identified as concern at the last inspection.

However:

- Managers had access to dashboards to provide an overview of the wards current position, this included data on incidents, safeguarding, staffing and patient experience scores.
- Staff presented to be motivated and dedicated and spoke highly of the support from local management.
- Quality improvement processes were embedded throughout the service and staff from all levels were encouraged to be involved.

## Outstanding practice

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

## Areas for improvement

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

# Child and adolescent mental health wards

Good   

## Key facts and figures

Tees, Esk and Wear Valleys NHS Foundation Trust provides specialist assessment and treatment for children and young people who have severe and complex mental health conditions, learning disabilities, autism and eating disorders that require treatment in hospital. These types of services are also called tier 4 services.

The trust has five child and adolescent mental health wards, based in three locations. The wards have the capacity to care for up to 52 patients as follows:

### Roseberry Park Hospital

- Baysdale Ward is a six-bed ward, providing short break respite care to children and young people with learning disabilities and associated healthcare needs. The service accepts children of all ages up to 18 years.

### West Park Hospital

- Holly Ward is a four-bed ward, providing short break intervention led care with a specific purpose and period which follows a pathway. The service is for children and young people with learning disabilities, complex needs and, challenging behaviors. The age range is typically 7 -14 years.

### West Lane Hospital

- The Newberry Centre is a 14-bed ward, providing assessment and treatment for patients aged between 12-18 experiencing serious mental health problems.
- The Westwood Centre is a 12-bed ward, providing assessment and treatment for patients within a low secure environment. The ward accepts patients between 12 and 18 years.
- The Evergreen Centre is a 16-bed ward, providing specialist eating disorder treatment for children and young people.

We last inspected child and adolescent mental health wards provided by Tees, Esk and Wear Valleys NHS Foundation Trust in January 2015. We rated these services as good overall with ratings of good in all five domains of safe, effective, caring, responsive and well-led.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core service and all the key questions as part as our routine inspection activity. The inspection took place between 12 and 14 June 2018.

During the inspection the inspection team:

- visited all five wards and looked at the quality of the environment and observed how staff were caring for patients
- spoke with 20 patients and 19 parents or carers of children and young people
- received eight comment cards completed by staff, parents and patients
- spoke with the managers of all five teams we inspected
- interviewed 40 staff members including service managers, doctors, nurses, psychologists, pharmacists, dieticians, occupational therapists, physiotherapists, teachers and healthcare support workers, administrators, secretaries and domestic staff

# Child and adolescent mental health wards

- held an interview with four service managers responsible for the services
- attended and observed three multidisciplinary meetings, two ward handover meetings, one child review meeting at school and a patient and staff community meeting
- observed four interactions between staff and patients
- looked at 21 care records
- reviewed 44 medication records including Mental Health Act documentation including consent to treatment records and physical health monitoring practises at each location
- reviewed six incident reports
- looked at a range of policies, procedures and other documents relating to the running of the service
- looked at meeting notes from patient reviews, ward rounds and handovers, staff team meetings and patient community meetings.

## Summary of this service

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

- The trust had made improvements since the last inspection in January 2015, as seclusion records contained a clear step by step account of any episode of seclusion in accordance with the Mental Health Act Code of Practice.
- The trust had made improvements since the last inspection as continued to monitor the use of restraint on Newberry and Westwood wards. The numbers of restraint on both wards have increased which management attributed to the acuity of patients. However, in 2015 prone restraint was 25% and 50% of total restraints on the respective wards however this had reduced significantly to the current figures of 3% and 6% of all restraints on these wards. Staff understood that the use of restraint was a last resort. They used de-escalation and low levels of restraint to manage incidents of aggression wherever possible. Staff ensured they documented episodes of restraint, and rapid tranquilisation in accordance with trust policy.
- The trust had also improved the recording of staff supervision since the last inspection. Current records for this core service showed trust policy was being followed. Staff told us they were well supported and listened to by managers.
- Wards were led by skilled, knowledgeable and experienced managers. Ward managers and senior managers were highly visible on the wards and staff told us that managers at all levels were approachable. There were good systems and processes in place to assess and monitor quality and safety on the wards, which managers used on a day to day basis to keep informed and to organise staff to ensure good care was delivered.
- Staff treated patients with kindness and compassion and involved families and carers. Patients described staff in positive terms highlighting their caring, friendly and supportive approach. Staff encouraged patients to give feedback about their care and experience via electronic devices and in regular community meetings. Staff acted on feedback.
- There were good patient risk assessments on each ward. The service provided a safe environment and managed risks well. Patients told us they felt safe. Risk assessments included monitoring of existing and potential physical health risks.

However:

- Baysdale unit, Newberry centre and Westwood centre did not have a system in place to call staff in the event of an emergency.



# Child and adolescent mental health wards

## Is the service safe?

Good   

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

- Wards were appropriately staffed with suitably qualified and experienced staff. Staff were up to date with mandatory overall at 94%.
- All wards had up to date environmental risk registers, which were regularly reviewed and staff had a good awareness of high risk areas to ensure risks to patients were minimised.
- Care records were well completed with regularly reviewed risk assessments and associated intervention plans detailing support patients needed to reduce their risks.
- There was a strong emphasis on safeguarding. Staff had annual mandatory training and, quarterly supervision. Health care support workers training had also been increased to the same level as qualified staff. Staff had good knowledge and reported good links with both trust and local authority safeguarding teams.
- Staff managed medicines safely. Medicines were stored securely and prescribed and administered in line with national guidance. Where patients' own medication was used on Holly and Baysdale units there was a clear, safe process embedded.

However:

- Patient call systems were not available for patients to call staff from their bedside in Baysdale unit, Newberry centre and Westwood centre.
- At Holly unit the sensory room facilities were minimal. Lights and music had been removed as were in disrepair and not been replaced for patients.

## Is the service effective?

Good   

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

- Ward staff took a holistic approach to assessing, planning and delivering care and treatment in line with current evidence based guidance. Care plans were person centred and covered all aspects of patients' needs.
- The teams included or had access to the full range of specialists required to meet the needs of the young people on the wards. There was effective multidisciplinary working embedded in practice including multidisciplinary meetings, team clinical supervision and meetings with other connected teams.
- Patients had good access to psychological therapies including dialectical behavioural therapy, cognitive behavioural therapy and family therapy.
- Staff used a wide range of recognised rating scales to monitor patients' health.
- Consent, care and treatment were obtained and reviewed in line with legislation and guidance including the Mental Capacity Act and Mental Health Act. There was effective support and oversight for staff from the trusts mental health legislation services.

# Child and adolescent mental health wards

However:

- On Baysdale unit we did not evidence consideration or assessments of patients' capacity if the child was 16 years old or above.
- Staff were supervised on a regular basis. However, the recording of supervision did not reflect this. The trust had recently audited this process and an action plan was in place to resolve this recording and monitoring of supervision.

## Is the service caring?

Good ● → ←

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

- Staff had a very good understanding of the needs of their individual patients. Staff were committed to delivering patient centred care. Staff were observed delivering care in a thoughtful and sensitive way that was adaptive to the needs of the young person.
- Parents and carers feedback was generally very positive. They said staff were caring, professional and good at involving them in the young person's care and treatment.
- Feedback from young people was mostly positive about the service and some described a key relationship with some staff and teachers.
- Young people using services were involved in their care. Patients were involved in the development of care plans and were supported to give their views and opinions.

However:

- Some patients told us that timetabled activities did not always take place and some said that if there was a trip for patients away from the ward, there was a lack of staff to support activities for those left behind.

## Is the service responsive?

Good ● → ←

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

- Staff started planning a patient's discharge upon admission and regularly discussed discharge in weekly multidisciplinary meetings.
- Staff consistently encouraged good relationships with families to help recovery.
- Complaints information was displayed on the wards. Patients and carers said they knew how to complain and felt listened to by staff when they raised concerns. Staff understood the complaints procedure and complaints were discussed in team meetings to prevent repetition.
- Eating disorder patients had access to a nurse and dietetic support from an outreach team to support patients and families on home visits.

However:

- Patients were not always positive about the standard of meals they received at West Lane hospital.

# Child and adolescent mental health wards

## Is the service well-led?

Good   

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

- Ward managers were skilled, knowledgeable and experienced. They were committed to improving safety and providing high quality care. The ward managers were accessible to patients and staff.
- There were good governance systems in place to ensure managers had the necessary oversight of their teams' individual performance.
- Staff were supported in their roles and felt supported by the ward manager. Staff felt they could raise issues freely without any fear of retribution.
- Senior leaders were visible and actively involved in the day to day running of the ward.
- All staff said there was good team working. Staff felt positive and proud about working for the provider and their team. Staff described their teams as supportive and caring in an environment that was often challenging.

## Outstanding practice

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

## Areas for improvement

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

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

Requires improvement  

## Key facts and figures

Tees Esk and Wear Valleys NHS Foundation Trust provides acute and psychiatric intensive care inpatient services for men and women aged 18 years and over with mental health conditions, who require admission to hospital either informally or detained under the Mental Health Act.

The trust has 14 acute inpatient wards and two psychiatric intensive care units located in seven hospital locations.

Five wards are based at Roseberry Park Hospital in Middlesbrough. These are

- Bedale ward: 10 bed mixed gender psychiatric intensive care unit
- Bilsdale ward: 14 bed male acute inpatient ward
- Bransdale ward: 14 bed female acute inpatient ward
- Overdale ward: 18 bed female acute inpatient ward
- Stockdale ward: 18 bed male acute inpatient ward

Three wards are based at West Park Hospital in Darlington. These are:

- Cedar ward: 10 bed mixed gender psychiatric intensive care unit
- Elm ward: 20 bed female acute inpatient ward
- Maple ward: 17 bed male acute inpatient ward with three additional Ministry of Defence beds.

Two wards are based at Lanchester Road Hospital in Durham. These are:

- Farnham ward: 20 bed male acute inpatient ward
- Tunstall ward: 20 bed female acute inpatient ward

Two wards are based at Cross Lane Hospital in Scarborough. These are:

- Danby ward: 11 bed male acute inpatient ward
- Esk ward: 11 bed female acute inpatient ward

Two wards are based at Peppermill Court in York. These are:

- Ebor ward is a 12 bed female acute inpatient ward
- Minster ward is a 12 bed male acute inpatient ward

One ward is based at Friarage Hospital Mental Health Unit in Northallerton. This is:

- Ward 15: 12 bed mixed gender acute inpatient ward

One ward is based at the Briary unit in Harrogate District Hospital. This is:

- Cedar ward is a 14 bed mixed gender acute inpatient ward

Tees Esk and Wear Valleys NHS Foundation Trust have been inspected on a number of occasions by the CQC since registration. We completed a comprehensive inspection of the acute inpatient wards and psychiatric intensive care

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

units in January 2015. We rated the service as good overall. We rated the core service as requires improvement for safe, and good in all other areas. We conducted a further unannounced inspection in November 2016 focusing on whether the trust had made improvements in the safe key question. We rated the core service as requires improvement for Safe again.

We issued the trust with two requirement notices for breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place between 12 and 14 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the service using all the key lines of enquiry in the five key questions as part of a full inspection of this core service.

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

- Interviewed four senior managers and two modern matrons
- visited all sixteen wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 49 patients who were using the service, and reviewed patient comments on 41 feedback cards
- spoke with 10 carers of patients who were using the service
- spoke with 14 ward managers who were available
- spoke with 94 other staff members including doctors, registered nurses, healthcare assistants, occupational therapists, occupational therapy assistants, a volunteer, psychologists, student nurses, pharmacists, pharmacy technicians, activity coordinators and health professionals who worked closely with the service
- looked at the care and treatment records of 44 patients, 22 records of the administration of rapid tranquilisation, and 3 seclusion records
- reviewed medication management including 122 patients' medication administration records
- attended and observed five report out meetings, two formulation meetings, one clinical review, one huddle meeting, two patient meetings, and two patient activities
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Staff did not adequately identify and mitigate all the risks to patients. Some ligature risk assessments were incomplete and mitigations were not specific to the ward.
- Risk management plans did not address the risks identified in assessments, were not person centred, were of very poor quality or were absent. We had concerns about physical health monitoring after rapid tranquilisation and recording of seclusion.
- Care plans were not always personalised, holistic or recovery-oriented. They contained generic statements, clinical terminology and did not reflect the patient's voice.
- Recorded clinical supervision attendance was low. There was no standardised approach for feeding information on clinical supervision from ward level into locality reporting systems for senior management oversight.

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

- Activity provision on wards varied. On some wards, there was limited activity for patients when occupational therapy staff were not present. Cedar ward at West Park Hospital had very limited occupational therapy and psychology input and these disciplines did not attend report outs.

However:

- Staff knew and understood the provider's vision and values and these were evident in how staff worked with each other and patients. They were discreet, respectful and responsive. Staff were skilled at de-escalation, knew the patients they worked with well and provided personalised, compassionate care.
- Staff had high training compliance, received yearly appraisals and felt supported by managers and the teams they worked with. Staff had access to a range of support programmes including mindfulness courses, trust retreats, and an employee psychology service.
- The wards followed a purposeful inpatient admission process to ensure that every patient had a clear reason for admission, a formulation and clear goals to achieve to support discharge.
- The trusts quality improvement system was embedded across the service and we saw outstanding and innovative practice including the PICU pyramid, the recovery at home service and report outs.
- The service followed the 'Triangle of Care'. Carers felt involved and attended meetings related to their loved ones. They felt supported by staff.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff carried out yearly ligature risk assessments on each ward. However, these did not always contain all the ligature points on the ward. The strategies identified to reduce the risk of ligatures did not always reflect current ward practice or were generic and not specific to the ward.
- Staff on Cedar ward at the West Park Hospital had not reported a breach of eliminating mixed sex accommodation requirements in line with trust policy.
- Not all patients had access to nurse call alarm systems in their bedrooms.
- On Ward 15 the emergency bag contained a piece of equipment that was out of date. There were gaps in the recording of the daily emergency bag checks on some wards. On some wards staff had taken no action when clinic room temperatures were regularly over 25 degrees Celsius.
- Some localities had high vacancy rates for nurses and over half the wards did not have enough staff on some shifts. Not all shifts met the staffing level of having two nurses on duty during the day.
- Agency staff did not have access to electronic care records. This meant that when the ward was staffed by just agency staff, staff on the following shift had to complete report out documentation. This meant that day staff were less available for patients.
- Staff did not always identify and respond to changing risks posed to, or by, patients. Some risk assessments did not identify all risks.

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

- Some risk management plans did not address the risks identified in assessments, were not person centred and/or were of very poor quality. Some plans contained generic statements, minimal strategies to manage risk and some patients did not have a risk management plan at all.
- Blanket restrictions were in place on a number of wards, which staff did not identify. These included locked rooms, the use of plastic cups and plates, and one ward had no patient access computer.
- When patients were prescribed more than one medicine to help with extreme episodes of agitation and anxiety, staff did not always receive clear guidance as to how these would be used, for example which to give first.
- Staff did not always monitor and record physical observations following the administration of rapid tranquilisation in line with trust policy and national guidance.
- Some seclusion records contained missing information and staff did not always carry out reviews in line with the Mental Health Act code of practice.

However:

- The trust had reduced the number of mixed sex wards and the remaining mixed sex wards complied with national guidance. Swing beds were well managed and allowed the service to be responsive to the needs of local people.
- The trust had increased the numbers of nurses on the psychiatric intensive care units in line with national guidance and planned to employ additional staff on the 20-bed wards. Average staff training compliance was 93% and staff had completed training in rapid tranquilisation and cardiopulmonary resuscitation.
- The trust had implemented Safewards across the service. Staff felt confident and skilled in using de-escalation techniques and we saw staff supporting patients in a person-centred way focusing on what worked best for the individual.
- Staff demonstrated good practice when using mechanical restraint. Staff ensured least restrictive practice was followed and maintained the dignity and privacy of patients throughout. There were clearly documented debriefs and evidence of lessons learnt.
- Patients told us they felt safe on the wards.

## Is the service effective?

**Requires improvement** ● ↓

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

- On some wards, care plans were not personalised, holistic or recovery-oriented. Some wards had standardised generic templates that were often not personalised to the patient. They contained clinical terminology and abbreviations and did not reflect the patient's voice. Care plans did not always meet the needs identified during the assessment. This included missing care plans for physical health, risk management and mental health needs. Most patients did not have a discharge care plan. However, the quality of the care plans had improved significantly at Roseberry Park Hospital.
- There was a lack of clarity about the process of assessment and review when patients moved between wards.
- Cedar ward at West Park Hospital had very limited occupational therapy and psychology input and these disciplines rarely attended report outs. This meant that nursing staff may not have identified all possible opportunities for intervention to meet patient needs.

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

- Recorded clinical supervision attendance was low. There was no standardised approach for feeding information on clinical supervision from ward level into locality reporting systems for senior management oversight. The Trust had recently audited this process and an action plan was in place to resolve this recording and monitoring of supervision.
- Few staff had completed Mental Health Act and Mental Capacity Act training. Staff did not always record that a patient had, or had been offered, an independent mental health advocate. When patients lacked capacity, staff did not always record the discussion and decision-making processes they followed to come to a best interest decision in line with trust policy.

However:

- Since our last inspection, care planning had significantly improved at Roseberry Park Hospital. There care plans were holistic, recovery focused and reflected the thoughts and views of the patient. Staff updated care plans regularly to reflect the changing need of the patient.
- Patients spoke highly of staff and staff were motivated to provide good quality care. Staff ensured that patients had good access to physical healthcare and referred patients to specialist services when necessary.
- Report out meetings were an effective system for ensuring care was patient focussed, therapeutic, informed by risk and formulated with discharge as a focus.
- Formulation meetings were holistic, patient centred and effective in sharing information about people and reviewing their progress. Patients and carers were invited to these meetings and different professionals worked together effectively to assess and plan peoples' care and treatment.

## Is the service caring?

**Good** ● → ←

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

- Staff were discreet, respectful and responsive. Staff responded quickly, calmly and with kindness to patients who approached them. Staff upheld the dignity of service users in difficult circumstances.
- Staff understood the needs of patients they cared for and how best to support them.
- Patients told us they felt confident to raise concerns with staff and that staff listened to them.
- At Roseberry Park Hospital, care plans included detail of the preferences, views and thoughts of patients and often the patient's own words. When patients were unwilling to engage in care planning with staff, they had a care plan focused on increasing their engagement and staff recorded their views.
- Patients knew about the advocacy service and could access advocacy when needed.
- The service followed the Triangle of Care best practice guidance and involved carers. Managers phoned carers after a patient was admitted so the carer had a point of contact. Each ward had a carers lead and we saw carers groups advertised. Carers gave us positive feedback about their involvement in care. They felt confident to give feedback and believed staff would act on it. We saw excellent practice at Ward 15. A carers hub outside the ward environment contained lots of information so carers did not have to pick up leaflets in front of the patient.

However:

- Care plans did not always show patient involvement and were not personalised to the individual. Some contained clinical terms and abbreviations and did not reflect the patient's voice.



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

## Is the service responsive?

**Good** ● → ←

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

- The wards followed a purposeful inpatient admission process to ensure that every patient had a clear reason for admission, a formulation and clear goals to achieve to support discharge.
- The trust operated a psychiatric intensive care unit pathway: the 'PICU pyramid'. The pathway was focused on individual patient needs and recovery. Staff from the psychiatric intensive care unit helped acute staff and patients to explore other methods to manage behaviours of concern. This meant admission to a psychiatric intensive care unit was a last resort and when necessary patients were transferred without delay. Staff told us they had a good relationship with the psychiatric intensive care units and felt supported.
- On Ward 15, an innovative recovery at home service worked with patients to support them in their home and local community before discharge. There had been 30% reduction in the average length of stay of patients.
- At Roseberry Park Hospital, patients had access to dedicated facilities on an Activity Street. Occupational therapy staff created a welcoming environment and offered a range of activities during the week.
- Staff supported patients of different sexual orientations, ethnicity and religions. For example, some wards had access to multi-faith rooms and the calm box on Cedar ward contained prayer mats and a copy of the Koran. Patients had access to pastoral care and chaplaincy services visited the wards regularly.

However:

- On Cedar ward at the Briary unit thin curtains separated the bed bays in shared bedrooms. Not all wards complied with the trust policy of having a privacy curtain in bathrooms off corridors.
- Activity provision on wards varied. On some wards, there was limited activity for patients when occupational therapy staff were not present. On other wards, nursing staff provided a range of activities throughout the week including weekends.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Quality assurance systems had not identified inconsistencies in the quality of care across the region in a range of areas including the quality and accuracy of environmental ligature surveys, risk management plans, personalisation of care planning and privacy in shared dormitories.
- Local clinical checks were not always effective at identifying issues and staff did not always act on the results when needed.

However:

- Ward managers were motivated, skilled, experienced and performed their role well. Staff felt supported and valued by their manager and received regular feedback. Locality managers and modern matrons frequently visited the wards.

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

- Staff knew and understood the provider's vision and values and these were evident in how staff worked with each other and patients.
- Staff had access to a range of programmes to support their physical and emotional health needs. These included an occupational health service, mindfulness courses, trust retreats, employee support services and an employee psychology service.
- Teams discussed lessons learnt and implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts.
- The trust's quality improvement framework was embedded throughout the service. Staff felt able to make suggestions and innovations were taking place in the service.

## Outstanding practice

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

## Areas for improvement

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

# fForensic inpatient or secure wards

Requires improvement  

## Key facts and figures

Tees, Esk and Wear Valley NHS Foundation Trust provide forensic inpatient/ secure ward services for adults of working age with mental health problems.

There are 16 wards based in Middlesbrough; 11 mental health wards and five learning disability wards. All wards provide care for patients aged over 18 who require hospital admission. Patients are admitted to the service from prison or from other secure services. Patients who are admitted have a diagnosis of a severe and enduring mental illness who will usually have committed an offence or be a risk to others and be detained under the Mental Health Act 1983.

The service provides low secure, medium secure and locked rehabilitation wards, including; seven medium secure wards; Hawthorn/ Runswick (Northdale Centre), Merlin, Nightingale, Linnet, Mandarin, Sandpiper and Swift. Nine low secure wards; Harrier/ Hawk, Kestrel/ Kite, Thistle, Clover/ Ivy, Jay, Newtondale, Lark, Mallard and Brambling. All wards are either male or female, there are no mixed sex wards.

The Care Quality Commission last inspected forensic inpatient/secure wards in January 2015. At that inspection, we rated the services as good overall. We rated key questions; safe, effective, response and well-led as good and caring as outstanding.

During this visit we inspected the whole core service and all five key questions; safe, effective, caring, responsive, well-led. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the visit, the inspection team:

- visited all 16 wards, looked at the quality of the environment and observed how staff were caring for patients
- spoke with 36 patients
- spoke with nine carers
- looked at 50 care and treatment records
- attended and observed eight meetings including multi-disciplinary meetings, community meetings, quality improvement meetings and care programme approach meetings.
- spoke with 74 members of staff including service leads, ward managers, consultants, nurses, healthcare assistants, pharmacists and psychologists.
- looked at 68 prescription charts.
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

# fForensic inpatient or secure wards

- Low staffing levels impacted on section 17 leave and restrictions on the wards.
- The service did not always reflect safe practice in their processes and adhere to the trust policies in relation to medicines management. Clinic room temperatures were consistently high with no action taken.
- There were no activity schedules or therapeutic activities taking place on the weekend on the majority of the wards, which goes against National Institute for Health and Care Excellence Guidance. There were no processes in place to measure the outcomes of activities being carried out or what impact they were having on the patients.
- There were blanket restrictions in place on two of the wards. The restrictions were not reviewed as part of the trusts restrictive practice monitoring process.

However:

- The service encouraged and promoted healthier lifestyles for patients. There was good access to exercise equipment and physical healthcare. The trust had implemented changes throughout the service to try and support patients in making healthier food choices by using a traffic light system in vending machines and cafes.
- The service had regular input from a full multi-disciplinary team, offered a range of psychological therapies to patients and involved the patients in their care.
- Service and ward managers had good oversight on key performance indicators. Staff felt supported, respected and valued in their roles and felt they contributed to change throughout the service.

## Is the service safe?

**Requires improvement** ● ↓

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

- Wards were often short staffed which impacted on section 17 leave being cancelled at short notice on all wards and blanket restrictions being put in place on one ward.
- Nurse call alarm systems were not in place in all bedrooms across the service and patients had not been risk assessed for personal alarms.
- Clinic room temperatures were consistently higher than 25 degrees on nine of the wards with no action taken. This was not in line with trusts 'Medicines – Ordering, storage, transfer, security and disposal' policy which stated any consistent temperatures over 25 degrees should be escalated.
- Wards shared seclusion facilities which meant patients privacy and dignity was compromised when being escorted through public areas to a different ward.

However:

- Environmental risk assessments had been carried out across all wards and the ward areas were clean and well maintained.
- Overall mandatory training compliance figures were within the trust target across the service.
- There were clear processes in place to report and learn from incidents.
- The service was taking positive steps in trying to reduce the use of mechanical restraint.

# fForensic inpatient or secure wards

## Is the service effective?

**Good** ● → ←

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

- The service encouraged and promoted healthier lifestyles for patients. There was access to an on-site gym for all of the wards and selected staff had gained specialist gym instructor qualifications.
- There was a good range of psychological therapies and good access to physical health care available to patients.
- All wards had access to a full multi-disciplinary team who were regularly involved in the patients' care.
- Staff felt supported in their roles and managers provided regular one to one managerial and clinical supervision.

However:

- When patients refused their annual physical health check, we found that staff did not re-visit this with the patient until the following year.

## Is the service caring?

**Good** ● ↓

Our rating of caring went down. We rated it as good because:

- Patients were treated with respect and actively involved in multi-disciplinary meetings and care programme approach meetings.
- Patients could feedback on the service regularly through surveys and regular patient meetings. The patients were also involved in making decisions about the service and attended quality improvement meetings.
- Carers were involved in the patients' care where appropriate and were invited to multi-disciplinary meetings and trust events.

However:

- We received mixed feedback from the patients and carers regarding the attitude of staff. Patients and carers told us that staff could sometimes be abrupt with them.

## Is the service responsive?

**Requires improvement** ● ↓

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

- There were no activity schedules or therapeutic activities taking place on the weekend on 10 of the wards. The activity room at the Northdale Centre was only accessible through two locked doors, making it difficult for patients to access.

# fForensic inpatient or secure wards

- There were restrictions on snacks available to patients on Merlin ward due to the patients consuming them too quickly. This was not in line with the trust Restrictions policy which stated that access to snacks and foods should only be limited due to a service user having a severe food allergy.
- The doors leading to the bedroom corridors on Hawthorn/ Runswick had snap lock fittings which meant the doors would automatically lock when closed. This meant that patients would have to ask staff to open the door if they wanted access to their bedrooms.
- There were no personal evacuation plans in place for patients with mobility issues throughout the service.
- Observation panels in patient bedroom doors could not be controlled by patients from inside their room.

However:

- Staff planned patient discharge from the point of admission, which was evident in patient care records.
- The service encouraged patient engagement in the community and supported patients attending the gym, college and voluntary work.

## Is the service well-led?

**Good** ● → ←

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

- Ward managers had good oversight of their wards, performance indicators and risk registers and their content.
- Leaders were visible in the service and staff felt supported by their managers.
- Staff were aware of the trusts visions and values and felt they had the opportunity to input ideas and contribute to changes within the service.
- Staff felt respected, supported and valued. Staff were positive about working for the trust and spoke highly of their colleagues and team.
- The service was involved in trust quality improvement projects which had implemented positive changes on the wards.

However:

- There were a number of lapses in governance issues identified in the key questions such as staffing, restrictions, audits and subsequent actions, and meaningful activities for patients.

## Areas for improvement

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

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

Good   

## Key facts and figures

Tees, Esk and Wear Valley NHS Foundation Trust community learning disability and autism service provides specialist advice, support and interventions across the following localities:

- County Durham and Darlington
- Teesside
- Scarborough, Whitby and Ryedale
- Hambleton and Richmondshire
- Harrogate and Craven
- Vale of York

The community learning disability and autism teams are made up of a range of health professionals including consultant psychiatrists, qualified nurses, occupational therapists, psychologists, speech and language therapists and support workers. The service aims to improve access to mainstream services whilst providing specialist health input including; autism assessment and diagnosis, positive behaviour planning and support, management of complex physical health needs, specialist learning disability mental health assessments, psychological therapies, and communication assessments.

As part of this inspection we visited the following locations:

- Wessex House – community service for adults with a learning disability
- Lancaster House – community service for adult's requiring an autism diagnostic assessment
- The Orchard – day-centre for adults with profound and multiple learning disabilities
- Spectrum 8 – community service for adults with a learning disability
- Systems House – community service for adults with a learning disability
- Alexander House – community service for adults with a learning disability

We last inspected the community learning disability and autism core service between 23-30 January 2017. We rated it as good overall. We rated the domains of safe, effective, responsive and well-led as good, and the domain of caring as outstanding. We did not identify any regulatory breaches but did identify the following areas for improvement;

- The trust should ensure fire drills are carried out as required at the York and Selby service so staff and people who use the services know what to do in the event of a fire occurring.
- The trust should ensure there are effective systems in place at the York and Selby service to allow staff to call for help in the event of an emergency.
- The trust should ensure that risk assessments are undertaken for all patients when they first enter the service and are continually reviewed and updated.
- The trust should ensure that the York and Selby service meets the excellent practice of the other services in relation to patients' involvement in their care and taking patients' views and opinions into account.

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

- The trust should ensure team meetings at the South Durham service incorporate all relevant staff.
- The trust should consider running patient activities within all its services.
- The trust should ensure that all staff at the service are aware of the risk register so that any risks identified can be centrally recorded and managed.

During the current inspection we reviewed these areas for improvement and found that the service had made improvements in all areas apart from in the creation and review of risk assessments which were still not consistent throughout the teams visited.

We inspected this core service between 19-22 June 2018. At this inspection we inspected all the key questions. Our inspection was announced 24 hours prior to the start of the inspection to ensure we could speak with patients and staff during the inspection.

During the inspection visit the inspection team;

- toured the care environments at six service locations; Wessex House, Lancaster House, The Orchard, Spectrum 8, Systems House and Alexander House, and observed how staff were caring for patients
- completed observations including consultant psychiatry clinics, home based treatment appointments, multidisciplinary meetings, and group activity
- interviewed three service managers from across the localities
- interviewed six team managers
- spoke with 29 other staff members including consultant psychiatrists, nurse practitioners, health care support workers, occupational therapists, psychologists, physiotherapists, and speech and language therapists
- spoke with seven patients
- spoke with 13 carers
- reviewed 28 records of patients who had used the learning disability and autism services
- reviewed a range of documents relating to the running of the service.

## Summary of this service

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

- There were sufficient numbers of trained, supervised and appraised staff to meet the needs of patients within the service.
- Staff made safeguarding alerts, reported incidents where appropriate and received relevant lessons learned. Staff understood the duty of candour and were open and transparent with patients. Staff and patients knew how to complain and received feedback following complaints made. Staff knew how to contact the trust Freedom to Speak Up Guardian and could access the trust whistleblowing policy.
- Staff interacted with patients in a kind and caring manner. Staff involved patients in decisions about their care and treatment and communicated with patients using their preferred communication methods. Carers were positive about the service and told us they felt involved in patients' care. Teams had effective working relationships with both internal and external providers in order to enhance patient care.



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

- Consultant psychiatrists did not prescribe or recommend antipsychotic medication for behaviour as a first response and would only prescribe if other non-medical interventions were insufficient. When medicines were administered on site staff followed good practice in medicines management.
- Staff understood and applied the trust vision and values in their work and engaged in quality improvement work to improve the service for patients. Effective systems ensured good governance.

However:

- At The Orchard capacity assessments were not always completed or documented and staff did not regularly or consistently use the National Early Warning Scores tool to monitor patients' physical health. Also risk assessments were not always updated following a change in risk presentation or reviewed within the required timescales. At Lancaster House adult autism service patients were waiting an average of 13 weeks for an appointment, with the longest wait being 58 weeks, which is not in line with the National Institute for Health and Care Excellence guidance.

## Is the service safe?

Good   

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

- Service buildings were clean and tidy and environmental risk assessments and fire safety protocols were in place and updated regularly.
- Interview rooms were fitted with alarms or staff were provided with personal alarms, and there were adequate staff on-site to respond to alarms.
- Staff were supported to manage their caseloads via a caseload management tool and discussion within supervision to ensure caseloads were manageable.
- There were sufficient numbers of staff to meet the needs of patients, with the service being over the required establishment for numbers of qualified nurses.
- The service had an effective lone working process in place and staff told us they felt safe when working in the community.
- Staff were trained in, and had a good understanding of safeguarding, and made alerts where appropriate.
- All information needed to deliver patient care was accessible and available to staff when they needed it.
- Staff followed good practice in relation to medication management.
- There were no serious incidents reported in the 12 months prior to inspection.
- Staff reported incidents and received information about lessons learned from incidents, feedback and complaints.
- Staff understood the duty of candour and were open and transparent with patients.

However:

- Five out of the 28 risk assessments reviewed had not been updated within the previous 12 months or following a change in risk presentation.

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

## Is the service effective?

**Requires improvement**  

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

- At The Orchard we reviewed six care plans and found no evidence of any capacity assessments even though staff stated that they would question the capacity of these patients to consent to medication. Staff told us that most patients in their care were being administered medications but could only provide details of six patients out of 39 who had received a capacity assessment with regards to this.
- At The Orchard staff were using the National Early Warning Scores tool to monitor patient physical health. However, staff were not using this tool regularly or consistently with all patients.

However:

- Staff ensured patients were receiving an annual health check with their GP and would support patients to attend these appointments where required.
- The service provided patients with a range of care and treatment interventions in line with National Institute for Health and Care Excellence Guidelines, including positive behaviour support, communication assessments, anxiety management, sensory assessments, psychological interventions, occupational interventions and physical healthcare management.
- The multidisciplinary team included the full range of experienced and qualified specialists required to meet the needs of patients.
- Staff received regular supervision and appraisals. Staff morale was positive and staff were well supported by managers and team members.
- The service had good working links with both other teams within the trust, and with teams external to the trust, including GPs, day-centres and supported living establishments.
- Staff had a good understanding of the Mental Health Act and the trust had effective policies in place as well as an administrative team to support staff with any queries.

## Is the service caring?

**Outstanding**   

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

- Patients and carers were positive about staff; describing them as kind, polite and friendly and telling us that they always listen.
- Carers told us that staff go the extra mile to support patients, for example in supporting patients to access hydrotherapy and in working with other organisations to ensure patients receive the best possible care. Staff showed determination and creativity in overcoming obstacles to care delivery by getting to know patients and their interests.
- Staff were seen to work in partnership with patients and to empower and support them to understand and manage their care, treatment or condition.
- There was a strong, visible person-centred culture with staff motivated to offer the best quality care.

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

- Staff used patient's preferred communication methods and gave them time to listen and respond to information. Staff used technology to support patients with regards to communication by using symbol software to enable them to create bespoke information for patients.
- Staff raised concerns about patients appropriately and followed these up to ensure action was taken by external services.
- Staff supported carers to maintain their own health and wellbeing and encouraged them to feedback about services.

## Is the service responsive?

Good   

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

- The team made follow-up contact with patients who did not attend appointments and offered flexibility in the time and location of appointments to facilitate attendance.
- The service managed urgent referrals as a priority.
- Staff supported patients during transfers between services, for example between inpatient and community services.
- Staff ensured that patients could access information in an accessible form such as by providing easy-read documents or interpreters.
- Patients and carers told us that they knew how to complain and would feel comfortable doing so if they felt it was necessary.

However:

- At Lancaster House adult autism service patients were waiting an average of 13 weeks for an appointment, with the longest wait being 58 weeks. This goes against the National Institute for Health and Care Excellence guidance which states an assessment should be started within three months of referral.

## Is the service well-led?

Good   

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

- Senior managers had a good understanding of the services they managed and were visible and approachable to staff.
- Leadership development opportunities were available to staff.
- Staff demonstrated the trust values of commitment to quality, respect, involvement, wellbeing, and teamwork in their engagement with patients.
- Staff worked well together and supported one another effectively within teams. Staff also had strong working relationships with other external providers.
- Staff told us they felt respected, valued and supported.
- Staff had access to support for their own physical and emotional health needs through the trust wellbeing service and occupational health service.

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

## Outstanding practice

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

## Areas for improvement

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

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

Good   

## Key facts and figures

Tees, Esk and Wear Valley NHS Foundation Trust provides community mental health services for adults across the following localities:

- County Durham and Darlington
- Teeside
- Scarborough, Whitby and Ryedale
- Hambleton and Richmondshire
- Harrogate and Rural District
- Vale of York

Community mental health teams for adults offer a secondary service for patients with mental health issues living within the community. Their aim is to work with patients discharged from inpatient settings, reduce inpatient admissions and to work with patients to live independently. They offer a range of interventions including assessments, psychological interventions and medical interventions. They also work alongside third services such as substance misuse services, and education and employment agencies to reintegrate patients within the community and promote their independence.

We inspected the community mental health services for adults of working age on the 19-21 June 2018. This was a short-notice announced inspection so the services had 24 hours-notice that we would be inspecting this core services. As part of this well led inspection we inspected the following services:

- Stockton on Tees, Personality Disorder Service and Affective Disorders Service
- Easington, Affective Disorder Service and Psychosis Service
- Whitby, Adult Community Mental Health Team
- Stockton on Tees, Psychosis Service
- Hartlepool, Access/Affective Disorders Service and Psychosis Service
- Harrogate and Ripon, Community Mental Health Teams
- Middlesbrough, Psychosis Service and Access/Affective Disorders Service
- York, Assertive Out Reach and North East Community Mental Health Team
- Bishop Auckland, Psychosis Service and Affective Disorders Service.

This core service was last inspected in May 2015 where it received a rating of good overall and good in all the key lines of enquiry (safe, effective, caring, responsive and well led). We did not identify any regulatory breaches at this comprehensive inspection but did identify the following areas for improvement;

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

- The trust should ensure the premises at South Durham & Darlington early intervention psychosis team and the affective disorder team Easington are safe and secure for patients and staff. These include; securing access to staff areas where records are maintained and implementation of their policies and procedures to ensure staff and visitors are safe when visiting the premises.

At this inspection, the service had made improvements to its service in relation to the concerns raised from our last inspection.

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

- interviewed three service managers, and one locality manager
- visited 18 community mental health teams, looked at the quality of the environments, and observed how staff cared for patients
- spoke with all 15 team managers of the services we visited
- spoke with 40 patients who were using the service
- spoke with 18 carers of patients who were using the service
- spoke with nine doctors, including seven consultants, one speciality doctor, one student doctor
- reviewed 51 patient care and treatment records, 80 medication cards and reviewed the care of three patients on their pathway through treatment
- spoke with six psychologists, 13 social workers, two occupational therapists and one pharmacist
- spoke to 20 nurses, two support workers, two occupational therapy assistants and one member of the administration team
- observed a range of patient activities including, nine home visits, seven clinic appointments, three multidisciplinary meetings, a cognitive behavioural therapy session, and dialectical behavioural therapy group
- reviewed the policies and procedures relating to the running of this service.

## Summary of this service

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

- The services ensured their community environments were clean, well maintained and appropriately risk assessed. The service used a staffing tool to ensure caseloads were manageable and all patients' records we reviewed had appropriate risk assessments and crisis plans. Staff understood their responsibilities under safeguarding, and there were appropriate processes to support them doing so. We saw staff were regularly reporting and learning from incidents.
- The service used a range of biopsychosocial interventions recognised by best practice, with good access to different types of psychology, occupational therapies, education, and medication. There was robust physical health monitoring for patients who required this and staff had access to specialist information systems which meant they could access blood results. There was a wide range of skilled staff who worked closely in a multidisciplinary setting. Staff received regular supervisions and annual appraisals, they felt well supported through these processes.

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

- Staff had a good working knowledge of the Mental Capacity Act and Mental Health Act. We found the Community Treatment Order documentation was up to date and appropriately documented within care plans. Staff were regularly discussing issues around patient capacity and least restrictive practices.
- We spoke to 40 patients and 18 carers, all of whom were positive about the care and treatment received by staff. We observed kind and compassionate care through interactions between staff and patients within their homes and community bases. The service offered a holistic service which ensured patients and carers were at the centre of their treatment. Patients and carers were involved in the delivery and improvement of services through various platforms.
- The community mental health services for adults had a clear referral criteria and care pathway into the service. Services were meeting their 28 day referral to assessment target, and there was no wait times to access support once the patient met the criteria. Access to psychology was excellent across the community teams with a maximum wait time of three weeks. The service was learning from complaints and improving their services as a result. The teams were able to meet patients' disability, accessibility, learning disabilities, cultural and religious needs.
- The service was well led. Staff, managers and senior managers told us how supported they felt within the organisation. Staff were able to demonstrate the values and understood the direction in which services were going. Teams had good oversight of risk and there was an escalation process. The trust had a clear governance structure which demonstrated how information flowed up the organisation to the executive team and back down to operational staff.

However:

- The service was in the process of reviewing its use of emergency equipment during clinics therefore most of the clinics within the community mental health teams did not have emergency equipment in place. The trusts senior leadership team and oversight of the risks and had a process in place to mitigate them.
- Teams within Durham and Darlington did not always accurately document information on patients' paper medical records in line with their electronic records.
- The trust had recently introduced Mental Capacity Act and Mental Health Act training in April 2018 as mandatory. Although staff had a good working knowledge in both areas, the community mental health teams had not yet achieved the trusts target of 90%. The trust projected this would be complete in May 2019.
- Although staff received regular annual appraisals and regular annual supervision, recording of clinical supervision was not always accurate, the trust figures did not reflect what staff told us in some teams.
- The trust did not use a recognised risk assessment tool in line with best practice.

## Is the service safe?

Good   

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

- The service environment was safe, clean and well maintained.
- All patients had an up to date risk assessment and crisis plan.
- Staff had a high compliance of mandatory training averaging over 90%.
- Staff understood their responsibilities under safeguarding and the trust supported them throughout the process.
- There was good medication management including, storage, dispensing and administration of drugs.

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

- Teams were regularly reviewing and learning from incidents.

However:

- The service was in the process of reviewing its use of emergency equipment during clinics therefore most of the clinics within the community mental health teams did not have emergency equipment in place. There was an interim solution for services which required them.
- Teams within Durham and Darlington did not always accurately document information on patients' paper medical records in line with their electronic records.
- The trust did not use a recognised risk assessment tool in line with best practice.
- All the community mental health teams did not meet the trust target of 90% in the mandatory training modules, Mental Capacity Act and Mental Health Act.

## Is the service effective?

Good   

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

- The service was using a wide range of biopsychosocial models recognised by best practice and guidance.
- Staff used a range of scoring tools to measure the effectiveness of interventions and patient recovery.
- Regular audits were carried out to identify gaps and drive up improvement.
- There was a wide range of skilled staff who worked well as a multidisciplinary team.
- Staff received regular supervision and annual appraisals.
- Staff had good working knowledge of the Mental Capacity Act and Mental Health Act.

However:

- Although staff received regular annual appraisals and regular annual supervision, recording of clinical supervision was not always accurate, the trust figures did not reflect what staff told us in some teams.

## Is the service caring?

Good   

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

- We observed kind, compassionate and caring interactions between staff and patients.
- Patients told us staff worked alongside them during care planning and took their wishes into consideration.
- Carers told us the staff were knowledgeable, skilled and supported patients appropriately.
- Patients and carers were involved in the development of services through quality improvement projects and recruitment.
- We saw and heard examples of how the service addressed individual needs of patients as part of their recovery journey to promote their dignity.



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

## Is the service responsive?

Good   

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

- The services had a clear referral criteria and care pathway into the service which meant patients accessing the service was timely.
- All but one team met the 28 day referral to assessment performance indicator. However, they met it in 29 days.
- There were no wait times to access treatment after patients were assessed as appropriate for the service.
- Access to psychological interventions was excellent, the services had very low wait times with a maximum wait of three weeks.
- We saw examples of how the service improved its practice as a result of complaints that were upheld or partially upheld.
- The service met the needs of its patients by offering services which could address individual requirements, including building access, language services, access to other services and written information in different formats.

## Is the service well-led?

Good   

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

- Staff demonstrated the vision and values of the organisation through their experiences, commitment and their interactions with patients.
- Senior management were visible and approachable. Staff knew who they were and told us they felt there were good management structures within the organisation.
- There were clear governance structures in place so there was appropriate oversight on risk and quality assurance.
- Staff were regularly involved in audits and quality improvement projects to drive up the quality of the service and care.
- The organisation had an open culture, staff were listened to and felt supported. Staff complimented the effectiveness of staff wellbeing services.
- The trust communicated updates to staff through various platforms including team meetings, staff intranet and weekly bulletins.

## Outstanding practice

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

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Jenny Wilkes, Head of Hospitals Inspection, led this inspection. Two executive reviewers both directors of nursing, a board level director specialist advisor, an equality and diversity specialist advisor, a safeguarding specialist advisor, a governance lead specialist advisor and a Mental Health Act reviewer supported our inspection of well-led for the trust overall.

The team included 18 further inspectors, 39 specialist advisers, and eight experts by experience.

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