Kent and Medway NHS and Social Care Partnership Trust

Frank Lloyd Unit

Quality Report

Bell Road
Sittingbourne
Kent
ME10 4DT
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXYF6	Frank Lloyd Unit	Hearts Delight Ward	ME10 4DT
RXYF6	Frank Lloyd Unit	Woodstock Ward	ME10 4DT

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

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

Where applicable, we have reported on each core service provided by Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

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

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

Summary of findings

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

Summary of findings

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Overall summary

This was a follow up inspection to an unannounced inspection on 18 and 19 January 2016 where we found the trust had breached regulations 11, 12, 13 and 18 of the Health and Social Care Act 2008. We issued a warning notice to the trust on 8 February 2016 for significant improvement in these areas.

The warning notice stated that the trust must take action to address concerns within six weeks regarding risk assessments, the use of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), the safe management of medicines and reporting and recording safeguarding incidents. This inspection was to ensure that the trust had completed these actions, met the requirements of the warning notice, and was delivering a safe and effective service for patients.

Summary of findings

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

Are services safe?

We found improvement in the areas identified from our inspection in January. All 19 medicine records reviewed were found to be clear and legible and contained relevant information. The clinic room was fully equipped and staff regularly checked equipment. For example, we found that resuscitation equipment and emergency drugs on both wards were regularly checked and fully stocked.

The trust pharmacist had replaced medication administration records (MAR) with the trust's own drug charts. This had reduced confusion for staff and improved the process of administering medicines for patients.

The trust had increased staffing levels since our last inspection to ensure a continuous and sufficient qualified skill set. The use of bank and agency staff was still high. However, the trust had made efforts to procure nurses from agencies for fixed shifts. For example, one agency member of staff regularly worked four nights per week and another worked a regular three shifts per week.

The trust had mitigated risks for patients assessed as presenting the highest risk, for example bed bound patients and those with limited mobility. This included the introduction of room sensors and increased staffing levels. Staff had recorded more detailed notes in patients' risk assessments than had been documented at our previous inspection. However, the consistency of detail recorded remained a work in progress. For example, one risk assessment documented that 'there was a risk of aggression' for a patient but did not elaborate or explain how staff would mitigate the risk.

Staff had received bespoke MCA and DoLS training to increase knowledge and awareness and a system had been introduced a system to monitor progress of DoLS applications and authorisations.

The local authority had recognised there had been an increase in the number of safeguarding alerts completed. However, work was ongoing concerning the detail recorded in the alerts. For example, one alert recorded that staff had found a patient with a graze to their head but documented no detail regarding what actions staff had taken to manage or mitigate the risks.

Are services effective?

There was evidence that staff recorded patient's physical health in care plans. The trust had recently agreed with GPs that modified early warning score (MEWS) would take place weekly as a minimum, in order to provide person centred care for patients. The trust's

Summary of findings

physical health care nurse monitored the frequency for MEWS to ensure that patients' received an appropriate level of support. Health care nurses completed patient activities of daily living (ADL) assessments. The trust was in the process of developing a dementia toolkit and care planning formulation to support person centred care planning which was at consultation stage. This was waiting to be embedded.

The trust had increased staffing which reflected an appropriate skill mix of staff. During our inspection in January, staffing had consisted of up to two qualified staff and five non-qualified staff during the day and up to two qualified and three non-qualified staff at night. This had increased to up to two qualified staff and seven non-qualified staff and up to two qualified and five non-qualified staff respectively.

The trust had started to develop procedures and training to make sure that staff applied the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) correctly. Staff had introduced an at a glance system to monitor DoLS applications. Staff shared relevant patient information during staff handovers. This was documented in patient records. However, although staff demonstrated an improvement in their knowledge and understanding of the MCA and DoLS since our last inspection, further work was required so that staff could use the legislation with confidence to protect peoples' rights.

Staff had received bespoke training in safeguarding and the Mental Capacity Act and DoLS.

Summary of findings

Information about the service

The Frank Lloyd Unit provides continuing care ward for older adults with a diagnosis of dementia or challenging behaviour that cannot be managed in a nursing home. The unit is a GP led service, which is reassessed every six months by the Clinical Commissioning Group (CCG).

There were two wards at the Frank Lloyd Unit. Hearts Delight ward was on the ground floor and Woodstock ward was on the first floor. At the time of our inspection, there were 19 patients on Hearts Delight mixed gender ward, consisting of 15 female and four male patients. Woodstock ward was a male only ward and there were 19 patients at the time of our inspection. Access to the unit and both wards was via keypad entry and the door was locked at all times.

The Frank Lloyd unit is registered for the assessment and medical treatment for persons detained under the Mental Health Act 1983 and the treatment of disease, disorder and injury. There were no patients detained under the Mental Health Act (1983) at the time of our inspection.

The unit was last inspected on 18 and 19 January 2016 where the trust was found to be in breach of regulations 11, 12, 13 and 18 of the Health and Social Care Act 2008. The trust was issued with a warning notice in relation to these breaches where significant improvement was identified. The trust was given six weeks and three months respectively to take action to improve the service. This inspection was the six-week follow up inspection to ensure that the trust had taken action for significant improvement in the identified areas of concern.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one inspection manager and one Mental Health Act reviewer.

Why we carried out this inspection

This was a follow up inspection to an unannounced inspection on 18 and 19 January 2016 after concerns had been raised by a Mental Health Act Reviewer visit in November 2015. During our inspection in January, we found the trust in breach of regulations11(need for consent), 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment) and 18 (staffing) of the Health and Social Care Act 2008. A warning notice was issued on 8 February 2016 to the trust for significant improvement in these areas.

The warning notice stated that the trust must take action within six weeks to address concerns regarding risk assessments, the use of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), the safe management of medicines and the detail, timeliness and threshold for reporting and recording safeguarding incidents. This inspection was to ensure that the trust had completed these actions within the agreed timescales.

How we carried out this inspection

Before the inspection visit, we reviewed the trust's action plan and information we held about the service.

During the inspection visit, the inspection team:

- Spoke with five members of staff including the acting assistant director for continuing care, continuing care best practice clinical lead, acting ward manager and a pharmacist.
- Looked at 10 patient's care and treatment records.

Summary of findings

- Reviewed 10 patient's risk assessments.
- Carried out a specific check of the medicine management on both wards.
- Reviewed systems and processes for recording and monitoring DoLS applications.
- Reviewed the timeliness, detail and threshold for reporting incidents.

Areas for improvement

Action the provider MUST take to improve

The trust must ensure that the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards and the trust's policies are adhered to. The trust must accelerate the work it has started to develop procedures, training and management to ensure the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards. This is vital to ensure that staff can use the legislation with confidence to protect people's human rights.

Action the provider SHOULD take to improve

- The trust should continue to actively recruit to vacancies and ensure safe staffing levels.
- The trust should ensure consistency of detail for comprehensive risk assessments including how staff will mitigate risks.
- The trust should ensure that the quality of safeguarding alerts is detailed and relevant.

Kent and Medway NHS and Social Care Partnership Trust

Frank Lloyd Unit

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hearts Delight Ward	Frank Lloyd Unit
Woodstock Ward	Frank Lloyd Unit

Mental Health Act responsibilities

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

The Frank Lloyd unit is registered for 'treatment for disease, disorder or injury' and 'assessment or medical treatment for persons detained under the Mental Health Act 1983'. However, staff told us that the trust was considering removing registration for 'assessment or medical treatment for persons detained under the Mental Health Act 1983' because staff used the Mental Capacity Act (MCA) to manage and care for patients. When asked by inspectors how staff would manage if a patient who had been assessed as having capacity asked to leave, staff told us that they would use the Mental Health Act (MHA) to prevent this. However, they would avoid using the MHA if possible. The trust had a MHA lead who staff could contact for advice and support.

The unit did not have any detained patients at the time of our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had completed bespoke MCA and DoLS training the week before our inspection. We saw a guide for staff regarding actions to take when deprivation of liberty was identified. Staff had introduced a system to record and monitor the status of DoLS applications and authorisations.

Staff had reviewed the use of restraint for patients' and removed this where it was no longer appropriate. We saw evidence of best interests meetings and some capacity assessments documented in patients' records. Staff recorded where DoLS applications had expired; however, there was limited information regarding what the trust had done to expedite assessments.

Are services safe?

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

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

Our findings

Safe and clean environment

The trust had fitted alarms in all rooms and room sensor pads in the four high dependency patient doors. The bespoke alarms were dementia friendly large red buttons with 'HELP' written on them. The sensors alerted staff to people entering these rooms by setting off an alarm. Staff used a key to isolate the alarm outside each of these rooms before entering the room or after an alarm had been set off. This meant that staff were immediately alerted to anybody entering a room where patients were unable to call for help. Staff on Hearts Delight ward had moved three patients who were nursed in bed to the more active corridor closest to nurses' station for better observation. The ward was trialling a mat that was placed under mattresses for patients at risk of getting out of bed or falling. The mat was sensored so that an alarm would sound if there was a change in pressure, for example, a patient getting out of bed.

The clinic room was fully equipped and resuscitation equipment was accessible with regular documented checks. Staff regularly checked stock and emergency drugs for both Hearts Delight and Woodstock ward.

Staff recorded room and fridge temperatures three times daily. However, records for Hearts Delight documented fluctuating fridge temperatures. Staff told us that the pharmacist had confirmed that all drugs stored were safe at the recorded temperature. We saw that recent temperatures were within range. Staff told us that a new fridge had recently been delivered with a dent so had been returned and a new one was on order. We found no concerns concerning the temperatures on Woodstock ward.

The shower on Hearts Delight ward was still not working. The trust had ordered two walk in sensory baths but were waiting for permission from the property owner to fit these. This meant that staff predominately carried out bed washes for patients. However, personal care was less compromised due to the increase in staffing levels.

Safe staffing

The trust used the Hurst Tool to determine the number of nursing and health care assistant (HCA) staff required for particular settings. This was based on the number of patients and their level of dependency. The tool was used to measure this over a set period and the average had been taken.

The staffing tool had been used for the unit based on the eligibility criteria for dementia and challenging behaviour that cannot be managed in a nursing home. However, staff told us that some patients' on the wards had challenging behaviour and others did not meet the criteria for continuing care. Staff told us that some patients should be in a nursing home as their main issues related to physical health care needs and the trust had not taken into account patients' who required double-handed nursing when they had assessed staffing need. Staff told us that approximately 13-14 patients did not meet the continuing care eligibility criteria. This had affected the number of staff available to meet patient need.

The trust had increased staffing levels since our last inspection. In January, staffing levels were seven staff members for the early and late shift made up of up to two registered nurses and five HCAs. The night shift had comprised of one registered nurse and four health care assistants. During this inspection, staffing had increased to up to two registered nurses and seven HCAs for the early and late shift and two registered nurses and five HCAs for the night shift. Occasionally there was less staff available where some shifts proved difficult to cover; however, the unit avoided this where possible. The increase in staff meant that staff were better able to manage risk and to provide increased personal care for patients. The service had two nurses who were dual qualified in general and mental health.

There were four vacancies for band five staff and one band five occupational therapist, which were being advertised. The trust had recruited an associate practitioner. A registered nurse for the unit was on long term sickness absence. The trust remained heavily reliant on a high use of agency and bank staff to ensure sufficient cover. However, the trust had procured regular bank and agency staff in

order to provide consistency of care for patients. For example the unit had one agency member of staff working four regular shifts per week and another working a regular three shifts per week.

The trust's planned move towards therapeutic nursing was on hold. Verbal agreements were in place for staff to work fixed shifts and flexible working arrangements were being reviewed.

Assessing and managing risk to patients and staff

At the time of our inspection, the trust was in discussions with the clinical commissioning group (CCG) to review the appropriateness of patients admitted to the unit. The unit was not accepting new admissions so that the trust could review processes and systems for the safe care and treatment of patients.

Staff used the online risk assessment tool for patient electronic records. We reviewed 10 risk assessments and found that staff had reviewed and updated these within the few weeks prior to our inspection. However, details about risks were inconsistent and staff did not routinely outline solutions to mitigate risk, other than to raise a safeguarding alert. For example, we reviewed one risk assessment that recorded that one patient was at risk of harm from others due to their behaviours but staff had not recorded any indication of what the behaviours were or how the patient was at risk. However, we did find evidence of good practice in some detailed risk assessments. For example, the risk assessment for one patient included information concerning how staff had assessed that the use of lap belt for one patient was the least restrictive option. Staff had completed falls risk assessments two weeks prior to our inspection. However, staff had recorded a risk of falls for a patient but did not record any other information. Staff carried out intermittent observations for patients who required nursing in bed and a chaplain regularly sat with these patients. The trust was looking for volunteers to spend time for patients' who were nursed in bed.

Patient records demonstrated an increase in staff awareness of MCA and DoLS since our last inspection. Staff had reviewed the use of restraint for patients, including lap belts and bed rails and removed these where it was no longer necessary.

Risk assessments contained information regarding the use of restraint. For example, staff had recorded that a patient was at risk of falls and assessed the use of a chair with a lap belt as the least restrictive option. Staff documented the reasons for this decision and discussions which had taken place with the patient's family. Staff completed a repositioning chart for patients who were at risk of pressure sores.

The trust safeguarding lead had delivered bespoke safeguarding training to staff, including bank and agency staff, the week prior to our inspection. The training was tailored to staff working with patients with continuing care needs. There had been an increase in the number of safeguarding alerts completed by staff. However, safeguarding alerts contained basic information with little or no detail concerning what actions staff had taken to mitigate risks.

The registered nurse in charge on the wards completed safeguarding alerts, which were checked by the ward manager. All alerts were reviewed by the ward manager and acting assistant director for continuing care. There was a register for safeguarding alerts on a 'safeguarding vulnerable adult / child alert' form, which was monitored from initiating the alert through to its closure. The document included information regarding the date of referral, name of referrer and how the referral was made. There had been an increase in the number of safeguarding alerts raised by staff since they had received information regarding thresholds for reporting. However, at the time of our inspection, safeguarding alerts contained basic information with little or no detail concerning what actions staff had taken to mitigate risks.

The pharmacist had completed a comprehensive review of the medicines management including medication reconciliation for all patients and transcribing had ceased since our last inspection. The trust had implemented new processes and systems concerning medicine management, which included a GP communication book. A pharmacy technician visited the unit once weekly to review medicines and to liaise with the pharmacy. Staff had received training concerning medicine management and covert medication and followed the trust's medicine management policy.

The trust had replaced medication administration records (MAR) with the trust's own drug charts. We reviewed 19 medicine charts during our inspection, which had been rewritten on 3 and 8 March. All medicine charts were clear, legible and recorded patient allergies. We found three incidents of missing signatures. However, we found that some medicines were added just in case they were needed

rather than if required. This is not good practice as it can encourage inappropriate use to manage challenging behaviour. We found documentation that a patient had been refusing two prescribed inhalers for two weeks, which staff had not reviewed.

The pharmacist had reviewed patients who received covert medication and best interests meetings with families and carers were almost completed. Staff recorded if patients refused medicines. However, it was unclear what indicators staff used to decide whether to allow the refusal or to administer covertly.

The trust had introduced a medication administration checklist which staff completed the name and signature of administering nurse, confirmation that drug charts were accounted for, confirmation that the medication trolley had been left tidy and replenished, blank boxes from the previous drug round and fridge temperature.

Staff had documented how to manage pressure sores on the patient electronic recording system. Staff completed intermittent observations for patients at risk of pressure sores.

There was a vacancy for a band seven pharmacist to cover continuing care units. This was being advertised at the time of our inspection.

Track record on safety

The trust had not reported any serious incidents since our last inspection. Most reported incidents concerned unwitnessed falls or allegations of patient to patient abuse. Staff reported incidents using the trust's electronic incident recording system.

Are services effective?

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

Our findings

Assessment of needs and planning of care

Following our inspection in January, the trust had written a protocol for the Frank Lloyd unit, which documented that all patients would receive a full physical health assessment which would be reviewed a minimum of six monthly by the GP attached to the service. There were twice weekly surgeries held on the unit where the GP reviewed medicine records, physical health monitoring charts and the consultant psychiatrist / ward nurse communication book.

The GP attached to the unit was responsible for the physical health care needs of patients and the consultant psychiatrist was responsible for the patients' mental health needs.

Following consultation between the trust and GP, it had been agreed that modified early warning score (MEWS) charts would be completed weekly with effect from 18 March 2016. The trust's physical health care nurse reviewed these charts to identify which patients needed them more regularly. GPs had agreed to carry out six monthly health checks for all patients.

We reviewed a 'resuscitation service compliance to policies and best practice visit' audit dated 18 March 2016 which scored 53% compliance with modified early warning score (MEWS) and venous thromboembolism (VTE). However, the audit recorded an identified training need and training had been booked for 30 March 2016.

We saw evidence that staff had introduced a patient assessment pack which included waterlow pressure sore assessment form, an oral assessment form, a continence assessment form, a falls risk assessment and a weight chart. Staff were developing a booklet for each patient to record specific information to assist bank and agency staff. The acting assistant director for continuing care told us that assessment processes were being developed including a dementia tool kit and dementia care mapping formulation to inform care planning. Staff had received assessment training. Heath care nurses completed a full assessment of activities of daily living for patients.

We reviewed 10 care records during our inspection. We found documentation concerning physical health care in patient electronic records. However, this was sometimes difficult to locate, as the physical health section on the electronic notes had not always been completed, despite being dated. Forms were often uploaded onto patient records but staff had not cross referenced these. Paper copies of patient's physical health information were kept in a separate folder in the staff office.

Staff recorded physical needs in patient care plans. For example, staff had recorded the food that a patient liked, to encourage eating. One care plan documented that staff should passive massage a patient's legs in order to reduce the risk of pressure sores. However, staff had recorded a very brief assessment of physical healthcare undertaken in October 2015 for a patient. A letter to the GP stated that observations would be undertaken every six months. We found limited evidence of ongoing monitoring.

We found detailed care plans in all 10 patient records reviewed. The care plans included information concerning safety and risk management, physical health, occupational / social / environment issues, moving and handling and nutrition.

Staff had completed the care plans and recorded that the patient had 'lacked understanding to contribute to care plan'. However, one care plan documented that staff had discussed this with the patient's family.

Staff had completed patient goals and documented activities for patients to meet these. For example, one care plan recorded a patient goal was to remain continent. Staff had recorded that staff should direct and support the patient in order to achieve this.

Our inspection in January documented concerns regarding two nursing chairs that had not been replaced for patients. The trust had ordered two nursing chairs since our inspection, however only one had been received. Staff managed the sensory deprivation of the patient by sitting the patient for short periods during the day. This was recorded on a repositioning chart.

The trust had introduced guidance for staff regarding deprivation of liberty. This document contained information regarding the application process, actions to consider when an urgent authorisation is breached and actions and staff responsibilities post standard authorisation. The trust had created a patient DoLS information form that recorded patient name, date of birth, date of admission, date of DoLS application, date of DoLS assessment, status, approval / rejection date, expiry date and comments. Staff had documented contact with the supervisory body to determine the status regarding DoLS

applications in some patient's records. Information included if authorisation for a DoLS application had not been received and what staff should do to manage this. In one care plan staff had recorded to ensure that the local authority was informed of any changes to the patient's mental health and for staff to be aware of the patient's legal status. However, this was inconsistent. DoLS authorisations were not in place for five of the ten patient records we reviewed. One patient had been assessed as having capacity in December 2015. Staff told us that they would prevent the patient from leaving but had not documented on the patient record how they would do this. Section 5.4 of The Mental Health Act 1983 states:

'This power may be used only where the nurse considers that the patient is suffering from mental disorder to such a degree that it is necessary for the patient to be immediately prevented from leaving the hospital either for the patient's health or safety or the protection of other people, and it is not practicable to secure the attendance of a doctor or approved clinician who can submit a report under section 5(2)'

Best practice in treatment and care

The trust were trialling new paperwork to the wards, which included physical health care. Staff could speak to the trust's physical health care nurse lead for advice and support. Staff told us that the patient's physical health needs increased over time and that many staff were not trained to meet these needs.

The trust was recruiting a psychology assistant to implement a positive behaviour support programme.

GPs had been resistant to performing venous thromboembolism assessments for patients and had been refusing to prescribe prophylaxic medicines. The trust venous thromboembolism lead had been reviewing patient records and had sought advice from Kings College. There is currently no national standard but NICE guidelines are imminent.

The trust had implemented refreshment rounds so that patient's fluid intake was regularly monitored.

Skilled staff to deliver care

An occupational therapist visited the unit twice weekly. There was a vacancy for a band five occupational therapist. This was being advertised at the time of our inspection.

The unit aimed to have a minimum of one and ideally two registered nurses available on a 24 hour basis. We saw that there were seven health care assistants rostered for early and late shifts and five for night shifts.

The trust was developing a building block of training for staff based on actions identified from the CQC inspection in January. We were told that staff, including bank and agency, had completed bespoke Mental Capacity Act and safeguarding training the week prior to our inspection. The trust pharmacist had delivered medicine management and controlled drugs training to staff. Staff had received training regarding the roles and responsibilities of qualified and non-qualified staff and protocols had been written for qualified staff. A continuing care training day had been arranged for 11 April 2016.

Multi-disciplinary and inter-agency team work

The trust had introduced a comprehensive handover of general information form since our last inspection. Staff completed information regarding the number of male and female patients on the ward, nurse in charge, staffing and daily checks. There was a patient specific handover sheet, which included information regarding DoLS status, risks, observation levels, do not attempt cardio pulmonary resuscitation status, allergies, MEWS score, physical health and level of interaction.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff completed Mental Health Act (MHA) training as part of their mandatory training.

The unit was registered for 'assessment or medical treatment for persons detained under the Mental Health Act 1983' and 'treatment of disease, disorder or injury'. However, staff told us that the trust was considering removing registration for assessment or medical treatment for persons detained under the Mental Health Act 1983 as staff used the Mental Capacity Act to manage patients. When asked by inspectors how staff would manage a patient who had been assessed as having capacity and their DoLS refused, staff told us that they would have to use the Mental Health Act. However, staff told us that they would avoid this if possible.

The unit did not have any detained patients at the time of our inspection.

We did not see Independent Mental Health Advocacy information literature during our inspection.

Are services effective?

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

Good practice in applying the Mental Capacity Act

All staff had completed mandatory Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The trust safeguarding lead had delivered bespoke safeguarding and MCA training to staff, including bank and agency staff.

The trust had a MCA and DoLS policy. We saw documented guidance, which detailed actions for staff to take when deprivation of liberty for a patient was identified. The trust had introduced a patient DoLS information form which recorded patient name, date of birth, date of admission, date of DoLS application, status, date approved or rejected, date commenced, expiry date and comments. Comments recorded on the form included contact with the local authority and when urgent authorisation had expired. However, staff were unable to explain the reason why new DoLS applications had been made. For example, for a patient who had received hospital care.

Staff had completed the online capacity assessment tool for place of residence / abode for all ten patient records reviewed. Staff had not completed capacity assessments for consent to treatment in four of the records reviewed. Staff had also recorded capacity within some patient's care plans. For example, staff had recorded a goal for one patient 'assessment for deprivation' with the aim being 'to ensure capacity regarding care and treatment is reviewed and recorded especially in event of presented change'. Staff had completed patient care plans from the staff perspective and included 'copy and paste' sentences such as 'diagnosis of alziemhers affects the patient's ability to make decisions'. However, we saw an improvement in staff recording of assessment of patient's capacity since our last inspection.

Staff had reviewed the use of restraint for patients', including lap belts and bed rails, and removed these where it was no longer necessary. Staff had recorded the use of restraint in patients' electronic records and documented how they had reached the decision as the least restrictive option. Staff had documented how a decision had been made in the patient's best interests. Staff had documented discussions with family and carer's of patients' concerning the use of restraint and where lasting power of attorney (LPOA) applied.

However, staff had not updated a patient record who had been assessed as having capacity in December 2015. When asked by inspectors, staff told us that they would invoke section 5.4 of the MHA if necessary.

Staff had amended the patient status board to include the status of all patients DoLS applications.

Staff were aware of support available from the trust if required.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 (1), (2), (3) Care & Treatment of service users must only be provided with the consent of the relevant person There were inconsistencies in staff knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The trust did not inform the local authority of significant changes to a patient's behaviour or mental state. The trust did not ensure that all relevant capacity assessments for patient's were completed. This was in breach of Regulation 11 (1), (2), (3)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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