

# Leeds and York Partnership NHS Foundation Trust

## Inspection report

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

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

# Summary of findings

## Background to the trust

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

The trust services a population of 780,000 in Leeds, and 198,000 in York. It employs 2578 substantive staff, including 721 qualified nurses, 68 consultant psychiatrists, 156 allied health professionals and 651 health care support workers. Its annual turnover for 2016/17 was £153 million.

Leeds and York Partnership Foundation Trust have 10 registered locations and 48 sites, with a total of 423 mental health inpatient beds. The trust headquarters are located at Thorpe Park, Leeds. All community mental health services are registered to the trust headquarters.

The trust registered locations include:

- Asket Centre
- Clifton House
- Mill Lodge
- Parkside Lodge
- St Marys Hospital
- The Becklin Centre
- The Mount
- The National Inpatient Centre for Psychological Medicine
- Newsam Centre
- Trust Headquarters

The trust provides the following mental health core services:

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

# Summary of findings

- Community mental health services for people with learning disability or autism

It also provides the following specialist service:

- National Inpatient Centre for Psychological Medicine

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

Leeds and York Partnership Foundation Trust had its last comprehensive inspection in July 2016 and was rated as 'requires improvement' overall; three of the 11 core services and the supported living service were rated as requires improvement, seven of the 11 core services and the National Inpatient Centre for Psychological Medicine were rated as 'good,' and the specialist deaf community-based mental health services for children and young people was rated 'outstanding.'

At the inspection in July 2016, we issued four requirement notices at trust-wide level. This was because the trust was in breach of four regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 10 (privacy and dignity) because National Inpatient Centre for Psychological Medicine did not meet the requirements of the Department of Health eliminating mixed sex guidance, and the crisis assessment unit was not operating its local working instructions to meet the requirements of this guidance at the time of the inspection.

Regulation 12 (safe care and treatment) because emergency equipment and medication checks were not sufficiently robust on some wards, medicines across the trust were not being stored at the correct temperatures to remain effective, and there was no physical health monitoring of antipsychotic medication.

Regulation 17 (governance) because effective governance systems to assess, monitor and improve the quality and safety of the service were not in place, or embedded. Issues found in relation to governance included:

- The trust not having a systematic approach in place with regard to the documentation required to assure themselves, or the Care Quality Commission, that the directors met the fit and proper person requirement, regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014
- Incidents were not always reported or reported in a timely way, including to the National Reporting and Learning System
- Systems were either not in place or sufficiently robust to ensure that records were accurate and contemporaneous, including all decisions about patient's care and treatment within their care record
- The internal audit systems were not always sufficiently robust to identify missed doses or other medication issues and errors in some services
- The application of the Mental Capacity Act in some services was not in line with the trust policy or the Act
- The systems and guidance in place did not fully support, or ensure, the application of the Mental Health Act across the trust, and the updated code of practice was not sufficiently embedded across all the services or detailed in the trust policies
- The trust did not return the data requested by the CQC during the inspection in a timely way

Regulation 18 (staffing) because appraisal and supervision rates were low, and the compliance with mandatory training was low.

At this inspection, we found that the trust had taken action to address the majority of the issues relating to these breaches of regulation. However not all the issues had been fully resolved in all services particularly relating to clinical supervision rates and ensuring that systems were sufficiently robust to ensure that records were accurate and contemporaneous, including all decisions about patient's care and treatment within their care-record.

# Summary of findings

The well led inspection was announced prior to the inspection and completed on the 30 and 31 January 2018.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Requires improvement** ● → ←

## What this trust does

Leeds and York Partnership NHS Foundation Trust is the provider for community, inpatient and specialist mental health services as well as learning disability services across Leeds and York.

## 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 five complete core services in total, out of 11 core services provided by the trust. They included:

- Acute wards for adults of working age and psychiatric intensive care units
- Forensic inpatient/secure wards
- Child and adolescent mental health wards
- Wards for people with a learning disability or autism
- Mental health crisis services and health-based places of safety

We also inspected an additional specialist service:

- National Inpatient Centre for Psychological Medicine.

These services were either selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided. Three of the core services we previously rated as 'requires improvement' at our last comprehensive inspection in July 2016.

We inspected the trust's supported living service, which provides social care for people with a learning disability. This service was rated as 'requires improvement' at our last inspection.

Inspectors also reviewed how the trust demonstrated management of its Data Security as part of a pilot inspection in partnership with NHS Digital.

# Summary of findings

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

## What we found

### Overall trust

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

- We rated three of the 11 core services as requires improvement overall. Our ratings took into account the previous ratings of services not inspected this time. Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- The rating for the acute mental health wards for adults of working age and psychiatric intensive care unit had gone down, and the rating had gone down in one additional key question in the wards for people with a learning disability or autism. This suggested that these services had got worse since the last inspection. The requires improvement rating remained the same for the forensic and low secure services overall, and in the same key questions.
- Issues that contributed to the breach of regulation at the last inspection in July 2016 had not been fully resolved at this inspection; in some services clinical supervision rates remained low and patient records were not always maintained in a consistent manner. Training compliance remained an area of concern in the forensic and low secure services.
- The wards for people with a learning disability or autism was rated as requires improvement for caring as patients' communication needs were not always assessed, nor were adaptive communication strategies used to enable patients to participate fully in their treatment and care. Also on these wards, blanket restrictions were in place, patients had limited access to psychological therapies and therapeutic activities, and there was an inconsistent approach to assessing risk and care planning for patients with epilepsy.
- The National Inpatient Centre for Psychological Medicine was rated as requires improvement for responsive at this inspection because the premises were not suitable for the purpose they were being used. The trust still had no timescale or confirmed plans for the proposed new location for the service..
- We had concerns relating to staff monitoring patients' physical health following rapid tranquilisation in accordance with national guidance, best practice, trust policy and medicine administration on the acute wards for adults of working age with a mental health problem and the psychiatric intensive care unit.

However:

- We rated the trust as 'good' in caring, responsive and well-led. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The trust rating in the well led key question at the trust level improved since the last inspection in July 2016.
- The crisis and the health based place of safety core service had improved from requires improvement to good overall, and good in all five key questions at this inspection.
- The supported living service had improved from requires improvement to good overall; outstanding in caring and good in safe, effective, responsive and well led.
- The National Inpatient Centre for Psychological Medicine was rated as outstanding in effective and caring at this inspection.
- All services now complied with the eliminating mixed sex guidance.

# Summary of findings

- Mandatory training compliance across all the services had improved since the last inspection and remained on an upward trajectory. As at 30 September 2017, the overall training compliance for trust wide services was 90% against the trust target of 85%.
- Non-medical staff appraisal rates had increased since the last inspection to 80% though they remained below the trust compliance rate. Appraisal rates were on an upward trajectory from September 2017 to January 2018.
- Systems were effective to ensure that documentation was in place and readily available demonstrating that directors met the fit and proper person requirement, regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- There was good practice in relation to the application of the Mental Health Act and the Mental Capacity Act. Audits were completed to monitor the compliance with these Acts.
- Governance systems were established to assess, monitor, and improve the quality and safety of the service, and manage risk, and operated effectively across the trust and were embedded in locally in most services.
- The trust responded to requests for information from the Care Quality Commission and reported all incidents to the national reporting and monitoring systems, in a timely way.
- Medication administration and storage, and physical health monitoring had improved.

## Are services safe?

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

- We rated three of the 11 mental health core services as requires improvement for safe. This includes the core services that we did not inspect at this time.
- Staff did not always maintain patient records in a consistent manner, with some information stored in different locations within the electronic recording system or on paper systems.
- We had concerns relating to training and staffing on some wards in the forensic core service.
- We had concerns relating to blanket restrictions and access to outside space identified across the inpatient wards for people with a learning disability or autism.
- We had concerns relating to staff monitoring patients' physical health following rapid tranquilisation in accordance with national guidance, best practice, trust policy and medicine administration on the acute wards for adults of working age with a mental health problem and the psychiatric intensive care unit.

However:

- Each ward had an annual environmental risk assessment and ligature risk management plans were in place.
- The trust complied with guidance from the Department of Health on eliminating mixed-sex accommodation in hospitals.
- Mandatory training compliance across all the services had improved since the last inspection and remained on an upward trajectory. As at 30 September 2017, the overall training compliance for trust wide services was 90% against the trust target of 85%.
- Risk assessments and risk management plans were in place for patients and reviewed regularly and when the risk had changed.

# Summary of findings

- Systems and processes to safeguard people from abuse were effective. Staff understood how to protect patients from abuse and worked closely with the trust's safeguarding team to ensure concerns and alerts were escalated appropriately.
- The trust managed infection prevention and control well. Services generally controlled infection risk well and staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff reported incidents and near misses; this was encouraged by the trust. Most staff reported getting feedback from incidents and that wider learning was shared.
- We rated eight of the 11 core services, the National Inpatient Centre for Psychological Medicine, and the supported living services, as good for safe.

## Are services effective?

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

- Our rating of effective has gone down. We took into account the previous ratings of services not inspected this time. We rated effective as requires improvement because:
- We rated four of the 11 mental health core services as requires improvement for effective. This includes the core services that we did not inspect at this time.
- Whilst supervision compliance was on an upward trajectory across the trust and the trust was taking action to address this, supervision compliance was still low on some wards.
- We had concerns that on the inpatient wards for people with a learning disability, patients had limited access to psychological therapies and therapeutic activities, and there was an inconsistent approach to assessing risk and care planning for patients with epilepsy.
- We had concerns on the acute inpatient mental health wards and psychiatric intensive care units that information in patient's care plans was generic and not individualised to the patients' needs, with limited information on capacity assessments. There were gaps in the routine monitoring of patients physical observations.

However:

- We rated the effective key question for the National Inpatient Centre for Psychological Medicine as outstanding, and seven of the 11 core services and the supported living service as good.
- Patients had access to a multidisciplinary team to support them with their care and treatment.
- Local audits and clinical audits were completed and action taken to make improvements.
- Staff had training on the Mental Health Act and Mental Capacity Act and most demonstrated a good understanding of the Acts. There were resources available to provide further support in relation to the application of the Acts.
- Whilst there were issues in some services relating to care plans being generic and not individualised to patients' needs, comprehensive assessments and care plans were completed and reviewed regularly.

## Are services caring?

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

- We rated the specialist deaf community children and adolescent mental health service, the National Inpatient Centre for Psychological Medicine, and the supported living services as outstanding for caring. This takes account of the core services we did not inspect this time.

# Summary of findings

- We rated nine out of the 11 core services as good for caring. This takes account of the core services we did not inspect this time.
- Staff were caring and compassionate during their interactions with patients. Feedback from patients confirmed that staff treated them well, with kindness, compassion and respect.
- Patients were positive about the care and treatment they received and felt involved in the decision-making.
- Staff involved carers and others close to patients in decisions about the care and treatment provided by the service. Relatives and carers felt staff were approachable and communicated effectively with them, and offered them support.
- Patients and carers had opportunities to give feedback about the care and treatment they received in a number of ways.
- The trust had been awarded its stage one accreditation for the triangle of care for work in community services based in the Leeds mental health care group, and was working towards accreditation across the specialist and learning disability care group.

However:

- We rated the wards for people with learning disabilities and autism as requires improvement for caring.

## Are services responsive?

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

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

However:

- The National Inpatient Centre for Psychological Medicine was rated as requires improvement at this inspection because the premises were not suitable for the purpose they were being used. The ward did not have enough space and facilities to support occupational therapy, physiotherapy, and recreational activities. Communal areas and rooms were used for multiple purposes which impacted on patients and visitors. Whilst the managers recognised the limitations of the environment and the difficulties to secure a long-term estates strategy remained on the trust risk register, the trust still had no timescale or confirmed plans for the proposed new location for the service.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:



# Summary of findings

- We rated the specialist deaf community children and adolescent mental health service as outstanding for well led, and 10 of the 11 core services, the National Inpatient Centre for Psychological Medicine, and the supported living service as good for well led. This takes account of the core services we did not inspect at this time.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff knew and understood the values of the trust. Staff were able to give descriptions of how the values were used to underpin both individual and team good practice.
- The trust was committed to improving services by learning from when things go well and when they go wrong; promoting research and innovation in a number of services.

However:

- Not all staff knew who the freedom to speak up guardian was and did not all feel able to raise concerns.
- Whilst the trust was taking action to ensure that clinical supervision was completed and recorded; systems were not embedded at the time of the inspection.

## Adult Social Care Services

### Supported Living Service

- The trust had addressed the concerns following the last inspection.
- The rating of this service is now good overall, with outstanding in caring and good in safe, effective, responsive and well-led.

For more information, see the separate inspection report on this service on our website – [www.cqc.org.uk/location/RGD17](http://www.cqc.org.uk/location/RGD17)

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in the National Inpatient Centre for Psychological Medicine.

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

## Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 36 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.

# Summary of findings

## Action we have taken

“We issued six requirement notices to the trust. Our action related to breaches of six legal requirements in three core services.

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

## What happens next

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

## Outstanding practice

### National Inpatient Centre for Psychological Medicine

- The service is recognised by credible external bodies as a service that delivers high quality care using the best available evidence. There was a culture of delivering care with a truly holistic approach that involved other specialist services. We saw examples of how the staff were committed to working in a collaborative way with patients and empowered them to take the lead in discussions about their care, treatment, and discharge arrangements.
- The service was actively involved in activities to monitor and improve outcomes for patients. All members of the multi-disciplinary team used outcome measures and agreed meaningful goals with patients to support their recovery. The service received consistently positive feedback from patients and carers and we heard examples about how the care and treatment improved their lives and exceeded their expectations.

## Areas for improvement

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

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

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

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

- The trust must ensure that staff monitor patients’ physical health including, following rapid tranquilisation in accordance with national guidance, best practice and trust policy. Staff must ensure they assess patients’ physical health needs in a timely manner and monitor any needs as required.
- The trust must ensure that all staff administering medication to patients undertake the necessary checks to assure themselves that suitable authorisation is in place. Medicines must be stored in accordance with their storage instructions and good practice.
- The trust must ensure that information within patient records is accurate and up to date and there are no undue delays to this.
- The trust must ensure that each patient’s care needs are individualised and that care plans provide clear and current information to enable staff to deliver consistent personalised support.

# Summary of findings

- The trust must ensure that staff have clear information about what de-escalation techniques to use in order to help patients in a crisis and to avoid the need for restraint.
- The trust must ensure that staff involve, and can demonstrate the inclusion of, patients within their own care planning.
- The trust must ensure that staff fully enable and support decision making for patients when undertaking capacity assessments to ensure actions are in patients' best interests.

## **Forensic inpatient or secure wards**

- The trust must ensure that the forensic wards have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust must ensure that all forensic staff receive clinical supervision and an annual appraisal in line with the trust policy.
- The trust must ensure that forensic staff use systems and processes effectively to ensure information is recorded, updated and stored consistently, which all staff can easily access.

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

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

## **National Inpatient Centre for Psychological Medicine**

- The trust must continue to work with other partners to find more suitable premises for the National Inpatient Centre for Psychological Medicine to ensure it is suitable for the purpose for which it is being used.

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

# Summary of findings

We told the trust that it should take action to comply with a minor breach that did not justify regulatory action. This action was trust-wide and related to six services.

## **Trust-wide**

- The trust should continue with their approach to embed the collective leadership approach
- The trust should continue with their work to embed their trust-wide strategy and aligning the strategic plans to deliver it
- The trust should ensure that staff know who the freedom to speak up guardian is, their role, and that this is promoted across the trust.
- The trust should ensure that disclosure and barring service checks are completed every three years, in line with the recommendations of the Lampard Enquiry (2015).
- The trust should ensure that clinical supervision is completed and recorded
- The trust should ensure the changes in governance structures are embedded and continue to be effective
- The trust should ensure that quality impact assessments are completed for large-scale transformations.
- The trust should ensure that information is recorded and stored consistently and that all staff have access to the electronic recording systems to complete their role.
- The trust should ensure they have a structured systematic approach to patient, carer and relative engagement, including prioritising actions and engagement for people from different equality groups
- The trust should consider the use of a quality improvement methodology to ensure a systematic approach to quality improvement across the trust.

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

- The trust should ensure staff report any areas for cleaning, repair or maintenance in a timely manner.
- The trust should ensure staff continue to improve compliance rates with mandatory training where subjects are below trust target.
- The trust should ensure appropriate staff are aware of instances when patients leave the ward and there is a suitable system to identify which patients are not on the ward.
- The trust should continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service.
- The trust should ensure the service's clinical audit program is used to improve systems and to help develop the service. Actions from such audits should be monitored and any new implementations measured.

## **Forensic inpatient or secure wards**

- The trust should ensure care records and prescription charts for forensic wards are up to date and reflect any recent changes to care and medication.
- The trust should ensure staff on forensic wards clearly document medicine fridge temperatures on a daily basis.
- The trust should ensure forensic staff document when they have had supervision.
- The trust should review their discharge protocols and pathways for forensic wards to ensure appropriate lengths of stay for detained and informal patients.

# Summary of findings

- The trust should ensure that staff working in the forensic service are able to raise concerns without fear of retribution.
- The trust should ensure staff working in the forensic service feel supported, valued and respected beyond ward level.
- The trust should consider updating its action plan to improve the forensic service to reflect progress with the actions and specify when actions are completed.

## **Child and adolescents mental health wards**

- The trust should ensure that the ward staff are able to sufficiently control the temperature of Mill Lodge to ensure this is comfortable for patients and staff.
- The staff at Mill Lodge should continue to embed the new clinical supervision recording system so that it reflects the correct amount of supervision sessions received by staff.

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

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

## **Mental health crisis services and health-based places of safety**

- The trust should ensure that all objects that could potentially cause harm to patients and staff on the crisis assessment unit are included on the unit risk assessment.
- The trust should ensure that all staff are up to date with all their mandatory training and continue with developing the specialist training for children.
- The trust should ensure that immediate plans of care for patients are person-centred and individualised.

## **National Inpatient Centre for Psychological Medicine**

- The service should ensure that all prescribed as required medication is included in individual patient care plans.
- The trust should ensure that all patients have somewhere secure to store their personal possessions in their rooms.

## 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.

# Summary of findings

We rated well-led at the trust as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed trust strategy was directly linked to the vision and values of the trust. The trust involved stakeholders in the development of the strategy, and was in the process of aligning and ratifying the five strategic plans to deliver the strategy.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- The trust had responded to a recent external review by an independent auditor against the well led framework and had revised its structures for overseeing performance, quality and risk, to make them clearer and more responsive.
- The trust was actively engaged in collaborative work with external partners including NHS partners, primary care, Local Authorities, the voluntary sector, and the local transformation plans.
- The trust board had sight of the most significant risks and mitigating actions were clear.
- Appropriate governance arrangements were in place in relation to Mental Health Act administration and compliance.
- The trust had a structured and systematic approach to staff engagement; this focus on staff engagement was a culture change being embedded across the trust.
- The board reviewed performance reports that included data about the services, which care group leads could challenge.
- The trust was committed to improving services by learning from when things go well and when they go wrong; they promoted research and innovation.

However:

- Changes to the governance structure and some approaches, including collective leadership, were still in their infancy and being embedded.
- Information was not always recorded and stored consistently and all staff did not have access to the electronic recording systems to complete their role.
- Whilst there were lots of good examples of how the trust engaged with people who use the services, those close to them and their representatives, the trust did not have a structured systematic approach to patient, carer and relative engagement, including prioritising actions and engagement for people from different equality groups.
- The trust did not use a consistent quality improvement methodology to ensure a systematic approach to quality improvement across the trust, or use quality impact assessment methodology when completing large-scale transformations.

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



### Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Supported Living Services at St Mary's Hospital	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

# Forensic inpatient or secure wards

Requires improvement   

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provides inpatient services for men and women aged 18 years and over with mental health conditions, who require management under conditions of low security accommodation. The trust provided services at two locations: Clifton House in York and The Newsam Centre in Leeds.

Clifton House in York provides three low secure wards:

- Riverfields Ward was a 13 bed male low secure ward for continuing care and rehabilitation. At the time of the inspection, the ward had 12 patients detained under the Mental Health Act and one informal patient.
- Rose Ward was a 10 bed female low secure ward for women with a diagnosis of personality disorder to receive assessment, treatment, and rehabilitation. It was due to close in October 2017 as part of the sustainability transformation partnership plans with specialist commissioners. The closure of the ward was delayed because NHS England was unable to find alternative beds for two patients. At the time of the inspection, there were two patients detained under the Mental Health Act. Both patients had identified suitable placements at different locations and were awaiting discharge as soon as a bed became available.
- Bluebell Ward was a 12 bed female low secure ward for patients with functional mental disorders to receive assessment, treatment, and rehabilitation. At the time of the inspection, there were 11 patients detained under the Mental Health Act.

The Newsam Centre in Leeds provides three low secure wards:

- Ward 2 (assessment and treatment) was a 12 bed male low secure ward for assessment and short-term treatment. At the time of the inspection, the ward had 11 patients detained under the Mental Health Act.
- Ward 2 (women) was an 11-bed female low secure mental health ward. At the time of the inspection, the ward was full with all patients detained under the Mental Health Act.
- Ward 3 was a 14 bed male low secure treatment and recovery unit. At the time of the inspection, the ward was full with all patients detained under the Mental Health Act.

The Care Quality Commission inspected the forensic and secure inpatient services in July 2016; we rated them as 'requires improvement' overall, 'requires improvement' in safe and effective, and 'good' in caring, responsive and well led.

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

Regulation 13 (safeguarding service users from abuse and improper treatment) because blanket restrictions were in place for routine searching following periods of leave and access to outside space

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

At this inspection, we found that the trust had taken action to address the breach of regulation in relation to the blanket restriction for routine searching. However, staff training and rates of clinical supervision remained a concern and these issues had not been fully resolved.

# Forensic inpatient or secure wards

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

During the inspection visit, the inspection team:

- visited the wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 14 patients who were using the service and reviewed their comments on feedback cards
- spoke with 2 carers of patients who were using the service or had used it in the 12 months prior to inspection
- interviewed the ward managers for all six wards
- interviewed the senior management team, including the modern matrons and service manager
- interviewed 20 staff including nurses, healthcare assistants, occupational therapists, consultant psychiatrists, a psychologist and a pharmacist
- looked at the care and treatment records of 21 patients, including 22 physical health care plans
- reviewed medication management on the wards including the medication administration records of all 44 patients currently using the service
- attended and observed 2 multidisciplinary meetings, a handover, a morning meeting and a community meeting
- observed patient activity at the recovery college
- looked at a range of policies, procedures and other documents related 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:

- Substantive staff frequently moved wards at short notice to fill shifts on Rose Ward, which required a full staffing complement due to the acuity of their patients. When this happened, there was a risk that the staff team on Rose Ward would not have the specialist skills necessary to care for patients with a personality disorder.
- Compliance with mandatory training and supervision rates were a concern at our last inspection in July 2016. At this inspection, staff were still not fully compliant with all mandatory training in key skills. On four of the six wards we inspected staff compliance with clinical supervision was below 65%. Appraisal rates for two wards were also below 65%. This meant staff might not have the necessary skills or support to provide patients with safe and effective care and treatment.
- Although the trust had systems and processes in place to assess, monitor and improve the quality of the service, they were not used to the full extent possible. Staff use of electronic systems for updating patients' records was not always consistent with some information stored in different locations within the system. Rotas, low staffing levels and supervision records were not always adequately reported or updated.

However:

- Each ward had a yearly environmental risk assessment. There were ligature risk management plans in place, which staff managed through observation to mitigate the risks. Patients we spoke with felt safe on the wards and felt staff provided appropriate levels of support.

# Forensic inpatient or secure wards

- Staff had training to recognise and report abuse. They understood how to protect patients from abuse and worked closely with the trust's safeguarding team to ensure they referred concerns and alerts appropriately.
- Staff carried out a comprehensive assessment to identify patients' mental and physical health needs. Care plans clearly showed patients worked in partnership with staff in decisions about the care and treatment provision. Staff reviewed the plans regularly and involved other specialists when needed.
- Activity co-ordinators and occupational therapy staff planned and organised a wide range of regular weekly activities. Patients were able to maintain links with the wider community and had access to educational, recreational and work opportunities.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service could not always fill shifts to the right staffing complement. They frequently moved substantive staff and relied on bank and agency staff to fill shifts on a regular basis.
- Managers could not always guarantee they had the right skills and gender mix on a ward, particularly at night, due to movement of staff at short notice.
- Due to low staffing levels, patients did not always receive in full their section 17 leave. There was a notice displayed on one of the wards requesting patients 'share section 17 leave fairly'.
- Mandatory training compliance in key skills did not always meet the trust target. On ward three, compliance with immediate life support was 50% and essential life support 67%. This meant the ward could not always guarantee they had sufficiently skilled staff to deal with an emergency.
- Staff did not always maintaining patient records in a consistent manner, with some information stored in different locations within the electronic recording system.

However:

- Each ward had an annual environmental risk assessment and ligature risk management plans were in place.
- Patients we spoke with felt safe on the wards and felt staff provided appropriate levels of support.
- Staff assessed and identified mental and physical health risks and put plans in place to manage these.
- Staff had training on how to recognise and report abuse. They understood how to protect patients from abuse and worked closely with the trust's safeguarding team to ensure concerns and alerts were referred appropriately.

## Is the service effective?

**Requires improvement** ● → ←

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

- Clinical supervision rates were low on four wards; Bluebell Ward was 55%, Rose Ward was 48%, Ward two (assessment and treatment) at the Newsam Centre was 67%, and Ward three was 47%.
- Staff did not always update their supervision record after supervision had taken place.

# Forensic inpatient or secure wards

- Appraisal rates on Bluebell Ward and Ward three were 65% and 63% respectively.

However:

- Patients' care plans were personalised, holistic, and recovery-oriented.
- Staff assessed monitored and treated patients' physical healthcare needs. They made appropriate referrals to physical health specialists and supported patients to attend appointments.
- Staff used validated tools to monitor outcomes for patients and provided patients with care and treatment in line with best practice and national guidance.
- There was effective multi-disciplinary working with regular reviews of patients care and treatment. Each ward benefited from a range of appropriately trained specialists.
- Staff understood their roles and responsibilities under the Mental Health Act and Mental Capacity Act. Mental Health Act documentation was complete and stored correctly.

## Is the service caring?

**Good** ● → ←

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

- Staff understood the needs of their patients and worked in partnership with them in decisions about the care and treatment.
- Patients and carers gave positive feedback about the care they received. We observed positive interactions between patients and staff.
- Staff supported patients in a caring way and treated them with kindness and respect. They acted in a professional manner and respected patients' privacy.
- Patients and carers had opportunities to give feedback about the care and treatment the service provided. This was through surveys, comment cards, and regular meetings.

## Is the service responsive?

**Good** ● → ←

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

- Patients had access to meaningful activities and facilities located onsite.
- Staff supported patients to maintain contact with their families and make links with the wider community. Patients had access to educational, recreational and work opportunities.
- Activity co-ordinators and occupational therapy staff planned and organised a wide range of regular weekly activities.
- Patients knew how to complain and felt comfortable doing so. There was an active Patient Council, which monitored the trusts response to concerns they raised.

However:

# Forensic inpatient or secure wards

- The average length of stay for patients in the forensic service indicated that some patients remained on the wards longer than would be expected. Delays in the transition from a low secure setting to a less restrictive setting do not support patient recovery and rehabilitation.

## Is the service well-led?

Good ● → ←

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

- The trust had ward managers with the right skills, experience and abilities to manage patient care and treatment on the wards. All ward staff felt supported by their ward managers.
- The trust collected, analysed, managed and used information to produce service wide and ward level performance reports.
- The trust had introduced plans to improve team efficiency, quality and culture although these were in their infancy.

However:

- Staff use of electronic systems and recording of information was not always consistent.
- There was a continued breach of regulation around staff compliance with mandatory training and supervision. The service was in breach of this regulation at the last comprehensive inspection in 2016.
- Staff morale was low across all the wards. Staff did not feel respected, valued and supported by the trust.

## 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

Leeds and York Partnership NHS Foundation Trust has one child and adolescent mental health ward.

Mill Lodge is a sixteen bed unit which provides care and treatment for children and young people up to the age eighteen.

The service has been registered with the Care Quality Commission since 2012 to provide the following regulated activities:

- assessment and treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury
- diagnostic and screening procedures.

We carried out a Mental Health Act monitoring visit at Mill Lodge on 2 August 2016. Following this visit, the trust provided an action statement telling us how they would improve the service and improve adherence to the Mental Health Act and Mental Health Act Code of Practice. This visit took place two weeks after our comprehensive inspection of the service and picked up on similar issues including staff understanding of seclusion.

We last inspected child and adolescent mental health wards provided by Leeds and York Partnership NHS Foundation Trust in July 2016. We rated these services as good overall with a rating of requires improvement in the safe key question and good in effective, caring, responsive and well led. We gave the trust a requirement notice relating Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. This was because staff did not have a full understanding of what constituted seclusion and the procedures they needed to follow when this occurred. This meant that when restrictions placed on a patient amounted to seclusion, not all of the safeguards required by the Code of Practice and the trust policy were put in place. At this inspection we found this issue had been fully resolved.

This inspection lasted one day on 9 January 2018. The inspection was unannounced which meant that the service had no prior notice that it would be inspected. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

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

During the inspection visit, the inspection team:

- visited the ward and toured the ward environment including the clinic room
- spoke to the ward manager and clinical services manager
- spoke to four other staff working on the ward
- spoke to six patients and three carers
- reviewed eight patient records including medication
- reviewed the psychology provision available on the ward
- observed the education provision at the ward

# Child and adolescent mental health wards

- observed the clinical governance and risk meeting
  - looked at a range of policies procedures and other documents relevant to the running of the ward.
- We also left a comment box with cards to fill on the ward but had no responses to this after two weeks.

## Summary of this service

- Our rating of this service stayed the same. We rated it as good because:
- The service had made improvements since our last inspection. They were now clear about what constituted seclusion and seclusion paperwork was filled in correctly and reviews carried out on time.
- There were adequate staffing levels to ensure patients were well looked after and got one to one time with staff.
- The service provided a safe environment and risks were managed well. Patients told us they felt safe on the ward. All patients had an up to date risk assessments that was updated when risks changed.
- There was effective multi-disciplinary team working evident on the ward.
- Patients and their carers gave positive feedback about the ward and the service they received. Staff involved patients in decision about their care. They engaged with and supported families and carers where appropriate. Staff contacted them with updates on patient progress and invited them to ward rounds.
- Staff told us that they felt supported by the ward manager and the senior leadership team were visible. Although there had previously been a high vacancy rate, these gaps were now filled and staff felt more positive because of this.
- The ward had been inspected and was awaiting accreditation with the Quality Network for Inpatient child and adolescent mental health services.
- The ward was involved in a research project to validate a recovery measure for use in tier four, child and adolescent mental health services.

However:

- On the day of our visit the ward was very hot. Staff informed us that this was due to the fact that there were no controls for the heating; there was only the option to have it on or off with no temperature thermostat. Staff reported they had raised this as an issue before but nothing had been done about it.

## Is the service safe?

Good  

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

- There were enough staff to care for patients. Staff were able to spend quality time with patients and patients had access to staff who knew the ward well. Vacancy and sickness levels were low.
- All patients had an up to date risk assessment that was updated when an incident occurred or risks changed.
- There was a ligature risk assessment in place and staff were aware of high risk areas. Blind spots were mitigated by staff observations and good risk assessments.
- Compliance with mandatory training was good across the board.



# Child and adolescent mental health wards

- There were good systems in place for ordering, storage and dispensing of medication.

However:

- On the day of our visit the ward was very hot. Staff informed us that this was due to the fact there were no controls for the heating; there was only the option to have it on or off with no temperature thermostat. Staff reported they had raised this as an issue before but nothing had been done about it.

## Is the service effective?

Good ● → ←

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

- Patients had good access to psychological therapies including dialectical behavioural therapy, cognitive behavioural therapy and family therapy.
- Staff had a good understanding of the Mental Health Act and the Mental Capacity Act and understood their roles in relation to this.
- Patients had access to good physical healthcare including a dietitian and other specialists when required.
- There was a full multidisciplinary team to support the care and treatment of patients.
- Staff were suitably supervised and appraised and staff reported they found this beneficial.

## Is the service caring?

Good ● → ←

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

- Patients were positive about the care they received and so were their families and carers.
- Staff were observed to be respectful and kind towards patients when delivering care.
- Carers felt involved in their loved ones care.
- Patients were involved in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- There was a wide range of rooms to support care and treatment.
- Therapeutic activities were available seven days a week including evenings.
- There was a good choice of food available and this was due to improve with the new food ordering system due to start.
- The ward treated complaints seriously and learnt from them, sharing learning with all staff.

# Child and adolescent mental health wards

- There was easy access to interpreters and information in other languages and formats when required.
- The ward was fully accessible for people requiring disabled access.

## Is the service well-led?

Good ● → ←

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

- Staff were supported in their roles and in particular 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.
- The ward was involved in research with Manchester University on developing an outcome measure for tier four child and adolescent mental health services.
- The ward had been inspected and was awaiting accreditation with the Quality Network for Inpatient child and adolescent mental health services.

## 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

Leeds and York Partnership NHS Foundation Trust provide acute inpatient services for males and females between the ages of 18 and 65. The services consist of one psychiatric intensive care unit and five acute wards. These are located within two trust sites; The Newsam Centre and the Becklin Centre

Two wards are based at the Newsam Centre. These are:

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

Four wards are based at the Becklin Centre. These are:

- Ward one: 18 bed female acute ward
- Ward three: 22 bed male acute ward
- Ward four: 22 bed male acute ward
- Ward five: 22 bed female acute ward

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

We last inspected the acute wards for adults of working age and psychiatric intensive care unit in July 2016. We rated these services as good overall with ratings of requires improvement in the safe key question, and ratings of good in effective, caring, responsive and well led key questions. We issued the trust with one requirement notice because staff were not up to date with their mandatory training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the trust had taken action to address this issue.

This inspection took place between 16 and 18 January 2018. The inspection was unannounced which meant that the service had no prior notice that we would be attending. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

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

- visited all six wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 28 patients who were using the service, and reviewed their comments on eight feedback cards
- spoke with 10 carers of patients who were using the service
- spoke with the inpatient services manager, acute inpatient matron, ward managers and or nurse in charge of each ward, responsible clinicians and junior doctors
- spoke with 35 other staff members including registered nurses, healthcare support workers, occupational therapists and psychologists
- looked at the care and treatment records of 27 patients

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

- reviewed medication management including a sample of patients' medication administration records
- attended and observed four staff handovers, two staff meetings, three multidisciplinary meetings and a care programme approach meeting.
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Staff did not do all that was reasonable practicable to mitigate risks to the health and safety of patients. Staff did not monitor patients' physical health needs following use of rapid tranquilisation in accordance with national guidance and trust policy. Not all patients received a physical health check in a timely manner. Staff did not monitor patients' physical health observations consistently.
- Patients' care needs were not individualised and care plans did not provide clear and current information to enable staff to deliver consistent, personalised support. There was a lack of information about what de-escalation techniques staff should use for patients in a crisis, and to try to avoid the need for restraint.
- Patient information was stored in different formats, updates about care interventions were not always contemporaneous and did not always reflect the current care provisions the patient received.
- Staff did not always follow good practice and policy for the storage and administration of medicines. There were areas of the ward environment in need of attention with regards to cleanliness and maintenance.

### However:

- Patients and carers gave predominantly positive feedback about the staff and the care they received. There were opportunities for patient and carers to give feedback about, and influence the service.
- Staff felt supported in their roles and had regular supervisions, training, and opportunities for personal development. There was a multidisciplinary team in place at the service to provide support and treatment to patients.
- The trust had identified where improvements were required within the service which supported our findings also. There was work underway or planned to use clinical audits to try to make improvements.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although measures were in place to ensure ward environments were cleaned and maintained, we observed some areas in need of attention.
- Staff did not always monitor patients' physical health following interventions of rapid tranquilisation in accordance with national guidance and trust policy.
- Not all patients had a physical health check on admission in accordance with trust policy and there were delays of several days in some instances before this took place. However, the trust had responded and updated its care pathway procedure for medics to address this.

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

- Staff did not always follow good practice for the storage and administration of medicines.
- Patient information was stored electronically but some information was also held in paper format. There was not always a contemporaneous record of the care and treatment interventions patients received.
- There were systems and processes in place for staff to identify and report safeguarding concerns but we saw an instance where this was not evidenced

However:

- All wards complied with Department of Health guidance on eliminating mixed sex accommodation.
- Although there was a reliance on bank and agency usage, staffing levels were maintained to ensure the safety of patients and to facilitate leave and activities.
- Staff completed a risk assessment for each patient admitted to the wards and risks within the environment. Staff assessed individual risks for each patient and did not use blanket restrictions.
- The core service had exceeded the trust target for completion of mandatory training.
- Staff and patients were involved in debriefs and received support following serious incidents.

## Is the service effective?

**Requires improvement**  

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

- Information in patients' care plans was generic and not individualised to the patient's needs. Some information in patient records was not reflective of what support they received in practice.
- There were gaps in the routine monitoring of patients' physical observations without any rationale. This included where monitoring was required in relation to a patient's specific individual health conditions.
- There was limited information within capacity assessments to evidence that a patient's wishes had been considered, or who had been consulted with and any attempts made to assist the patient with the decision.
- There were some recording errors and omissions in patients section 17 leave paperwork.

However:

- Patients had access to a multidisciplinary team to support them with their care and treatment. Patients could access specialist support where required and the trust's healthy living team attended the wards weekly.
- The service participated in a number of clinical audits which took place in order to measure the service and look for areas to make improvements.
- Staff had regular clinical and managerial supervision and felt supported within their roles.

## Is the service caring?

**Good**   

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

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

- Staff were polite, respectful and supportive within their interactions with patients. Feedback about staff from patients and carers was mostly positive.
- Staff helped to maintain patients' dignity and respected their confidentiality.
- Patients, families and carers had the opportunity to give feedback and influence the service they received.
- Carers had opportunities for involvement in their relative's care including attending ward rounds. Staff kept carers informed about their relatives.
- Patients had information available about advocacy services and staff supported them to access these.

However:

- Not all patients had been involved in the care planning process and some were unfamiliar with their care plans and had not seen these.

## Is the service responsive?

Good ● → ←

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

- There were suitable facilities for patients to use and the wards could, and did, accommodate patients with disabilities.
- There were activities available for patients to participate in on the ward and within the community.
- Patients and carers knew how to make complaints and felt comfortable to raise any concerns to staff.
- Staff could accommodate and support patients with their social, cultural and spiritual needs.

However:

- There were a high number of out of area placements. A main reason for this was a lack of bed capacity in other services for current patients to move on to. The service was working to try to reduce this.
- There were instances of patients being discharged from the ward and readmitted the same day or the next day.

## Is the service well-led?

Good ● → ←

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

- Ward managers felt supported in their roles and there were opportunities for leadership development.
- Staff knew who the senior managers at the service were and found them to be approachable and visible on the wards.
- The service was in the process of implementing recognised good practice initiatives such as safewards.
- All staff knew and worked in accordance with the trust's visions and values. These were on display around the wards.
- The service had strengthened their governance systems by the use of clinical improvement forums which looked at learning from incidents and areas for improvements.

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

However:

- We found concerns about the safety and effectiveness of the service. The service's clinical audit program included many of these issues as areas for improvement that had already been identified
- Staff felt they could raise issues freely but not everyone was aware of the freedom to speak up guardian at the trust.

## Areas for improvement

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

# National Inpatient Centre for Psychological Medicine

Good   

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provides a specialist service called the national inpatient centre for psychological medicine. The service is provided from Leeds General Infirmary.

The national inpatient centre for psychological medicine is an eight-bed ward for male and female patients. It provides care and treatment for male and female patients using a biopsychosocial approach for the following:

- severe and complex, medically unexplained symptoms
- severe psychological and physical long-term health problems occurring at the same time
- severe chronic fatigue syndrome/myalgic encephalomyelitis.

The biopsychosocial model addresses a patient's physical functioning, psychological condition, and their social needs. Four of the beds are reserved for patients from the Leeds area. The remaining four beds are available to patients from across the United Kingdom.

The national inpatient centre for psychological medicine has been registered with the Care Quality Commission since 2010 to carry out the following regulated activities:

- assessment and treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury
- diagnostic and screening procedures.

At the time of our inspection, there were eight patients admitted to the ward. The ward was able to admit patients who were detained under the Mental Health Act (1983). At the time of the inspection, all eight patients were admitted informally.

We previously inspected the service during a comprehensive inspection of Leeds and York Partnership NHS Foundation Trust in July 2016. At that time, this service was called the Yorkshire centre for psychological medicine and we rated it as 'good' overall. We rated the service as requires improvement in one key question (safe) and rated the service as 'good' in effective, caring, responsive and well-led.

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

Regulation 10 (privacy and dignity) because the ward did not adhere to same sex guidance in relation to patients' privacy and dignity

Regulation 18 (staffing) because compliance with mandatory training was low in several areas, including essential lifesaving, immediate lifesaving, moving and handling and infection prevention and control.

At this inspection, we found that the trust had taken action to address these breaches of regulation and the issues had been fully resolved.

We completed this inspection on the 17 and 18 January 2018. Our inspection was unannounced which meant staff did not know we were coming.



# National Inpatient Centre for Psychological Medicine

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

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the environment and observed how staff were caring for patients
- spoke with five patients who were using the service and reviewed their comments on six comment cards
- spoke with eight carers of patients who were using the service
- spoke with the senior managers of the service, the clinical lead and ward manager
- spoke with nine other staff members including qualified nurses and support staff, physiotherapy, occupational therapy, and pharmacy staff
- looked at the care and treatment records of five patients
- reviewed medication management including the medication administration records of five patients
- attended and observed two meetings including a ward handover and a multi-disciplinary meeting
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of the National Inpatient Centre for Psychological Medicine stayed the same. We rated it as good because:

- The trust had acted upon our feedback from our previous inspection and the service had made improvements in the safety of patient care.
- Safety was a high priority for the service. Staff had measures in place to monitor the safety and quality of the service and took timely action when changes were needed. Staff regularly assessed and monitored risks to patients, and protected them from avoidable harm and abuse.
- The service provided care, treatment and support that was based on the best available evidence and achieved good outcomes for patients. The outcomes exceeded the expectations of patients and made a real difference to the quality of their lives. Patients were fully involved in decisions about their care and treatment and all patients had clear discharge plans.
- The service had a strong, visible person-centred culture. Staff respected their relationships with people who used the service and empowered patients to be partners in their care. Care plans were personalised and contained meaningful goals for individual patients. Feedback from people who used the service was consistently positive and we observed staff that were kind, caring, respectful, and compassionate.
- The service had a clear pathway and model of care that provided flexibility for staff to plan and deliver care to meet the needs of individual patients. The service provided an integrated person-centred pathway of care, which provided continuity of care for people with severe and complex needs and people in vulnerable circumstances. Staff planned and managed admissions and discharges to the service so that patients had timely access to the service and were discharged successfully.

# National Inpatient Centre for Psychological Medicine

- The service was well-led with a culture that promoted the delivery of high quality and person-centred care. There was high levels of staff satisfaction and motivation. Staff felt proud to work at a service where managers were visible and supported their learning and development needs. Senior staff were knowledgeable and understood the issues the service faced and continued to take action to address the challenges.

However:

- Staff did not routinely complete care plans for all patients who were prescribed as required medication.

The premises were not suitable for the purpose they were being used; the ward did not have enough space and facilities to support occupational therapy, physiotherapy, and recreational activities. Staff and patients used communal areas and rooms for multiple purposes which impacted on places for visitors and quiet areas, and access to outside space. The kitchen area did not suit the needs of people who required lowered facilities. Patients' bedrooms did not contain anywhere for patients to keep their belongings secure. Whilst the managers recognised the limitations of the environment and the difficulties to secure a long-term estates strategy remained on the trust risk register, the trust still had no timescale or confirmed plans for the proposed new location for the service.

## Is the service safe?

Good  

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

- The service had improved to meet all the legal requirements it failed to meet at the last inspection. Staff made changes to the way they managed the mixed sex accommodation that improve the safety, privacy and dignity of patients.
- Mandatory training rates had improved. Training levels were in line with trust targets and staff competence was apparent during inspection
- The service acted to make the recommended improvements to improve the safety of medicines management. Staff consistently monitored and audited clinical fridge and room temperatures to ensure that medicines were stored safely.
- All patients and staff told us they felt safe on the ward.
- Staff ensured that the ward environment, and the equipment they used, was safe, clean, and well maintained.
- The service always had enough regular staff with the right skills, experience, or competencies to fill all shifts.
- Staff completed risk assessments using a recognised risk assessment tool that they reviewed regularly and kept up to date for all patients.
- Staff recognised safeguarding concerns and reported incidents in accordance with the trust policies and procedures.
- Senior managers shared learning with staff about incidents that affected the service and staff made changes to improve safety.

However:

- Staff did not routinely complete care plans for all patients who were prescribed as required medication.

# National Inpatient Centre for Psychological Medicine

## Is the service effective?

**Outstanding**  

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

- The service had a truly holistic approach to assessing, care planning, and delivering care and treatment.
- Staff completed care plans with individual patients that were detailed and highly person-centred and reviewed them regularly. All patients knew about and had copies of their care plans.
- The service provided patients with high quality care that was nationally recognised and based on the best available evidence.
- Staff understood a defined model of care and used recognised assessment tools and outcome measures that improved the quality of patients' lives.
- The service had a range of staff who had the necessary skills, support, and specialist training to provide care for patients with severe and complex physical and mental health needs.
- Patients told us how the care and treatment they received exceeded their expectations.
- The service were committed to working collaboratively with other services to provide joined up, high quality care for patients and had established effective working relationships with a range of other specialist teams and services.
- The team worked effectively and cohesively together and held regular meetings to share information about patients care and treatment.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- Patients and carers were consistently positive about the care staff provided. Patients felt that staff did all they could to help them in a respectful, caring and compassionate way. Carers felt the support from the service was excellent and had improved the lives for patients and their families.
- We observed that staff were very caring during their interactions with patients. Staff knew the patients well and were always available to spend the time patients needed for their care and treatment.
- There was a strong, visible person centred culture of care where staff worked collaboratively with patients as active partners in their care and protected patients' privacy and dignity.
- Staff were highly motivated to ensure that patients' needs and preferences were always reflected in decisions about their care and treatment.
- Staff fully involved patients in decisions about their care and treatment and regularly sought their feedback about the service they provided.
- Staff always provided information and emotional support to carers of patients who used the service. Staff routinely carried out carers' assessments and sought feedback about the service they received.

# National Inpatient Centre for Psychological Medicine

## Is the service responsive?

**Requires improvement** ● ↓

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

- The premises were not suitable to for the purpose they were being used; the ward did not have enough space and facilities to support occupational therapy, physiotherapy, and recreational activities. Staff and patients used communal areas and rooms for multiple purposes which impacted on places for visitors and quiet areas, and access to outside space.
- The kitchen area did not suit the needs of people who required lowered facilities.
- Patients' rooms did not have somewhere secure to store their possessions safely. This meant staff stored patients' possessions in the ward office for safety and security.

However:

- The service was specifically tailored to meet each patient's individual needs and preferences.
- Staff planned, supported, and prepared patients and their families before admission and patients and their families felt welcomed by the service.
- The service had a clear admission and assessment process that was entirely recovery focused and supported patients with a successful discharge.
- Staff gave patients regular opportunity to raise complaints, and responded to complaints in a compassionate and transparent manner.

## Is the service well-led?

**Good** ● → ←

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

- The manager had improved the overall governance of the service since the last inspection to ensure it was safe for patients and staff. The arrangements for same sex accommodation provision, medicines management and mandatory training and supervision had improved compliance.
- The service had a strong culture of patient- centred care that was in keeping with the trust vision and values.
- The service proactively involved patients as partners in their care and was committed to achieving positive outcomes for patients and their carers.
- The leadership team were experienced and knowledgeable about the service. They had a clear strategy for the service and engaged with staff at all levels to ensure they heard the voices of staff.
- Staff felt supported, valued and appreciated by senior managers who were visible and approachable.
- Staff felt the work environment that was free of victimisation and felt confident to raise concerns if they needed to. Staff worked effectively within clear governance structures and processes that included joint working and partnerships with other services.

# National Inpatient Centre for Psychological Medicine

- The ward had a clear model of care and a defined care pathway that fully supported patients' individual needs from referral to discharge.
- The service had a culture of transparency and honesty and openly shared information about their performance on a regular basis. The service was open to feedback to improve their service.
- The service was recognised as a national service and staff focused on continuous learning and development to improve their skills and provide high quality care. Managers and staff at every level recognised where they needed to make improvements and described plans for improvements. Staff had opportunities to develop in their roles and share their knowledge with peers and other services.

However:

- Whilst the managers recognised the limitations of the environment and the difficulties to secure a long-term estates strategy remained on the trust risk register, the trust still had no timescale or confirmed plans for the proposed new location for 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.

# Mental health crisis services and health-based places of safety

Good ● ↑

## Key facts and figures

The crisis assessment service is based at the Becklin Centre, on the grounds of St James Hospital in Leeds. The service provides care and assessment to people 18 years and over who are having acute mental health problems and may pose a risk to themselves and/or others.

The crisis assessment service consists of the single point of access team which is for healthcare professionals to refer patients and for members of the public who feel they need help. The street triage team which responds to requests for help from paramedics and police who believe someone is in mental health crisis. Section 136 suites are for people of any age who have been detained by the police under section 136 of the Mental Health Act, because there is a concern about their safety or the safety of others. There are separate section 136 suites for children and adolescents within the same service.

The crisis assessment unit is a six bed unit for adults experiencing mental health crises who require an extended period of assessment. The crisis assessment unit is situated on the ground floor of the Becklin Centre.

The team working at the crisis assessment service includes nurses, psychiatrists, occupational therapist and social workers.

The crisis assessment service was last inspected in July 2016 together with the intensive community services and was rated as 'requires improvement' overall; 'requires improvement' in safe, effective and well-led, and 'good' in caring and responsive.

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

Regulation 9 (person-centred care) because the crisis assessment unit was not being used in all admissions for the stated purpose and so care and treatment of service users was not always appropriate to meet their needs

Regulation 17 (governance) because effective governance systems to assess, monitor and improve the quality and safety of the service were not in place, section 136 detention documentation was not fully completed for all patients, relevant information was not always collected or shared in a timely way

Regulation 18 (staffing) because appraisal rates and compliance with mandatory training were low.

At this inspection, we found that the trust had taken action to address these breaches of regulation and the issues had been fully resolved.

We completed this inspection on the 10 and 11 January 2018. Our inspection was unannounced which meant staff did not know we were coming.

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

During the inspection visit, the inspection team:

- looked around the service environment for health, safety and cleanliness
- reviewed five care records and 12 sets of patient case notes

# Mental health crisis services and health-based places of safety

- interviewed 18 staff including, clinical services managers, clinical operations managers, healthcare assistants, nurses, administrators, occupational therapists, psychiatrists, psychologists, harm reduction workers, pharmacists, dispensary managers, approved mental health professionals and clinical team managers
- interviewed one patient, four former patients and the carers of two patients
- observed multidisciplinary team meetings
- checked emergency equipment to ensure it was properly maintained
- shadowed members of the street triage team
- checked the clinic room to ensure all equipment was cleaned and correctly calibrated
- reviewed audits carried out in the service
- reviewed several policies and procedures relating to the service
- reviewed Mental Health Act documents for eight patients.

We also left a comment box with cards to fill on the ward but had no responses to this after two weeks.

## Summary of this service

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

- Risks to patients were assessed and mitigated. Staffing levels were calculated using a recognised staffing tool. Staff knew about different types of abuse and were confident about reporting concerns. Male and female accommodation was separated with the use of locked doors.
- People who were referred to the crisis assessment service had mental health assessments carried out. Physical health checks were offered to patients who were admitted to the crisis assessment unit. Staff had regular supervision and appraisals. Staff understood their roles and responsibilities in relation to the Mental Health Act and Mental Capacity Act. Audits were carried out to ensure section 136 documentation was completed correctly.
- Patients and carers said staff were kind and approachable. Staff supported patients appropriately. Agency staff were not used in the core service allowing for consistency of care.
- There was good evidence of detailed discharge planning taking place on the crisis assessment unit. The crisis assessment unit continued to have a positive impact on the length of stay and discharges on the acute wards, as well as a positive impact on readmissions to the trust within 28 days. Staff supported patients to access services which may benefit them. Complaints were logged and investigated. People who made a complaint were given feedback.
- Staff who worked in the crisis assessment service said they felt supported by senior staff members. The staff were aware of the trust's values. Audits were carried out throughout the service to ensure a good rating was maintained.

## Is the service safe?

Good  

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

- The crisis assessment service met the requirements of the eliminating mixed sex guidance.

# Mental health crisis services and health-based places of safety

- Risks to patients were mitigated with the use of observations and risk assessments. Alarms were fitted in all rooms patients were able to access.
- The clinic room had a thermometer in place and regular checks were carried out to ensure the fridge and clinic room temperatures were within safe limits for the storage of medicines.
- Staff requirements were calculated using a recognised tool. Staff worked between teams when necessary to ensure patients were cared for.
- Staff knew the different types of abuse and how to recognise signs of abuse. Staff were confident about reporting concerns and felt that managers would support them to raise concerns. Incidents were reported and investigated. Debriefs were held following incidents and lessons learnt were discussed during team meetings.

However:

- Not all objects that could potentially cause harm to patients and staff on the crisis assessment unit were included on the unit risk assessment.
- Not all mandatory training courses met the trust's compliance target of 85% and the specialist training in relation to supporting children was due to be delivered between 1 January and 31 March 2018.

## Is the service effective?

Good  

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

- Everyone who was referred to the crisis assessment service had a mental health assessment carried out. Assessments were recorded on electronic records which all trust staff were able to access.
- Physical health checks were offered to patients who were admitted to the crisis assessment unit and the section 136 suites. Patients were referred and attended specialist medical appointments.
- Staff received regular supervision and appraisal. Training needs were discussed as part of the appraisal process and staff were able to request additional training to help them progress in their roles.
- Staff understood their roles and responsibilities under the Mental Health Act and Mental Capacity Act. Staff had provided training to the local police force and were responsible for ensuring that police worked within the remit of the code of practice.
- Mental Health Act documentation was clearly completed and stored correctly. Patients were told of the reason for their admission. Audits were carried out to ensure that section 136 documentation was completed correctly. Staff understanding of the Mental Health Act and Mental Capacity Act was good.

However:

- Immediate plans of care for patients on the section 136 and in the crisis assessment service contained standard sentences and phrases.

## Is the service caring?

Good   



# Mental health crisis services and health-based places of safety

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

- Staff were kind towards patients and their relatives. Patients felt staff were approachable and took the time to speak to them and listen to their concerns.
- Staff supported patients in an appropriate way and were able to show empathy. Staff were able to adapt the way they spoke in order to give the correct level of support.
- Patient feedback for the crisis assessment service was positive. Patients and carers said that staff were very good and patient.

## Is the service responsive?

Good   

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

- There was good evidence of detailed discharge planning taking place on the crisis assessment unit.
- The crisis assessment unit continued to have a positive impact on the length of stay and discharges on the acute wards.
- The crisis assessment unit had a positive impact on readmissions to the trust within 28 days.
- The average length of stay on the crisis assessment unit between 1 January 2017 and 31 December 2017 was 4.5 days.
- The crisis assessment service provided leaflets to people giving them information on the service and other services they may benefit from. Staff supported patients to access services.
- Complaints were logged and investigated. Patients were given information on how to make a complaint
- The service had a good variety of rooms and activities on all wards to support patients.
- Staff knew the trust's complaints procedure and supported and encouraged patients to make complaints. Complaints were logged and investigated. Feedback was provided to people who made complaints.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Staff morale was good and staff felt positive about their roles. Staff felt supported by senior staff members.
- Staff were aware of the trust's values and were able to identify how they fit into their day to day roles. The trust involved staff in the decision around the new values
- Plans for improvement had been agreed and were due to be implemented in the near future.
- Audits were carried out to ensure the service remained within the good rating.

## Areas for improvement

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

# Wards for people with a learning disability or autism

Requires improvement   

## Key facts and figures

Leeds and York Partnership NHS Foundation Trust provides three inpatient wards for people over the age of 18 who have a learning disability and/or autism.

- Parkside Lodge: a 12 bed assessment and treatment unit for male and female adults who have a learning disability and/or autism.
- 2 Woodland Square: a five bed planned care (respite) service for male and female adults who have a learning disability and/or autism; and severe or complex physical health needs.
- 3 Woodland Square: a five bed planned care (respite) service for male and female adults who have a learning disability and/or autism; and severe or complex challenging behaviours.

The wards are based at two locations registered with the Care Quality Commission which are Parkside Lodge and St. Mary's Hospital. The locations have been registered since 2010 and provide the following regulated activities relevant to the service:

- assessment and treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury
- diagnostic and screening procedures.

Parkside Lodge is the only service which admits patients detained under the Mental Health Act. At the time of inspection there were seven patients admitted to Parkside Lodge and six were detained under the Mental Health Act. The seventh patient had agreed to informal admission. Patients could be admitted to 2 Woodlands Square and 3 Woodlands Square informally or if they lacked the capacity to consent to their treatment then the service made an application for Deprivation of Liberty Safeguards.

We carried out a Mental Health Act monitoring visit at Parkside Lodge in October 2016. Following this visit, the trust provided an action statement telling us how they would improve the service and improve adherence to the Mental Health Act and Mental Health Act Code of Practice.

We last inspected the wards for people with a learning disability and/or autism provided by Leeds and York Partnership NHS Foundation Trust in July 2017. We rated these services as requires improvement overall with ratings of requires improvement in the safe, effective and well-led domains, and ratings of good in caring and responsive domains.

We issued the provider with three requirement notices. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment; care plans did not link to risk assessments, had not always been updated and contained outdated advice on best practice. Patient evacuation plans had not been updated on 2 Woodland Square.
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment; staff had not made Deprivation of Liberty Safeguards (2009) applications for patients using the respite services who lacked the capacity to consent to care and treatment and were subject to continual supervision and control.

# Wards for people with a learning disability or autism

- Regulation 18 HSCA (RA) Regulations 2014 Staffing; staff did not receive regular supervision, appraisal rates were low, and training compliance was low in some areas including clinical risk, Mental Capacity Act and high-level personal safety.

At this inspection the trust had taken action and resolved these issues, except in relation to staff receiving regular supervision.

This inspection lasted three days from 8-10 January 2018. The inspection was unannounced which meant that the service had no prior notice that it would be inspected. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

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

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the environments and observed how staff were caring for patients
- spoke with six patients who were using the service and reviewed their comments on feedback cards
- spoke with 18 carers of patients who were using the service or had used it in the 12 months prior to inspection
- interviewed the clinical team managers for all three wards
- Interviewed the senior management team including the modern matron, learning disability services manager and associate director for specialist and learning disabilities care group
- Interviewed 20 other staff including nurses, healthcare support workers, an occupational therapist, a consultant psychiatrist and a psychologist
- spoke with a representative from a local carers support group, a local independent mental health advocacy service and two staff from a community adult social care provider
- looked at the care and treatment records of 14 patients
- reviewed medication management on the wards including the medication administration records of all 12 patients currently using the service
- undertook a detailed inspection of physical health equipment on 2 Woodlands Square and 3 Woodlands Square
- attended and observed two meetings including a care programme approach meeting and a multidisciplinary meeting
- observed one planned patient activity
- looked at a range of policies, procedures and other documents related to the running of the service.

## Summary of this service

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

- The information needed to deliver patient care was not available to all relevant staff.
- Staff did not maintain appropriate records of patients' care and treatment.

# Wards for people with a learning disability or autism

- There was limited evidence of patient involvement in decisions about the care and treatment provided by the service. There was limited evidence of that staff on Parkside Lodge and 3 Woodlands Square assessed patients' communication needs, or used adaptive communication strategies to enable patients to participate fully in their treatment and care. Care plans did not address patients' specific communication needs.
- There were blanket restrictions on each unit.
- The trust did not ensure staff were suitably supervised and appraised to carry out their role effectively.
- The trust did not provide care and treatment based on national guidance. Patients had limited access to psychological therapies and therapeutic activities.
- There was an inconsistent approach to assessing risks related to patients with epilepsy.
- Whilst staff were clear on the concept of whistleblowing and the trust process for raising concerns, not all staff felt that they would be able to raise concerns without fear of retribution.

However:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust now complied with guidance from the Department of Health on eliminating mixed-sex accommodation in hospitals.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

## Is the service safe?

**Requires improvement** ● → ←

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

- The information needed to deliver patient care was not available to all relevant staff. Healthcare workers including staff employed by the trust, bank staff and agency staff were not trained and did not have access to the electronic patient record system. Not all qualified bank and none of the qualified agency staff had access to the electronic patient record system.
- Staff did not maintain appropriate records of patients' care and treatment. The service stored information in paper records, an electronic patient record system and on a shared computer drive. These were not used consistently for each patient which meant that staff had to search in multiple locations to locate documentation. This included information related to physical healthcare and discharge planning.
- There were blanket restrictions on each unit. There was limited evidence that the service regularly reviewed blanket restrictions to ensure that they were appropriate.
- Staff did not regularly receive debriefs following incidents on the wards.

# Wards for people with a learning disability or autism

However:

- The trust now complied with guidance from the Department of Health on eliminating mixed-sex accommodation in hospitals.
- The trust prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

## Is the service effective?

**Requires improvement** ● → ←

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

- The trust did not ensure staff were suitably supervised and appraised to carry out their role effectively. Appraisal rates were below the trust target.
- The trust did not provide care and treatment based on national guidance. Patients had limited access to psychological therapies and therapeutic activities. There was limited evidence that the service provided therapies, and access to training and work opportunities intended to help patients acquire living skills.
- There was an inconsistent approach to assessing risks related to patients with epilepsy. Patients with epilepsy did not routinely receive an individualised assessment and care plan for specific activities such as taking a bath.

However:

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust ensured that patients had good access to physical healthcare, including access to specialists when needed.

## Is the service caring?

**Requires improvement** ● ↓

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

- There was limited evidence of patient involvement in decisions about the care and treatment provided by the service.
- There was limited evidence that staff on Parkside Lodge and 3 Woodlands Square assessed patients' communication needs, or used adaptive communication strategies to enable patients to participate fully in their treatment and care. Care plans did not address patients' specific communication needs.

However:

# Wards for people with a learning disability or autism

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved carers and others close to patients in decisions about the care and treatment provided by the service.

## Is the service responsive?

**Good** ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- The service took account of patients' individual needs. The service had adapted premises to meet individual needs.
- The service treated concerns and complaints seriously, and supported patients and carers to understand how to make complaints.

However:

- Although we saw evidence of discharge planning within the multidisciplinary team meeting minutes, this was not recorded within the care records.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service maintained paper and electronic records to record and monitor supervision. Neither system was fully embedded; both showed significant gaps in relation to staff supervision.
- Staff told us they felt valued, respected and supported by their teams but not by the trust.
- Staff feedback on the visibility of senior managers was inconsistent. Not all staff felt that senior managers were visible.
- Whilst staff were clear on the concept of whistleblowing and the trust process for raising concerns, not all staff felt that they would be able to raise concerns without fear of retribution.
- The trust did not engage regularly with patients and carers to plan and manage the service appropriately. The service had recognised this as an issue and had established patient and carer engagement as their quality goals for 2018-19.

However:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Wards for people with a learning disability or autism

- Staff knew and understood the values of the trust. Staff were able to give descriptions of how the values were used to underpin both individual and team good practice.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing



This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Jenny Wilkes, Head of Hospitals Inspection, led this inspection. Two executive reviewers, including a chief executive and a director of quality and clinical performance, and an equality and diversity specialist adviser supported our well-led inspection.

The team that completed this inspection included one inspection manager, 12 inspectors, 19 specialist advisers, and four 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.