

# Bradford District Care NHS Foundation Trust

## Inspection report

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






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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall 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?	Requires improvement 

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

# Summary of findings

## Background to the trust

Bradford District Care NHS Foundation Trust is a provider of mental health, community health and specialist learning disability services. They support people of all ages who live in the Bradford, Airedale, Craven area and children (aged 0-19 years) in the Wakefield area. They also work with people from other areas when needed. There are over 3,000 staff working with at the trust. The trust was first registered with CQC on 17 June 2010 and has 15 active locations.

The trust serves a population of over 580,000 people. The population is amongst the most diverse in the country with over 100 languages. The trust's catchment area includes areas of high deprivation and higher than expected demand for health services.

The trust was established in 2002. Community health services were transferred to the trust in 2011 from Bradford and Airedale Community Health Services which was the provider arm of the former primary care trust NHS Bradford and Airedale. The trust was authorised as a foundation trust in 2015.

The trust has 206 beds for mental health inpatient services which are based at two sites; Lynfield Mount Hospital and the Airedale Centre for Mental Health. The trust headquarters are based at New Mill, Saltaire. Community mental health and community nursing services are registered to New Mill.

Trust locations include:

- BDCT Headquarters, New Mill
- Airedale Centre for Mental Health
- Lynfield Mount Hospital
- Keighley Health Centre
- Wrose Health Centre
- Bradford Royal Infirmary
- Barkerend Health Centre
- Holmewood Health Centre
- Horton Park Medical Centre
- Kensington Street Health Centre
- Royds Healthy Living Centre
- Shipley Health Centre
- Waddiloves Health Centre
- Westbourne Green Community Health Care Centre
- Airedale General Hospital

The trust provides the following 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

# Summary of findings

- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for older people
- Specialist community-based mental health services for children and young people
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community services for children, young people and families
- Community end of life care
- Community dental services

## Overall summary

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

## What this trust does

Bradford District Care NHS Foundation Trust is a provider of mental health, community health and specialist learning disability services.

## 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 nine complete core services in total out of 14 core services provided by the trust.

These were:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults

# Summary of findings

- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community dental services

These core 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.

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 went down. We rated it as requires improvement because:

- We rated six of the 14 core services provided by the trust as requires improvement overall. This takes account of the ratings of core services that we did not inspect this time.
- We rated safe, effective and well-led as requires improvement for the trust overall. Our rating for the trust took into account the current ratings of services not inspected this time.
- We rated well-led at the trust level as requires improvement. The trust's senior leadership team did not have effective oversight of staff training, staff supervision and of restrictive interventions in inpatient services. The trust had not ensured that all staff had checks with the disclosure and barring service in line with trust policy. The trust had not ensured that documentation was maintained in line with the fit and proper persons requirements. There was an inconsistent approach to audits in relation to the use of the Mental Health Act and Mental Capacity Act. The trust had not updated all active policies to reflect the changes to the Mental Health Act Code of Practice in 2015. The trust had not ensured that all serious incidents were reviewed in line with the requirements of the duty of candour and that serious incidents were investigated appropriately and effectively.
- Services were not consistently managing risks safely. Risk assessments were not always completed or reviewed regularly. Staff were not consistently trained in line with the trust's requirements. Services had high sickness, vacancy and turnover rates and some relied on agency and bank staff to maintain safe staffing levels. Staff were not consistently recognising and reporting safeguarding concerns to external agencies. Staff had a mixed understanding of the duty of candour.
- Services were not consistently providing effective care. Care records in some services contained information that was incomplete or had not been reviewed for some time. Not all care plans were holistic and centred on the individual needs of the patient. Not all staff were regularly receiving supervision in line with the trust policy. Staff had a mixed understanding of the Mental Health Act and Mental Capacity Act.

However:

# Summary of findings

- The staff showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.
- The trust had ensured that services were responsive to meet the needs of people. Services were planned so that local people could access services when they needed them. There was a systematic approach to managing access to services which was based on individual needs. The trust had ensured there was a clear pathway so that people were transferred appropriately between services.

## Are services safe?

Our rating of safe went down. We took into account the ratings of services not inspected this time. We rated it as requires improvement because:

- We rated eight of the 14 core services as requires improvement for safe. This includes the core services that we did not inspect at this time.
- Not all services assessed and managed patient risks safely. Risk assessments were missing or incomplete within patient records in a number of core services. Staff on some wards could not demonstrate that they had undertaken a meaningful assessment of risks in the environment; for example fire risks or risks from potential ligature anchor points.
- Staff in some services had not undertaken the training necessary for them to fulfil their role. Not all staff whose roles required training in breakaway techniques, basic life support, immediate life support and safeguarding had received training.
- Sickness, vacancy and turnover rates were high across the trust. Inpatient services in particular heavily relied on the use of bank and agency staff to maintain safe staffing levels.
- Blanket restrictions were in place in the trust's acute mental health wards for working adults, wards for people with a learning disability and wards for older people with mental health problems. The trust did not have an effective system to identify and review restrictions implemented in inpatient services.
- Staff working in the trust's acute mental health wards for working age adults and the wards for people with a learning disability and/or autism had not identified and reported safeguarding concerns to the trust's or the local authority's safeguarding team.
- The majority of staff working in both inpatient and community services could not recognise or explain the concept of the duty of candour.

However:

- Within the trust's inpatient services staff had introduced safety huddles. Safety huddles were quick meetings which included all clinical and non-clinical staff. The purpose of the meeting was to ensure that all staff working on the wards had a clear understanding of the immediate risks.
- All inpatient and community services were clean and well-maintained. Staff were aware of and adhered to infection control procedures. Clinic rooms in inpatient services were maintained appropriately and staff could access appropriate equipment to carry out their roles.
- Compliance rates for the four modules regarded by the trust as mandatory training were consistently high in each core service inspected

# Summary of findings

## Are services effective?

Our rating of effective went down. We took into account the ratings of services not inspected this time. We rated it as requires improvement because:

- We rated five of the 14 core services as requires improvement for effective. This takes account of the core services that we did not inspect at this time.
- The quality of care records was inconsistent between the core services. In some services care records did not contain up to date information, were incomplete or could not be located by staff. Staff were not reviewing care records consistently. Not all bank staff and none of the agency staff could access patient records.
- Not all staff received regular supervision in line with the trust policy. Staff told us this was because of pressures caused by staffing levels and patient acuity. Managers did not have systems in place to monitor staff supervision.
- Patients had limited access to psychological therapies in both inpatient and community mental health services.
- Training in the Mental Health Act and Mental Capacity Act was not mandatory for staff. Compliance with role-specific required training in the Mental Health Act and Mental Capacity Act was inconsistent between core services. Staff demonstrated varying knowledge and understanding of the Mental Health Act and Mental Capacity Act. Not all staff working with patients were trained in the Mental Health Act and Mental Capacity Act.
- Staff in inpatient services were not consistently recording in care records that patients had received an explanation of their rights under the Mental Health Act.

However:

- Within mental health services there was a strong focus on caring for the physical health of patients. Staff undertook regular physical observations of patients prescribed high dose medication and those with long term enduring physical health conditions.
- Staff had embedded the use of national guidance to support effective patient care within community dental services and community health services for adults.
- Within a number of services there was a strong focus on multidisciplinary and inter-agency working. Services included staff from a range of professional disciplines which provided a holistic approach to patient care.

## Are services caring?

Our rating of caring stayed the same. We took into account the ratings of services not inspected this time. We rated it as good because:

- We rated all 13 of the 14 core services as good for caring. We rated one core service as outstanding for caring. This takes account of the core services we did not inspect at this time.
- We consistently received positive feedback from people using services and their relatives and carers. Staff ensured that patients and carers were involved in making decisions about their care.
- Staff in all services were kind, compassionate, respectful and supportive. Feedback from patient surveys indicated high patient satisfaction with staff attitudes.
- All services demonstrated that they were patient focussed. The community health services for adults in particular demonstrated a holistic approach to patient care in which the needs and preferences of individual patients were incorporated fully into the delivery of care.

# Summary of findings

- The trust had implemented ‘carer’s hubs’ in two locations and had plans to open a third. Carer’s hubs were services provided in partnership with three third sector voluntary organisations providing a range of health and wellbeing activities for carers.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the ratings of services not inspected this time. We rated it as good because:

- We rated 12 of the 14 core services as good for responsive. We rated one core service as outstanding for responsive. This takes account of the core services we did not inspect at this time.
- The trust had ensured that services were organised so that people could access services when they needed them. There was a coordinated pathway for available for people experiencing mental health crisis from initial contact with services to inpatient admission through to discharge into the community mental health services. Community mental health and physical health services were planned to meet the needs of the local community.
- Inpatient services including wards for people with a learning disability and/or autism had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.
- Services had a clear approach to triaging referrals which meant that people with higher risks or needs were not waiting longer than they should do.
- Ward environments had a range of rooms, equipment and facilities available to promote recovery.

However:

- There was limited evidence of discharge planning in community mental health services.

## Are services well-led?

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

- The trust did not have effective oversight of staff supervision. Not all staff regularly received supervision. Systems were not in place to record and monitor supervision or to identify to senior managers the services which had low compliance.
- The trust did not have effective oversight of staff training. The trust distinguished between training which was mandatory for all staff and training which was required for staff working in specific roles or disciplines. The trust’s senior leadership did not have effective oversight of role-specific required training. Our inspection of the trust’s core services found a number of examples of low compliance with required training.
- The senior leadership team did not have effective oversight of restraint, prone restraint and the use of rapid tranquilisation. The trust’s dashboards provided senior leaders with data which did not fully represent the use of restrictive interventions in inpatient services.
- Managers had not undertaken a check with the Disclosure and Barring Service on all staff working at the trust at the time of inspection. This was not in line with the trust’s policy.
- There were a number of policies in use at the trust which had not been updated to reflect the changes to the Mental Health Act Code of Practice which was introduced in 2015.

# Summary of findings

- There was not a clear, systematic approach to clinical and managerial audit to improve quality and safety within services. Audits in relation to the use of the Mental Health Act were not consistently completed. The trust did not audit the use of the Mental Capacity Act. Within local services, audits had not effectively identified the concerns we found during inspection in relation to the quality of patients' risk assessments, care plans and incident reports.
- Not all serious incidents were reviewed in line with the requirements of the duty of candour and the trust had not investigated all serious incidents effectively and within an appropriate timescale.
- The trust had not maintained a record of checks in line with the Fit and Proper Persons' Regulation. Personnel files for non-executive directors did not contain the documentation required to evidence that the trust had consistently and routinely checked to ensure that the non-executive directors were fit and proper persons in line with the requirements of the regulation.

However:

- The vision and values were prominent throughout the trust. Staff consistently demonstrated awareness and commitment to the trust's vision and values. The significant majority of staff we spoke to were positive about working at the trust.
- The board of directors were committed, competent and capable in their roles. Both executive and non-executive directors brought a range of skills and experience to the trust's senior management team. The trust's board was relatively stable and had benefited from effective succession planning.
- There was a clear strategy which was aligned to the wider health and social care economy. The trust was an active participant in the West Yorkshire and Harrogate Health and Care Partnership. The trust had clear strategic objectives, corporate objectives and quality goals.
- The trust had worked to engage voluntary sector organisations to provide new and innovative models of care. Voluntary sector organisations were incorporated into the trust's governance structures to ensure appropriate oversight of performance, quality and safety.
- The trust had used a number of approaches to engagement. Patients, relatives and carers and staff were able to feedback to the trust on the care and treatment provided. The trust scored highly in patient feedback as a provider to receive care from. The trust had also worked to improve engagement with commissioners, local authorities and other agencies.
- Governance structures were well-embedded and were familiar to staff at all levels working within the trust. The trust board sub-committees were well established and were chaired by non-executive directors. The trust's council of governors had an active and diverse membership which was reflective of the trust's catchment area.
- The trust had a clear approach to managing risk using a board assurance framework and risk registers at team, service, business unit and corporate level. Staff were aware of how to use risk registers to escalate risks to senior managers. Staff concerns matched concerns identified on the trust's risk registers. The trust had a clear approach to identify and learn from patient deaths.
- There was a well-established programme which recognised good practice and achievement within staff teams. The trust had an annual awards ceremony and a number of other celebration events which included staff from a variety of disciplines. The trust itself had been recognised for a number of awards from a range of national organisations.

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# Summary of findings

## Ratings tables

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

## Outstanding practice

We found several examples of outstanding practice during the core service inspections.

In community dental services:

- The service had developed an anxiety care pathway which looked at other options, short of intravenous sedation, with a view to helping the patient to not need the service in the future. The service had a cognitive behavioural nurse and could arrange other therapies such as acupuncture and hypnosis. All patients being considered for intravenous sedation had to undergo a mandatory taster session for cognitive behavioural therapy.

In community health services for adults:

- The trust had developed a spreadsheet for recording and monitoring pressure ulcers. Details of all pressure ulcers were entered and this allowed the ability for trends and themes to be easily identified and acted on.
- The continence service had recently expanded its remit to undertake all first continence pad and follow up continence assessments. This reduced the workload falling to the district nursing service and allowed patients to be assessed by specialist continence team members.
- The tissue viability service used a vascular assessment outcome tool to track the outcome and cost of care provided. This data was then used to drive improvements in the service, such as the development of a chronic wound pathway which was presented to an international conference.

In the mental health crisis services and health-based places of safety:

- The redesign of the trust's mental health crisis services' pathway had ensured that no patient had needed to be admitted to an out of area placement in the previous two years. The intensive home treatment team ensured that more people could be cared for in the community without requiring an inpatient admission.
- The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support which reduced admissions to accident and emergency departments.

In community mental health services for people with a learning disability and/or autism:

- The service ran 10 training sessions in the last year to local support providers around active support and behavioural monitoring. The service also had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- The service was working with local police services to improve engagement with people living with learning disabilities by providing them with advice and guidance on the various types of conditions and associated issues and behaviours.
- The service had been involved in an NHS improvement programme around criteria led discharges, which included examining how discharge times could be reduced where appropriate.

# Summary of findings

## Areas for improvement

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

We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for Improvement sections in each core service of this report.

## Action we have taken

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

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

For more information on action we have taken, see the sections on Areas for Improvement in each core service and Regulatory Action at the end of this report.

## What happens next

We will make sure 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

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- The continence service had recently expanded its remit to undertake all first continence pad and follow up continence assessments. This reduced the workload falling to the district nursing service and allowed patients to be assessed by specialist continence team members.
- The tissue viability service used a vascular assessment outcome tool to track the outcome and cost of care provided. This data was then used to drive improvements in the service, such as the development of a chronic wound pathway which was presented to an international conference.

In the mental health crisis services and health-based places of safety:

- The redesign of the trust's mental health crisis services' pathway had ensured that no patient had needed to be admitted to an out of area placement in the previous two years. The intensive home treatment team ensured that more people could be cared for in the community without requiring an inpatient admission.

# Summary of findings

- The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support which reduced admissions to accident and emergency departments.

In community mental health services for people with a learning disability and/or autism:

- The service ran 10 training sessions in the last year to local support providers around active support and behavioural monitoring. The service also had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- The service was working with local police services to improve engagement with people living with learning disabilities by providing them with advice and guidance on the various types of conditions and associated issues and behaviours.
- The service had been involved in an NHS improvement programme around criteria led discharges, which included examining how discharge times could be reduced where appropriate.

## 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 the future, or to improve services.

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

- The trust must ensure that effective governance systems are in place to assess, monitor and improve the quality and safety of the services.
- The trust must ensure that checks are completed for all its executive and non-executive directors, and that accurate records of these checks are maintained in line with the Fit and Proper Person Requirement regulation and the trust's policy.
- The trust must ensure that all staff are checked by the Disclosure and Barring Service in line with trust policy.
- The trust must ensure that serious incidents are reviewed and thoroughly investigated within appropriate timescales, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.
- The trust must put a system in place to ensure that there is effective oversight of the use of restrictive interventions in inpatient services.
- The trust must put a system in place to ensure that there is effective oversight of role-specific required training for all staff.
- The trust must update all active policies to reflect the changes to the Mental Health Act Code of Practice introduced in 2015.
- The trust must review role-specific required training to ensure that staff are appropriately trained in the Mental Health Act and Mental Capacity Act.
- The trust must put a system in place to ensure that there is effective oversight of compliance rates for staff supervision.

# Summary of findings

- The trust must ensure that there is a clear and effective approach to audit within services. Audits must be used to improve quality within services.
- The trust must ensure that it effectively audits the use of the Mental Health Act and the Mental Capacity Act.

Action the trust SHOULD take to improve:

- The trust should ensure that all staff have access to the electronic systems required to complete their role and to ensure records are accurate and contemporaneous to keep patients safe.
- The trust should review its approach to accreditation from national organisations.
- The trust should ensure there is a systematic and standardised approach to quality improvement, and that staff are trained in the identified improvement methodology.

## Is this organisation well-led?

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

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

- The trust did not have effective oversight of staff supervision. Not all staff regularly received supervision. Systems were not in place to record and monitor supervision or to identify to senior managers the services which had low compliance.
- The trust did not have effective oversight of staff training. The trust distinguished between training which was mandatory for all staff and training which was required for staff working in specific roles or disciplines. The trust's senior leadership did not have effective oversight of role-specific required training. Our inspection of the trust's core services found a number of examples of low compliance with required training.
- The senior leadership team did not have effective oversight of restraint, prone restraint and the use of rapid tranquilisation. The trust's dashboards provided senior leaders with data which did not fully represent the use of restrictive interventions in inpatient services.
- Managers had not undertaken a check with the Disclosure and Barring Service on all staff working at the trust at the time of inspection. This was not in line with the trust's policy.
- There were a number of policies in use at the trust which had not been updated to reflect the changes to the Mental Health Act Code of Practice which was introduced in 2015.
- There was not a clear, systematic approach to clinical and managerial audit to improve quality and safety within services. Audits in relation to the use of the Mental Health Act were not consistently completed. The trust did not audit the use of the Mental Capacity Act. Within local services, audits had not effectively identified the concerns we found during inspection in relation to the quality of patients' risk assessments, care plans and incident reports.
- Not all serious incidents were reviewed in line with the requirements of the duty of candour and the trust had not investigated all serious incidents effectively and within an appropriate timescale.

# Summary of findings

- The trust had not maintained a record of checks in line with the Fit and Proper Persons' Regulation. Personnel files for non-executive directors did not contain the documentation required to evidence that the trust had consistently and routinely checked to ensure that the non-executive directors were fit and proper persons in line with the requirements of the regulation.

However:

- The vision and values were prominent throughout the trust. Staff consistently demonstrated awareness and commitment to the trust's vision and values. The significant majority of staff we spoke to were positive about working at the trust.
- The board of directors were committed, competent and capable in their roles. Both executive and non-executive directors brought a range of skills and experience to the trust's senior management team. The trust's board was relatively stable and had benefited from effective succession planning.
- There was a clear strategy which was aligned to the wider health and social care economy. The trust was an active participant in the West Yorkshire and Harrogate Health and Care Partnership. The trust had clear strategic objectives, corporate objectives and quality goals.
- The trust had worked to engage voluntary sector organisations to provide new and innovative models of care. Voluntary sector organisations were incorporated into the trust's governance structures to ensure appropriate oversight of performance, quality and safety.
- The trust had used a number of approaches to engagement. Patients, relatives and carers and staff were able to feedback to the trust on the care and treatment provided. The trust scored highly in patient feedback as a provider to receive care from. The trust had also worked to improve engagement with commissioners, local authorities and other agencies.
- Governance structures were well-embedded and were familiar to staff at all levels working within the trust. The trust board sub-committees were well established and were chaired by non-executive directors. The trust's council of governors had an active and diverse membership which was reflective of the trust's catchment area.
- The trust had a clear approach to managing risk using a board assurance framework and risk registers at team, service, business unit and corporate level. Staff were aware of how to use risk registers to escalate risks to senior managers. Staff concerns matched concerns identified on the trust's risk registers. The trust had a clear approach to identify and learn from patient deaths.
- There was a well-established programme which recognised good practice and achievement within staff teams. The trust had an annual awards ceremony and a number of other celebration events which included staff from a variety of disciplines. The trust itself had been recognised for a number of awards from a range of national organisations.

## 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 ↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017
Mental health	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017
<b>Overall trust</b>	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↔ Nov 2017	Good ↑ Nov 2017	Outstanding ↑ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017
Community health services for children and young people	Good Jun 2014	Good Jun 2014	Good Jun 2014	Requires improvement Jun 2014	Good Jun 2014	Good Jun 2014
Community end of life care	Good Jun 2014	Good Jun 2014	Good Jun 2014	Outstanding Jun 2014	Good Jun 2014	Good Jun 2014
Community dental services	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
<b>Overall*</b>	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017

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

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017
Forensic inpatient or secure wards	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
Wards for older people with mental health problems	Requires improvement Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Requires improvement Nov 2017
Wards for people with a learning disability or autism	Requires improvement Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Requires improvement Nov 2017
Community-based mental health services for adults of working age	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017
Mental health crisis services and health-based places of safety	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017
Specialist community mental health services for children and young people	Requires improvement Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
Community-based mental health services for older people	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
Community mental health services for people with a learning disability or autism	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
<b>Overall</b>	Requires improvement ↓↓ Nov 2017	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↓ Nov 2017

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.



# Community health services

## Background to community health services

The trust provides the following community health services:

- Community health services for adults
- Community services for children, young people and families
- Community end of life care
- Community dental services

We inspected two complete community health core services out of four provided by the trust.

These were:

- Community health services for adults
- Community dental services

## Summary of community health services

**Good** ● ↑

Our rating for these services improved. We rated them as good because:

- Our rating for community health services for adults improved. We rated this service as good.
- We rated community dental services as good.

# Community health services for adults

Good  

## Key facts and figures

Bradford District Care Trust provides a range of community health services for adults across the areas of Bradford, Airedale, Wharfedale and Craven. The trust serves a population of over 580,000 people.

The services are provided in people's homes, GP Practices, clinics and care homes. The trust had organised their community nursing services into 37 community nursing teams based around GP practice population and geographical location. The district nurse services provide over 330,000 face to face contacts each year.

Podiatry clinics are held at over 40 locations within the area and speech and language therapy is provided at several locations across Bradford. Continence services are also provided at four locations.

Our inspection was announced at short notice to enable us to observe routine activity. It took place between 4 and 6 October 2017.

During our inspection we visited 12 locations. We spoke with 62 staff, from community nursing services or integrated care teams, including district nursing, community matrons and specialist nursing services. We also spoke with community therapy services.

We spoke with 14 patients, three relatives and reviewed 10 patient records. We observed practice in a podiatry clinic, leg ulcer clinic and on several home visits with the district nursing teams.

At the previous inspection in 2014, CQC rated community adults services as requires improvement overall with the effective and responsive key questions rated as requires improvement. Safe, caring and well led were rated as good. During this inspection we looked at all five key questions.

## Summary of this service

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

- The service provided safe care and treatment to patients. Staff were competent in reporting and learning from incidents and safeguarding concerns. Staff were also supported to develop competencies and their professional practice.
- Multidisciplinary teams delivered evidence based care and treatment across the service. Services were planned and delivered to meet the needs of patients, including tailored services for patients with specific needs.
- Staff delivered outstanding care to patients. This was supported by comments and feedback received from patients, observations of caring interactions, and examples of where staff were able to go 'over and above' to deliver person centred care.
- There was a positive, patient centred culture within the service where staff felt supported by leaders to deliver good quality patient care.

However:

- Governance processes did not always provide assurance about performance or practice within the service. Examples of this included management and clinical supervision not being consistently practiced or documented. Other examples of this included incomplete data being provided around role specific training for staff.

# Community health services for adults

## Is the service safe?

Good   

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

- Staff reported incidents and near misses and this was encouraged. Most staff reported getting feedback from incidents, although wider learning from specific incidents was not always shared.
- Staff demonstrated a good knowledge of safeguarding and could provide examples where they had escalated and managed concerns.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had the appropriate equipment to provide the care and treatment for their patients.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Patient risk assessments were in place and we saw evidence of reassessment. Appropriate policies and procedures were in place for lone working and the management of deteriorating patients.
- The majority of services 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.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- Staff told us that they were up to date with mandatory training, but data provided by the trust was limited to four mandatory modules and did not provide assurance about the wider compliance rate with role specific training modules.

## Is the service effective?

Good  

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

- Staff provided evidence based care and treatment to patients.
- There was a strong focus on support for staff of all levels to improve and extend the scope of their practice.
- There were strong and positive local arrangements for multidisciplinary team working within various community teams.
- Staff we spoke with had a good understanding of consent and mental capacity issues. We saw that concerns in relation to a patient's capacity were appropriately documented and escalated when required.

However:

- There was an inconsistent approach to conducting and documenting clinical and management supervision across the service.

# Community health services for adults

## Is the service caring?

**Outstanding**  

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

- We observed excellent care being delivered by highly motivated staff and were provided with examples of staff going above and beyond in caring for patients.
- We received continually positive feedback from patients and their relatives.
- There was a strong patient-centred focus. People's individual preferences and needs were reflected in care delivery. We saw holistic patient care that took into account religion, ethnicity and personal preferences. This was supported by the care plans we reviewed.
- All staff were clearly committed to working in partnership with patients and their families.
- We observed staff offering emotional support and the importance of this was recognised by all staff. Patients' emotional and social needs were integrated into their care and treatment. Staff could access specialist support for patients when this was needed.
- We observed on our visits, and found from discussions with staff, that patients' independence was promoted. Staff worked with patients and their families to enable care to be delivered at home.
- Patients spoke about and we observed strong relationships with staff from the services, which meant there could be open discussions during visits.

## Is the service responsive?

**Good**  

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

- Service planning was delivered to meet the needs of the local community offering flexibility, choice and continuity of care.
- Access to care was timely and focused on the needs of the individual patient.
- Community matrons and complex care teams were in place to manage the care of patients with long term conditions or complex physical health needs.
- The service was responsive to individual needs and worked flexibly to meet the needs of patients in vulnerable circumstances.

## Is the service well-led?

**Good**   

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

- We saw that local and senior leadership was supportive and accessible to staff.

# Community health services for adults

- Staff reported a good culture and feeling motivated in their roles. Staff felt supported and valued in adult community services and that the trust cared about the well-being of the staff.
- There was a focus on the delivery of person centred care and staff who were committed to the delivery of high quality patient care.
- Staff told us they knew how to raise concerns and felt conformable to do this.

However:

- There was no consistent approach to monitoring and auditing the quality of the service, outcome measures for patients to improve the quality of the service or clinical and management supervision.
- Governance systems were in place; however we did not see that senior staff were assured of compliance in all areas.
- We were not provided with data relating to all areas of mandatory and role specific training and rates of clinical supervision.

## Outstanding practice

- The trust had developed a spreadsheet for recording and monitoring pressure ulcers. Using this information and looking at key indicators enabled the trust to extract lots of different information to improve care. For example trends and themes could easily be identified. This document had been shared with NHS England as an example of good practice.
- The continence service had recently expanded its remit to undertake all first continence pad and follow up continence assessments. This reduced the workload falling to the district nursing service and allowed patients to be assessed by specialist continence team members.
- The tissue viability service used a vascular assessment outcome tool to track the outcome and cost of care provided. This data was then used to drive improvements in the service, such as the development of a chronic wound pathway which was presented to an international conference.
- Mental health colleagues attended the quality and safety meeting and district nurses forum and adult community services could access mental health support from colleagues within the trust.

## 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 the future, or to improve services.

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

- The trust should ensure there is a consistent approach to monitoring and auditing the quality of the service, outcome measures for patients to improve the quality of the service and clinical and management supervision.
- The trust should ensure that clinical supervision is recorded appropriately.
- The trust should ensure that management supervision is recorded appropriately.
- The trust should ensure that all mandatory and role specific training is completed by staff.
- The trust should ensure that patient group directives are appropriately completed and stored.
- The trust should ensure regular team meetings are held across all services.

# Community dental services

Good 

## Key facts and figures

Community dental services sit within the Specialist Inpatient Administrative Services and Dental directorate of the Bradford District Care NHS Foundation Trust ('the trust'). On 10 to 12 October 2017 we inspected whether the service was safe; effective; caring; responsive; and well-led. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. This was the first time the service had been inspected and so there were no previous ratings.

Staff told us the Bradford and Airedale area has one of highest rates for missing decayed and filled teeth in the Yorkshire area. Further, they told us there is a shortage of NHS dentists in the area and so the local population often do not have a general dental practitioner. The service operates in this context.

The service operates out of eight community based locations based around Bradford, and in Shipley and Keighley. In addition, there is a mobile dental unit that offers services to hard to reach patient groups, such as homeless people. A range of specialised dental health clinics are offered including community dental care, unscheduled dental care and oral health promotion.

Community dental care supports people who have needs that cannot be met by a high street dentist (for example people who are housebound, have anxiety or severe physical disabilities) and people are referred to the service by a dentist, doctor or other healthcare professional. The service provides general dental treatment such as fillings, x-rays, cleaning and extractions. For those patients with additional needs, it can also offer treatment with sedation (inhalation sedation or intravenous sedation) or in hospital under general anaesthetic. In addition to the clinics within the community locations, the service, subject to strict acceptance criteria, can support people in their homes, following an assessment. The service has specialist equipment such as adapted dental chairs, hoists and transfer aids to support people who have mobility issues to receive the dental care they need.

Unscheduled dental care supports people during an emergency when urgent dental care is needed and is a referral based service accessed through the NHS 111 service and run as a contract by the community dental service. In the event the problem cannot be resolved on the day another appointment or referral to a different service for example, treatment in hospital, will be arranged.

Oral health improvement is supported by a dedicated oral health improvement team committed to improving the oral health of the local communities. The team works together with a wide range of health professionals, external partners (such as Mosques), and voluntary and community groups, to offer training and support about improving oral health particularly to key groups such as children, vulnerable adults and older people. The team also works in partnership with national campaigns such as national smile month to deliver key oral health messages and has a range of oral health education resources available free of charge to loan.

The service had 100 staff members with vacancies for one dental nurse and two dentists.

In the period 1 April 2017 to October 2017, the service had undertaken 11382 units of dental activity.

During this inspection, we visited the mobile dental clinic and observed a home visit, and we visited six out of the eight community dental service locations listed below:

- Keighley Health Centre
- Shipley Health Centre

# Community dental services

- Westbourne Green
- Waddiloves Health Centre
- Holmewood Dental Clinic
- Horton Park Dental Practice

We did not inspect the dental training unit based at the Westbourne Green location because, although the unit is subject to the community dental service's governance framework, the unit does not see or treat patients from the community dental service.

We spoke with 41 staff (including the deputy director of the directorate, the clinical lead, the business manager, consultants, senior dentists, senior dental nurses and dental nurses), 19 patients and/or their carers or relatives (or observed the care received) and reviewed 16 patient records. We reviewed data about the community dental service supplied to us by the trust.

## Summary of this service

We rated community dental services as good because:

- The service provided a welcoming and clean community dental service that was well regarded by the patients we spoke with.
- A range of clinics were offered including: clinics for emergency dental care, clinics for those patients who were unable to leave the house, dental care for patients who, because of their particular needs, could not be seen by a general dental practitioner, and mobile care for hard to reach groups, such as the homeless.
- Staff appeared motivated and had systems and processes in place to support them, including access to equipment they needed, and enough time, to enable them to see and treat patients safely.
- The service was well-led by a team of senior leaders who ensured there were adequate governance, risk and quality management systems in place to ensure safe care of patients and that the service continually strived to meet the needs of its local population.

## Is the service safe?

**Good** ●

We rated safe as good because:

- We did not identify any safety concerns with the performance of the service and there were systems and processes in place to report incidents, and learn from them and improve.
- Adults and children using the service were protected from abuse because staff had received training in safeguarding and knew how to report any issues. Medicines were stored and managed safely. The environment was clean and supported access for those with mobility issues. All patient records seen were clear, legible, detailed and stored safely.
- Staffing numbers allowed the service to provide safe care to patients. The service was able to respond to medical emergencies, and individual risks to patients were assessed when receiving treatment.

# Community dental services

- The service had a plan in place to help it deal effectively with risks to the service in terms of loss of staff or issues with information technology. Senior staff regularly discussed how they would respond to a major incident.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service used relevant national guidelines to provide effective care to its patients, helped patients manage their pain, gave advice on good oral health care, and where relevant, such as for patients receiving a general anaesthetic, gave advice about fasting.
- Patient outcomes were monitored by the service by taking part in national audits in order to collect data to help commissioners plan the service and by running a series of local audits to make sure that the service was achieving the outcomes expected of best practice.
- Staff had the required skills and knowledge to do their roles and many had qualifications over and above their mandatory training, such as in dementia, to help them provide care to their patients.
- We saw that the service worked as part of a wider multi-disciplinary team with patient care at its centre, and had clear processes in place to accept patients into the service, or refer or discharge them, and all staff had ready access to computers to support them in finding information they needed.
- Staff understood the importance of gaining consent to treat patients and knew how to support those patients who were unable to consent by following the training they had received in mental capacity act training, such as, by arranging best interest meetings.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff were compassionate with children and adult patients and used a variety of techniques to support patients to accept treatment. To support patient confidentiality treatment was provided behind closed doors, unless patients' care plans specified an alternative.
- The service worked with the trust's learning disability service to understand the needs of and involve the patient, families and carers so that patients could be in a position to accept the dental treatment they needed.
- Emotional support was provided, for example, using detailed storybooks to support the patient through their journey into and out of the service. Staff worked as part of a multi-disciplinary team for as long as was required to support the emotional needs of their patients designing the care around the patients ability to accept treatment.
- Friends and Family survey results showed overall that 98.1% of patients would recommend the service. All patients we spoke with were positive about the service.



# Community dental services

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service met with its commissioners to understand what the local population needed and tried to address the needs by offering the clinics that it did, such as the emergency clinic and the mobile clinic.
- The service embraced equality and diversity. This was visible in staff attitudes (as recognised by the award of dementia friend status) and by its use of interpreting services, which responded to the many asylum seekers who used the service.
- While access to the service was in demand, with an average waiting time of 30 weeks, emergency care was available through the NHS 111 service; the service had an action plan in place to try to reduce waiting times.
- The service encouraged feedback from its patients, whether by complaint or compliment, and carried out detailed investigations into complaints with a view to learning from them. The service made changes to its system and processes where necessary and appropriate.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- A local vision existed which was discussed throughout the service during team meetings. Staff could describe the vision. The strategy was still in development as the services were due to be re-procured by NHS England.
- Systems and processes were in place to provide governance, risk management and quality assurance. These included appointing senior dental nurses at each location, having regular staff meetings, and regular quality/safety and business meetings where risk was monitored and action plans approved and monitored.
- The local leadership were experienced practitioners, and were respected by staff. They were visible and approachable and appeared to work well together. Staff described the culture of the service in a positive way.
- The service took active steps to engage with the staff and public alike in order to improve the service and act on any feedback.
- We were told about innovations the service was proud about and noted the service was committed to improve and was in discussions with commissioners to make the service sustainable.

## Outstanding practice

The service had developed an anxiety care pathway, which looked at options to prevent intravenous sedation and eliminating the need to return to the service in the future. The service had a cognitive behavioural nurse and could arrange other therapies such as acupuncture and hypnosis. All patients being considered for intravenous sedation had to undergo a mandatory taster session for cognitive behavioural therapy.

# Mental health services

## Background to mental health services

The trust provides the following core services:

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

We inspected seven complete mental health core services in total out of nine mental health core services provided by the trust.

These were:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for people with learning disability or autism

## Summary of mental health services

**Requires improvement** ● ↓

Our rating of these services went down. We rated them as requires improvement because:

- Following this inspection, six of the nine core services were rated as requires improvement overall.

# Summary of findings

- For three of these nine core services, we changed the rating from good to requires improvement following this most recent inspection.

However:

- We rated community mental health services for people with a learning disability and autism as good.

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

Requires improvement  

## Key facts and figures

Bradford District Care NHS Foundation Trust provides one mental health rehabilitation and recovery ward. The ward is called Step Forward and it is based at Lynfield Mount Hospital in Bradford. Step Forward has 12 beds and can provide care and treatment to male or female patients aged between 18 and 65 years.

Step Forward is an open rehabilitation ward. This means that it is for patients that require less restrictive care and the doors are not locked. It aims to provide a specialised and person centred mental health rehabilitation and recovery programme. The service promotes techniques that facilitate mental health recovery and increase social functioning.

We last inspected long stay rehabilitation services for adults of working age in June 2014 with forensic secure inpatient services. At the last inspection, we rated those services as 'good' overall. We rated safe as 'requires improvement', we rated effective, caring, responsive and well led as 'good'. At this inspection, we inspected all of our key questions.

Our inspection was short notice announced by 30 minutes prior to the inspection, which enabled us to observe routine activity.

During our inspection, we:

- visited Step Forward, completed a tour of the care environment and observed how staff were caring for patients
- interviewed the ward manager
- interviewed seven other staff that included: one consultant psychiatrist, one occupational therapist, two registered nurses, one health care assistant, one occupational therapy assistant and a psychologist
- spoke with seven patients using the service
- spoke with three carers and relatives of patients using the service
- reviewed six patients' care and treatment records
- completed four observations of staff and patients completing activities
- observed three multi-disciplinary meetings
- observed a staff handover
- reviewed a range of documents relating to the running of the service.

## Summary of this service

We rated long-stay or rehabilitation wards for working age adults as requires improvement because:

- The service did not always have enough staff. The trust reported that 80 shifts were not filled in the 12 month period between 01 July 2016 and 30 June 2017. Between 01 January 2017 and 31 July 2017 56 shifts fell below the safe minimum staffing levels and three shifts did not have a registered nurse on duty. Staff told us that registered nurses could not always have dedicated time with patients.

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

- Half of the patients' care plans reviewed did not contain information about interventions and support required to meet patients' needs. None of the records reviewed contained care plans with evidence of patient involvement or completed outcome measures. Staff had not ensured that they informed two patients of their rights under the Mental Health Act regularly. Training rates for Mental Health Act were low at 41%. Training in the Mental Capacity Act had not been consistent and although this was at 94% at the time of inspection, it had been 65% prior to our inspection.
- The clinic room was cluttered and this could impact on how quickly emergency equipment could be accessed when needed. A bottle of alcohol was stored with controlled drugs in the clinic room.
- The service did not have an allocated member of staff to complete patient observations each shift. When patients were on leave and missed physical health monitoring, staff did not always record whether they offered these checks again when patients' returned.
- The therapy kitchen was not fully accessible for disabled people because no areas of the kitchen had lowered worktops. Staff did not always respect patients' privacy; two patients told us they did not knock on their bedroom doors before opening and entering.

However:

- The ward was open access and had the appropriate restrictions expected for a rehabilitation ward. Patients had open access to a therapy kitchen and could make their own meals and drinks at any time. The service had facilities, activities and encouraged access to work to promote mental health rehabilitation and recovery. The service was clean, had good furnishings and was well maintained.
- Feedback from patients and observations showed that staff knew patients and their needs well. Staff were polite, respectful and supportive. They involved patients and their families, carers, advocates and care co-ordinators in multi-disciplinary meetings well.
- Staff managed and mitigated risks well. Patients risk assessments contained detailed information on risks and staff understood regular risk assessments of the care environment. Staff used de-escalation techniques and the service reported only three incidents of physical restraint in a 12-month period.
- The service reported no delayed discharges, serious incidents or safeguarding referrals and complaints in a 12-month period.
- Senior leaders were visible in the service and understood the services. Staff had opportunities for leadership development and they felt supported and valued.
- The trust provided opportunities for staff to participate in seminars on research, conferences and specialised learning events.

## Is the service safe?

**Requires improvement** ● → ←

We rated safe as requires improvement because:

- In a six-month period, 80 shifts were not filled. Fifty six shifts fell below the minimum safe staffing level and three shifts did not have a registered nurse on duty. Staff told us that registered nurses could not always have dedicated time with patients due to their other responsibilities.
- The clinic room was cluttered and this could prevent staff from accessing emergency equipment quickly when needed. A bottle of alcohol was stored with controlled drugs.

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

- The ward did not have allocated staff to complete patient observations. This meant that there was a risk that observations to check patients' well-being could be missed.
- Records showed patients sometimes missed physical health checks when off the ward and there was no evidence that staff offered to complete this when they returned.

However:

- Staff ensured that all ward areas were clean, had good furnishings and were well maintained. They completed regular risk assessments of the care environment and managed ligature risks that they could not remove.
- Patient records contained detailed information on current and historical risks. They contained information on managing the risk of specific issues where appropriate such as, falls and skin integrity. Four out of six patient records contained detailed risk management plans to address identified risks.
- Records contained evidence that staff use de-escalation techniques prior to the use of restraint. In a 12-month period, there had been three incidents of physical restraint. Staff had not used rapid tranquilisation, seclusion or long-term segregation.
- Staff understood their responsibilities in safeguarding adults and children at risk of significant harm. They knew how to identify potential signs of abuse and neglect and how to report these.
- The service managed medicines in a safe way. A pharmacist reviewed medication and re-stocked the clinic room. They completed regular audits. Staff escalated issues with fridge temperatures outside of the normal range appropriately and replaced a faulty fridge.

## Is the service effective?

**Requires improvement** ● ↓

We rated effective as requires improvement because:

- Three out of six care plans did not record what interventions and support staff should provide to meet the patient's needs.
- Out of the records reviewed, staff should have informed two patients of their rights under the Mental Health Act. One patient record did not show evidence that staff had informed them of their rights since their admission. The other patient record showed staff had not informed of their rights for three months.
- Staff training in the Mental Health Act was low. Only 41% of staff had completed training in the Mental Health Act. Training in the Mental Capacity Act had increased to 94% of staff. Prior to our inspection only 65% of staff had received this training.
- Staff did not always use outcome measures to evidence progress in treatment.

However:

- Staff invited patients' care co-ordinators and advocacy to attend multi-disciplinary meetings about their care and treatment. Multi-disciplinary meetings discussed a range of information relating to the progress of care and treatment for patients. Advocates visited the ward regularly.
- Staff completed prompt and comprehensive assessments of patients prior to and on admission to the ward.
- The multi-disciplinary team provided a range of suitable care and treatment interventions for rehabilitation and recovery. Patients could access medication, activities on the ward and in the community to support their recovery.

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

- Staff ensured that the right specialists were involved to meet patients' physical health needs.
- Managers ensured that staff received regular supervision and appraisals of their performance. Staff had access to attend additional training to support their professional development.

## Is the service caring?

Good ● → ←

We rated caring as good because:

- Feedback from patients and observations of interactions showed that staff demonstrated positive attitudes and behaviours towards patients. Staff were polite, respectful and supportive. They understood patients and their needs well.
- Staff involved patients in their care and treatment. They ensured patients shared their views during multi-disciplinary meetings about their care. Patients' notes showed staff worked with them to create patient led Wellness Recovery Action Plans.
- Staff involved carers and relatives appropriately. They invited them to meetings planned and shared information with the patient's consent.
- The service scored 93% in the Patient Led Assessment of Care Environments for privacy, dignity and well-being.
- Patients and carers responded positively to the Friends and Family Test survey. This had a score of 91%.

However:

- Care plans did not reflect the patient involvement or show that patients had received a copy of their care plans.
- Two patients told us that staff did not always knock on their bedroom doors before entering.

## Is the service responsive?

Good ● → ←

We rated responsive as good because:

- The quality and choice of food was good. Staff encouraged and supported patients to prepare their own meals. The trust provided money for patients to buy their own ingredients for meals. The service also provided a flexible menu that met different cultural dietary requirements.
- Staff ensured that patients had access to work, educational and recreational activities. They supported patients to maintain and develop relationships in the wider community and with those important to them.
- Staff used patients' individual communication systems where appropriate to support patients with additional communication needs.
- Patients could personalise their rooms and had their own bedroom keys to ensure their belongings were safe. They had open access to outdoor space.
- The service received no complaints four compliments in a 12-month period. Five out of seven patients knew how to make a complaint.

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

- There were no delayed discharges in a 12-month period.

However:

- Despite the service being mostly accessible for disabled people, the therapy kitchen did not have any lowered worktops so that disabled people could access the facilities.

## Is the service well-led?

Good   

We rated well-led as good because:

- Senior leaders were visible in the service. They understood the services they managed and communicated the trust vision and values to staff.
- Systems and processes ensured that staff received all mandatory training and most required training elements the ward was clean and well maintained.
- The service received no complaints and reported no serious incidents or safeguarding referrals in a 12-month period.
- Staff could access training and hold champion roles to develop their professional development and leadership skills. Staff received regular appraisals of their performance.
- Staff felt respected and supported. They felt confident about raising concerns if they needed to.
- The service had clear frameworks on what information staff should discuss at team meetings. There was clear escalation of issues and cascading of information from senior leaders to the ward and back.
- The trust provided translating research into practice seminars for staff to attend. The trust had developed relationships with an international university in research for the effectiveness of Group Schema Therapy.

However:

- The service had a sickness rate of 10%. Despite absence management and the use of bank and agency staff, there continued to be shifts left unfilled and this meant that some shifts fell below the safe staffing level for the ward.
- The service did not audit the application of the Mental Health Act and Mental Capacity Act. We identified two patients who had not been informed of their section 132 rights at regular intervals.
- Although the service had ward champions for nursing audit and service user involvement, we identified issues with care plans. They did not evidence patient involvement and three out of six care plans did not show evidence of interventions and support patients required to meet their needs.

## 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 the future, or to improve services.

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

- The trust must ensure that there are sufficient staff deployed to meet the minimum safe staffing levels.



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

- The trust must ensure that staff assess and design care plans in collaboration with patients and ensure these meet patients' assessed needs.
- The trust must ensure that staff receive training in the Mental Health Act.
- The trust must ensure that staff inform the relevant patients for their rights under section 132 of the Mental Health Act at regular intervals.

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

- The trust should ensure that emergency equipment is available quickly when needed.
- The trust should ensure that patients have access to one to one time with their named nurses.
- The trust should ensure that it is clear which member of staff is responsible to complete patient observations.
- The trust should ensure that medicines are not stored with other items.
- The trust should ensure that staff complete physical health monitoring they determine is required.
- The trust should ensure that staff receive training in the Mental Capacity Act consistently.
- The trust should ensure that staff document patients' involvement in their care plans.
- The trust should ensure that all staff maintain privacy of patients.
- The trust should consider using outcomes measures to measure patients' progress in treatment.
- The trust should consider making reasonable adjustments to ensure that disabled people can access the facilities of the therapy kitchen.

# Wards for older people with mental health problems

Requires improvement 

## Key facts and figures

Bradford District Care NHS Foundation trust provides inpatient care for older people across two wards. The Dementia Assessment and Bracken ward.

The Dementia Assessment unit provides 24-hour care and support to people presenting with behavioural and psychological symptoms associated with dementia. A multidisciplinary team comprising consultant psychiatrists, nurses, physiotherapists and occupational therapists provides assessment and treatment.

The dementia assessment unit moved to a purpose built unit at Lynfield Mount Hospital in August 2015 and was awarded a national gold award by the Dementia Services Development Centre at Stirling University.

Bracken ward provides care for anyone over the age of 65 who is experiencing acute mental health issues.

Bracken ward offers assessment and treatment service to support people with the symptoms associated with acute mental health. A multi-disciplinary team including registered mental health nurses, healthcare support workers and occupational therapists provides assessment and treatment.

Both wards have 22 beds for both men and women.

The Care Quality Commission completed a comprehensive inspection of the services provided by Bradford District Care NHS Foundation trust in June 2014. During that inspection services for older people including inpatient and community services were inspected as a whole and were rated Good overall.

We completed this inspection of the inpatient mental health services for older people on the 24 and 25 October 2017. Our inspection was announced 30 minutes prior to the start of the inspection. This short notice announcement enabled us to observe routine activity.

During our inspection, we:

- Visited both wards, completed a tour of the care environment and observed how staff were caring for patients.
- Interviewed the ward managers.
- Interviewed 23 other staff including: consultant psychiatrists, junior doctors, occupational therapists, registered nurses, health care assistants and occupational therapy assistants.
- Interviewed the senior managers including the service manager, clinical manager and assistant director for each ward.
- Spoke with six patients using the service.
- Spoke with six carers or relatives of patients using the service.
- Reviewed eight patients' care and treatment records and their medication records.
- Completed one short observational framework for inspectors (SOFI) observation.
- Observed two multi-disciplinary meetings.
- Observed a staff handover.
- Reviewed a range of documents relating to the running of the service.

# Wards for older people with mental health problems

## Summary of this service

We rated wards for older people with a mental health problem as requires improvement because:

- Required training compliance rates were low with a compliance rate of 39.5% for clinical risk training and 53.5% for medication management.
- Training compliance rates for the Mental Health Act and Mental Capacity Act were low and staff understanding of the Acts was inconsistent.
- Staff received management and clinical supervision infrequently.
- Safeguarding processes had not identified where patients could have been placed at risk through a potential breach in professional boundaries.
- Incident recording lacked detail of the type and duration of restraints used and process did not demonstrate if safeguarding referrals had been considered following incidents of patient on patient assault.
- Blanket restrictions were in place on Bracken ward including daily room searches and searching patients following section 17 leave.
- Patients had limited access to psychology whilst in hospital with patients being referred to the community psychologist for support.

However:

- The service had effective medication systems in place and completed regular medication audits including regular checks by the pharmacist.
- Clinic rooms provided appropriate facilities and equipment to meet patient needs and were clean and well maintained.
- Patients' assessments were comprehensive, evidence based and contained a detailed physical health assessment for all patients. Care plans and risk assessments were holistic and reflected individual patient need.
- Staff were seen to interact with patients in a way which demonstrated kindness, dignity and respect. Staff demonstrated a genuine knowledge and awareness of the individual needs of patients.
- Ward environments reflected the needs of the patients, they were accessible to patients with a disability or difficulties with mobility. Handrails were available in communal areas and in bathrooms. There was a range of facilities available to patients including activity space, outdoor space, computers, electronic tablet devices and empathy dolls and pets.
- Managers had a good oversight of the needs of the wards and had an effective governance framework in place to highlight the wards performance. Action plans were in place to address the areas that the framework identified as an issue.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- The compliance rate for required training for the service was at 72% overall, with clinical risk compliance rate of 39.5% and medication management compliance rate of 53.5%.

# Wards for older people with mental health problems

- Blanket restrictions were utilised on Bracken ward with daily room searches and all patients searched following section 17 leave irrespective of individual risk.
- Recording of incidents involving restraint in patients' bedrooms lacked detail of time scales, type of restraint and de-escalation techniques utilised.
- Safeguarding processes did not demonstrate if safeguarding was considered or if an alert was raised following incidents.
- Safeguarding processes had not highlighted where potential breaches in professional boundaries could have placed patients at risk of abuse.

However:

- The service completed annual environmental audits and ligature assessments.
- Wards had separate male and female bedroom corridors and bathrooms. Separate female only lounges were available and there had been no mixed sex accommodation breaches.
- Clinic rooms were clean and well maintained. Appropriate equipment was available and regularly maintained and calibrated.
- Effective medication systems were in place including appropriate recording and storage of medication and regular medication audits.
- Patients' risk assessments were detailed and personalised to reflect individual risks.

## Is the service effective?

**Requires improvement** ●

We rated effective as requires improvement because:

- Management and clinical supervision for staff was infrequent with staff on average receiving one to three supervisions between January and October 2017.
- Provision of psychology was limited with patients being referred to psychologists within the community mental health teams.
- Training in the Mental Health Act and Mental Capacity Act was not mandatory and the compliance rate for these courses was low.

However:

- Patients initial assessments were comprehensive and utilised a range of evidence based tools to identify individual needs.
- The service completed a detailed physical health assessment for all patients and regularly monitored patients' physical health throughout their admission.
- Care plans were holistic and patient centred, identifying individual support needs and goals.
- All relevant Mental Health Act paperwork was available in patient records including evidence of consent to treatment and patients' leave. All patients had their rights under the Mental Health Act explained to them regularly.
- Staff appraisal rates were high with 93% of staff having received an appraisal.

# Wards for older people with mental health problems

## Is the service caring?

**Good** ●

We rated caring as good because:

- All the feedback received from patients and carers was positive.
- We observed staff interacting with patients in a way, which demonstrated kindness, dignity and respect whilst meeting individual patients' needs.
- Patient and carer involvement was evidenced within care plans.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The environment of the Dementia Assessment unit was specifically designed to meet the needs of the patients.
- Wards were accessible to patients with a disability and handrails were available in communal areas for patients with mobility difficulties.
- Patients had access to a range of facilities including activity space, occupational therapy kitchens, outdoor space and computers.

However:

- There were no formal timescales set for the resolution of complaints.

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:

- Systems and processes did not operate effectively to enable the trust to assesses, monitor, and improve the quality and safety of the service provided.
- Senior managers and ward managers did not have oversight of compliance rates for mandatory and required training, supervision and appraisal.
- Audits completed had not recognised all of the concerns we found during the inspection including issues with blanket restrictions, identifying and reporting safeguarding concerns and recording details about restraint.

However:

- Senior managers demonstrated an understanding of the service; they were aware of the challenges and could outline the areas for development and their plans to address these.
- There was a governance framework within the service, including access to information dashboards for managers, monthly quality and safety meetings, and regular staff meetings.

# Wards for older people with mental health problems

- Staff were positive about working for the trust and were passionate about providing high quality care.
- Staff could discuss opportunities for improvement and innovations in team meetings and were supported to develop these.

## 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 the future, or to improve services.

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

- The trust must ensure safeguarding processes are in place to demonstrate that safeguarding is considered as part of the incident recording process and that safeguarding alerts are raised where necessary.
- The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.
- The trust must ensure staff maintain professional boundaries so that patients are not at risk of abuse.
- The trust must ensure patient and room searches are based on risk and do not form a blanket restriction.
- The trust must ensure records of incidents involving restraint are detailed and any instances, which may qualify as seclusion, receive protections outlined in the Mental Health Act Code of Practice.
- The trust must ensure staff receive the training they require to enable them to carry out their duties.
- The trust must ensure staff receive regular clinical and management supervision and a record of the supervision is maintained.

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

- The trust should consider providing access to a psychologist for patients detained on the ward.
- The trust should ensure staff receive training in the Mental Health Act and Mental Capacity Act and staff are able to understand the application of the Acts in relation to their role and patient groups.

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

Requires improvement  

## Key facts and figures

Bradford District NHS Foundation Trust provides acute inpatient services for men and women aged 18 and over. Services are provided at The Airedale Centre for Mental Health and Lynfield Mount Hospital in Bradford.

The Airedale centre for Mental Health provides two acute inpatient wards. These are:

- Fern Ward a 15 bed male acute admission ward
- Heather Ward a 19 bed female acute admission ward

Lynfield Mount Hospital in Bradford provides four acute inpatient wards. These are:

- Ashbrook Ward a 26 bed female admission ward
- Oakburn Ward a 22 bed male admission ward
- Maplebeck Ward a 21 bed male admission ward
- Clover Ward a 10 bed psychiatric intensive care unit

Lynfield Mount Hospital and The Airedale Centre for Mental Health have 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
- accommodation for persons who require treatment for substance misuse
- accommodation for persons who require nursing and personal care
- diagnostic and screening procedures.

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

We have carried out three Mental Health Act monitoring visits across the service between January 2017 and June 2017. Following these visits, the trust provided an action statement telling us how they would improve the service and improve adherence to the Mental Health Act and Mental Health Act Code of Practice.

We previously inspected the acute and psychiatric intensive care unit services between 17 June and 19 June 2014. The inspection report was published 15 September 2014 and we found some areas for improvement. We rated the service as requires improvement in one key question (responsive) and rated the service as 'good' in safe, caring, effective and well led. We undertook a further inspection in January 2016 specifically relating to the responsive key question and found the service had improved. Following the inspection in January 2016 the service was rated as good overall.

This inspection was undertaken between 09 October 2017 and 11 October 2017. This inspection was announced 30 minutes prior to attending for the inspection and we inspected all key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

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

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

During the inspection visit, the inspection team:

- visited all six wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 17 patients who were using the service, and reviewed their comments on eight feedback cards
- spoke with three carers of patients who were using the service
- spoke with the deputy director, service manager, clinical managers, six ward managers, responsible clinicians and junior doctors
- spoke with 28 other staff members including nurses, healthcare support workers, pharmacists, physiotherapist, occupational therapists, occupational therapy assistants, activity workers, psychologist and the Mental Health Act Officer
- looked at the care and treatment records of 28 patients
- reviewed medication management including the medication administration records of 61 patients
- attended and observed six meetings including three safety huddles, two bed management meetings, and a multi-disciplinary 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:

- The service was not entirely safe for patients. Staff vacancies were high and there was a reliance on bank and agency staff to maintain safer staffing levels. Demand on staff time, acuity and staffing levels remained a constant challenge. Patient risk assessments were not always completed and environmental risk assessments were not available to staff. Not all incidents of abuse were reported and staff did not always seek support from specialist advisors.
- Patients did not always receive care that was effective. The quality of care plans were poor, did not reflect individual preferences and were not reviewed regularly. Staff were not sufficiently trained and supervision was not monitored across the service. Compliance for required training was low and this meant staff did not have the required skills for ensuring patient care was effective. Audit activity was not regular or effective.
- The service was not always well led. The service did not have effective systems and processes to monitor and assess performance. Audit activity was inconsistent and oversight of outcomes minimal. Not all ward managers were able to access and effectively use these systems.

However:

- The trust was committed to improving the service and took a proactive approach to achieving this using safety huddles and the introduction of the carers' hub.
- The service undertook comprehensive assessment of a patients' mental health and physical needs upon admission to hospital.
- Patients and carers were mostly positive about the service. Engagement by the trust was key to supporting patients and carers in recovery.



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

- The service promoted a culture that supported and valued all members of staff.

## Is the service safe?

**Requires improvement** ● ↓

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

- Environmental risk assessments across the service were not accessible to staff. This meant staff were not aware of any identified risk or the action required to mitigate these.
- Staff vacancies were high and there was a reliance on bank and agency staff to maintain safer staffing levels. Demand on staff time, acuity and staffing levels remained a constant challenge to delivering consistent treatment and care.
- Staff did not always appropriately identify signs of abuse. Although systems were in place and staff had completed training, they did not report all incidents of abuse and use these systems. This meant safeguarding systems were not fully embedded and there were missed opportunities to seek specialist guidance.
- Staff did not always recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of regulation as required by the regulation.
- Not all staff had completed the trusts required training modules and compliance was below 75% for a number of training courses including, immediate life support, medication management, rapid tranquilisation and physical interventions that are essential for ensuring patients are safe.
- Staff did not consistently complete and review risk assessments for all patients.
- The trust applied a blanket restriction to the use of bathrooms; all patients were required to be supervised whilst using a bathroom and this was not individually risk assessed.
- Staff did not carry out and record the necessary observations and reviews of patients in seclusion as outlined in the trust policy and the Mental Health Act Code of Practice.
- Policies and procedures were not followed in line with trust policies and the Code of Practice in relation to restraint, seclusion and rapid tranquilisation. Staff did not always record if a debrief was provided following an incident or the use of restrictive interventions such as restraint. Care records did not always accurately record episodes of rapid tranquilisation.

However:

- Safety huddles on each ward were introduced to support staff in understanding the immediate risks and issues at the beginning of each shift.
- All wards had access to fully equipped and organised clinic rooms.
- There was access to appropriate alarms and nurse call systems on each of the six wards.
- All wards complied with the Department of Health's national guidance on eliminating same-sex accommodation.

## Is the service effective?

**Requires improvement** ● ↓

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

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

- Care plans were poor in relation to content and quality and were not regularly reviewed. One patient did not have a care plan for 10 days following their admission to hospital.
- Staff did not complete audits regularly. We reviewed audits including care records and controlled drugs and identified a series of gaps across the service in these audits.
- The recording of individual supervision was inconsistent and managers' did not have oversight of when supervision was happening.
- Compliance in a number of required training modules was low, ranging between 49% and 71% compliance. These included basic life support (69%), immediate life support (60%), rapid tranquilisation (55%) and physical intervention (49%)

However:

- All patients received a comprehensive assessment of both their mental and physical health needs when they were admitted to hospital.
- The service demonstrated how it was improving access to physical healthcare for patients; we saw regular monitoring of patients on high dose medication and those with long term conditions such as asthma and diabetes.
- The service was committed to quality improvement initiatives including a project to reduce the average length of stay for patients and an electronic rota system for staff to respond to the staffing needs of the ward.
- The service had sufficiently trained staff in the use of the Mental Health Act and Code of Practice. The service had skilled staff to administrate Mental Health Act documentation and provide specialist guidance.
- Staff completed capacity assessments when required. These were time and decision specific and were clearly documented.

## Is the service caring?

Good   

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

- Patients consistently gave positive feedback about the service; they felt cared for by staff and that the service was responsive to their needs.
- Patients told us staff were approachable, genuine and treated them with mutual respect.
- Patients were involved in meetings about their care and were supported to actively participate.
- Patients were able to give feedback about the service through a number of ways including ward community meetings, speaking with volunteers and completing the friends and family test.
- Carers had access to dedicated monthly carers meetings and the carers' hubs provided a range of health and wellbeing activities and support for carers.

## Is the service responsive?

Good   

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

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

- The service had a co-ordinated and effective care pathway that provided a consistent approach to managing a patients care from admission and through to discharge into the community.
- The service maintained oversight of the bed state across the service through an effective daily bed management meeting.
- Patients were supported to maintain contact with their local community and community organisations.
- Patients knew how to complain and information was available to support this process. The service managed complaints effectively and staff received feedback on the outcome of investigations of complaints.
- All wards had a range of facilities such as activity rooms, occupational assessment kitchens, quiet rooms and communal areas. Patients had access to outside space and had keys to their bedrooms.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The service did not have effective systems and processes to monitor and assess performance. Senior managers and ward managers did not have oversight of compliance rates for mandatory and required training, supervision and appraisal.
- Not all ward managers could access performance dashboards for their teams, team information was incorrect and confidence in the use of the dashboards was variable.
- The service did not have systems sufficiently embedded to monitor, assess and improve the quality and safety of the service.
- Oversight of the frequency of audit completion, outcomes and required actions was inconsistent.

However:

- Managers at all levels promoted a culture that supported and valued staff.
- Leaders within the service were visible and supportive, clinical managers and advanced nurse practitioners were noted to be key individuals.
- The service was committed to continuous learning, improvement and innovation, including leadership development, service improvement through safety huddles, and innovations through pilot projects.
- The service maintained a live risk register and issues raised by staff and identified within this inspection featured on the current risk register.

## 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 the future, or to improve services.

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

- The trust must ensure that there are sufficient staff numbers to consistently provide all aspects of patient care.

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

- The trust must ensure that all patients have a care plan in place that is reviewed regularly and is produced collaboratively with patients to ensure they are personalised, and reflect individual choice and preferences.
- The trust must ensure that all assessment of risk for patients and the environment are completed fully, accurately and are accessible; and action is taken to mitigate risk.
- The trust must ensure that they safeguard patients against abuse and improper treatment by ensuring staff know how to identify signs of abuse and how to report safeguarding concerns.
- The trust must ensure that restrictive practices, when required, should be planned, lawful, in the patient's best interest, proportionate and dignified. They should be individual in response to identified risk.
- The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.
- The trust must ensure that all staff on all wards have received up to date required training, as determined by the trust.
- The trust must ensure that systems and processes are effective to monitor, assess and improve the quality and safety of the services.
- The trust must ensure that staff consistently monitor and record patient care during periods of seclusion and following rapid tranquilisation.
- The trust must ensure that staff record whether a debrief was provided to patients following an incident or restrictive intervention such as restraint.
- The trust must ensure that staff recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of regulation as required by the regulation.

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

- The trust should ensure that agency staff have direct access to care records and incident reporting system.

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

Requires improvement  

## Key facts and figures

Bradford District Care NHS Foundation Trust provides community mental health services for adults aged 16 to 65 years with complex and enduring mental health problems who require specialist support. Patients who are registered with a GP in Bradford, Airedale, Wharfedale or Craven can ask their GP to be referred through a Single Point of Access. They may then be referred to one of five community mental health teams based across the district. All bases have bookable clinic space for appointments, but where appropriate staff see patients in community settings and/or in their own home.

The community mental health teams are made up of a range of mental health experts working together to provide care. The community mental health teams provide the following services;

- assessment and treatment for adults experiencing a range of complex mental health problems
- assertive outreach services
- early intervention psychosis services
- improving access to psychological therapies services
- employment support for patients
- access to diversionary activities
- occupational therapy
- support for carers and families
- support and advice to primary care and signposting to voluntary sector organisations and other services

At the last inspection, we rated the core service as 'good' overall. We inspected this core service on 19 to 20 October 2017. At this inspection, we inspected all of the key questions. Our inspection was announced 24 hours prior to the start of the inspection to ensure that we could speak with staff and patients during the inspection.

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

During the inspection visit, the inspection team;

- toured the care environments at two service locations; Horton Park Medical Centre and Meridian House and observed how staff were caring for patients
- completed observations which included consultants clinics, home based treatment appointments, multidisciplinary meetings for two of the teams
- interviewed the director and the assistant director and the service manager of the community mental health services
- interviewed three team leaders for the community mental health teams and two team leaders from the early intervention psychosis services

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

- spoke with 22 other staff members including consultant psychiatrists, advanced nurse practitioners, community mental health nurses, care coordinators, associate nurse practitioners, support workers, social workers, occupational therapists and psychologists
- spoke with 10 patients using the community mental health services
- spoke with 4 carers
- reviewed feedback left by 14 patients using comment cards
- reviewed 14 records of patients who had used the community mental health services
- reviewed a range of 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:

- The service could not evidence they had carried out fire risk assessments or health and safety assessments at two of the locations we inspected where they saw patients.
- Half of the patients' records we looked at did not contain up-to-date risk assessments and some did not have a crisis plan documented for patients. Staff did not monitor physical health needs for all the patients in their care.
- The service did not carry out medication audits so could not ensure medicines were always managed appropriately. Some medication records had not been reviewed in line with trust policy.
- Some patients did not have up-to-date assessments of their needs and some did not have a personalised care plan. The service did not monitor outcomes for patients and none of the records we looked at had discharge plans in place for patients.
- Managers could not provide assurance that all staff had access to regular supervision in line with trust policy.
- Not all staff knew about the application of the Mental Capacity Act or about the trust's responsibilities regarding duty of candour. Not all staff were up-to-date with their required training and managers did not provide training for staff in the Mental Health Act.
- The service did not monitor waiting times for patients in the community mental health service and did not always respond effectively when audits highlighted gaps in care records.

However:

- The overall appearance of the patient areas in both the locations we inspected were clean, well maintained and had furnishings which were in good order.
- Staff were good at responding when patients became mentally unwell. Generally patients had good access to a psychiatrist when needed. Staff met regularly and frequently to discuss patients and share information with the wider care team. They knew how to identify potential signs of abuse and neglect and how to report these.
- Patients had access to a skilled multidisciplinary staff team with access to healthier lifestyle advice, employment support and activities aimed at promoting recovery.

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

- Feedback from patients and observations of interactions showed that staff demonstrated a caring and compassionate approach. Staff treated them with respect, listened to their concerns, and showed genuine empathy. Staff had good links with carer's support and signposted patients' families and carers.
- Staff provided assertive outreach visits for patients and referred them to a rapid response service when they needed support out-of-hours.
- The service had an accessible complaints procedure and patients found staff approachable and willing to resolve concerns.
- Senior leaders understood the services they managed and communicated the trust vision and values to staff. Staff felt valued by their immediate managers and could raise concerns when needed.
- Staff met to discuss learning from incidents and where needed, they made changes to systems and procedures.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service could not evidence they had conducted recent fire risk assessments or health and safety assessments for either of the locations we inspected where they saw patients.
- Staff compliance with training, which was required for their role was below the trust's target of 80% in all but one of the 14 role specific training programmes.
- Half of the patient records we looked at did not contain an up-to-date risk assessment and three did not have a crisis plan documented for patients.
- The trust did not carry out medication audits in the service so staff had not identified that thirteen medication records had not been reviewed in line with the trust timescales.

However:

- The overall appearance of the patient areas in both the locations we inspected were clean, well maintained and had furnishings which were in good order.
- Staff were good at responding when patients became mentally unwell and generally, patients had good access to a psychiatrist.
- Staff knew how to report incidents. They shared lessons learned and made changes in response to recommendations from incidents
- Staff understood their responsibilities in safeguarding adults and children at risk of significant harm. They knew how to identify potential signs of abuse and neglect and how to report these.

## Is the service effective?

**Requires improvement** ● ↓

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

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

- Eight out of 14 records did not contain an up-to-date comprehensive assessment of patients' needs and eight did not have an up-to-date personalised care plan. None of the patients' records reviewed contained evidence of discharge planning.
- We found mixed levels of staff knowledge about how they would apply the Mental Capacity Act to their practice.
- Managers did not provide training for staff about the Mental Health Act or the Mental Health Act Code of Practice. Not all staff were up-to-date with their required training.
- Staff did not monitor or record physical health needs for all the patients under their care

However:

- Staff offered patients access to healthier lifestyle advice and activities aimed at promoting recovery, for example, football and creative activity groups. Patients had access to employment support including job hunting skills and benefits advice.
- The teams had effective arrangements in place to coordinate care when patients moved between teams or went into hospital.
- Managers ensured that most staff received an appraisal of their performance. Staff had access to attend additional training to support their professional development.

## Is the service caring?

Good ● → ←

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

- Feedback from patients and observations of interactions showed that staff demonstrated a caring and compassionate approach. Staff treated them with respect, listened to their concerns, and showed genuine empathy.
- Staff supported patients to manage their condition and access other appropriate services.
- Staff provided support to carers and relatives appropriately. They had links with a carers' hub where carers could meet and get relevant advice and support.
- Ninety percent of patients and carers said they would recommend the service to their families and friends.

However,

- Care plans did not always show evidence of the patient involvement and collaboration, or that patients had received a copy of their care plans.

## Is the service responsive?

Good ● → ←

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

- Staff told us patients did not have to wait for an assessment of their needs by a care coordinator. Staff said they saw patients within ten working days of referral and in some cases sooner.
- Patients had access to educational and recreational activities.



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

- Staff provided assertive outreach visits for patients and referred them to a rapid response service when they needed support out-of-hours.
- Patients knew how to make a complaint and found staff approachable and willing to resolve concerns.

However:

- The service did not set a target for how long patients should wait to see a psychiatrist or a psychologist and some patients told us they had waited a long time to see them.
- The walls between consulting rooms in Meridian House did not have adequate soundproofing so patients could be overheard and patient clinics were interrupted to access essential supplies. The trust had a refurbishment plan to address these concerns.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Some of the audits carried out by managers identified deficiencies in care records but they did not always rectify these in a timely manner.
- Managers had not kept an accurate record of staff supervision and so could not evidence that they provided regular supervision to all staff in line with trust policy.
- The service did not monitor waiting times, for example, how long patients in community mental health services waited to see a psychiatrist or a psychologist.
- Not all staff were aware of that the trust had a duty of candour and what this meant.

However,

- Senior leaders understood the services they managed and communicated the trust vision and values to staff. In their work with patients, staff demonstrated the trust's values of openness, respect, and working together.
- Staff felt supported by their immediate line managers and were confident about raising concerns and who to report these to.
- Staff worked well together to provide an integrated service for patients. They met frequently to discuss and learn from incidents. They used the information to make improvements.
- Patients and carers had opportunities to provide feedback on the service through surveys and a complaints process.

## 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 the future, or to improve services.

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

- The trust must ensure that all premises used to treat patients have up-to-date health and safety risk assessments in place including fire risk assessments.

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

- The trust must ensure that medication being prescribed for patients is reviewed in line with the relevant trust policy.
- The trust must ensure that staff complete and update regular assessments of need, risk assessments and crisis plans for all patients in line with trust policy.
- The trust must ensure that all patients have an up-to-date personalised care plan and discharge plan.
- The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.

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

- The trust should ensure that staff use personal protective equipment when carrying out clinical procedures.
- The trust should ensure that staff maintain the privacy of patients during consultations.
- The trust should ensure that staff document whether carers have been offered an assessment of their needs.
- The trust should consider using outcomes measures to measure all patients' progress in treatment.
- The trust should ensure that managers provide feedback to staff on the outcome of patient complaints.
- The trust should ensure that staff are aware of the trust's duty of candour responsibilities.
- The trust should ensure that patients are routinely offered a copy of their care plan and this is documented in their care record.
- The trust should ensure that managers document the frequency of supervision provided to individual staff in line with trust policy.
- The trust should consider providing documented evidence that staff employed by the local authority are suitably qualified and trained for their roles within the integrated teams.
- The trust should ensure the business continuity plan for community mental health services is reviewed in line with the relevant timescales.

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

Good 

## Key facts and figures

Bradford District Care NHS Foundation Trust's community mental health services for people with a learning disability or autism service works across Bradford and Airedale. Care and treatment is delivered at The Waddiloves Health Centre in Bradford. There is a second site called The Oaks in Keighley, which is used for agile working, and when there are difficulties with Wi-Fi connections at The Waddiloves Health Centre; no care and treatment is delivered at The Oaks.

The service provides specialist health support for adults who have learning disabilities and who cannot access mainstream health services, even when reasonable adjustments have been made. The team provides a variety of clinics including dental services, podiatry, audiology, ophthalmology and psychiatry.

The team comprises speech and language therapists, occupational therapists, physiotherapists, nurses, dietitians, psychologists and health care support workers. The service works with people aged from 16 upwards both at the service building and in people's own homes, providing transition support for young adults with complex health needs and helping patients to access mainstream services to ensure that their health needs are met and that any reasonable adjustments are put in place for them.

The service was last inspected in June 2014 jointly with the trust's learning disabilities inpatient services. The trust's learning disabilities inpatient and community services at that inspection were rated together as requires improvement overall; good in safe, requires improvement in effective, good in caring, good in responsive, and requires improvement in well-led. The areas for improvement identified included:

- staff needed more training in the Mental Health and Mental Capacity Acts
- mental capacity assessments not being undertaken for every decision made about patients' care and treatment
- information not being available in a format that each person who uses the service can understand
- the service's intensive support team needing to be developed so it met people's needs
- the service was not always responding to the current need to close the assessment and treatment unit to admissions
- staff did not have clear leadership and objectives
- administrative staff were being moved to hub offices which left the community team alone and at risk of harm

We inspected this core service on the 12 – 13 October 2017. At this inspection, we inspected all of the key questions. Our inspection was announced 24 hours prior to the start of the inspection to ensure that we could speak with staff and patients during the inspection.

During the inspection we:

- checked the service environment for health, safety and cleanliness
- looked at six patient care records
- accompanied staff during visits to patients' homes
- spoke with the deputy director and interim head of service acute and community mental health services and service manager

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

- spoke with 12 other members of staff including nurses, administrators, health care support workers, a psychologist, speech and language therapist, physiotherapist
- spoke with nine patients and carers and looked at feedback received
- looked at information about staff supervision, appraisals and mandatory training and,
- attended a multidisciplinary meeting and a hydrotherapy session.

## Summary of this service

### **Our rating of this core service improved . We rated the service as good because:**

- The service building was clean and tidy and all necessary testing in relation to health and safety such as fire, electrical wiring and gas safety had been completed.
- There were contingency plans in place in the event of the service building or electronic systems being unavailable.
- The people who used the service that spoke with us told us staff were kind, caring and were aware of their needs and that they were involved in decisions about their care and treatment.
- The people who used the service were able to give feedback via surveys and user groups.
- Two patients worked as volunteers at the service.
- Staff made efforts to engage with patients who had not attended appointments or were reluctant to engage with mental health services.
- The trust had policies and procedures in place to protect people from discrimination, unfair treatment, harassment and bullying.
- Staff assessed and monitored patients' physical health and encouraged them to attend appointments with other services such as GP appointments.
- Staff encouraged patients to live healthier lifestyles by taking exercise, eating healthily and smoking cessation and there were posters and leaflets in the waiting area giving advice on a wide range of health conditions such as cancer and diabetes. The service provided breast screening in conjunction with another external organisation.
- Staff were knowledgeable about safeguarding, knew how to report incidents and received information about learned lessons from incidents, complaints and patient feedback to improve practice within the service.
- The trust reported there were no serious incidents in the 12 months prior to our inspection.
- Staff knew what their responsibilities were under the duty of candour in relation to being open, honest and transparent with people when things go wrong.
- Staff received training in equality and diversity and the trust had policies to protect people from discrimination, unfair treatment, bullying and harassment
- There were sufficient numbers of staff to meet the needs of the patients, there was no freeze on staff recruitment, and sickness absence figures were at 2.12% which was better than the trust's target of keeping levels down to 4%.
- The multidisciplinary team comprised a wide range of professionals and there were effective meetings and handover arrangements within the team.

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

- Staff were experienced and qualified to do their job.
- Staff had access to specialist training for their role and managers identified their training and development needs.
- The service's medicines management arrangements were effective and were in line with the National Institute for Care and Health Excellence, Royal College of Psychiatrists, Faculty of Intellectual Disabilities and Stopping the Over-Medication of People with Learning Disability and Autism guidance.
- The service had an effective lone working process to ensure staff were safe when they were working in the community.
- Pathways used by the service included mental health, behaviour, maternity, ophthalmology, respiratory and dementia.
- Patient care records were holistic, person-centred and recovery orientated.
- The service used positive behaviour support plans for patients, which were tailored to meet patients' individual needs and centred around reducing their behaviours that challenged.
- Staff received mandatory training in the Mental Capacity Act and had a good knowledge of the Act.
- The service made effective and appropriate use of best interests decisions and capacity assessments and supported patients to make their own decisions.
- Staff were appraised and agreed with the trust's visions and values.
- The numbers, experience and role mix of staff meant the service could meet patients' needs.
- Staff morale and job satisfaction were positive, there was a good level of support from peers and managers, staff felt proud to work for the trust.
- The trust recognised staff's success and staff within the team had won awards from the trust and a member of staff had won a national learning disability award.
- Staff could add items to the service and trust risk registers and knew where to access the trust's whistleblowing policy.
- The service worked with the local police to raise awareness of issues associated with learning disabilities, a health care support worker supported the service and trust with the delivery of learning disabilities awareness training for first year student nurses and a speech and language therapist led a quarterly communications champions' network forum and ran consultancy clinics during which staff could discuss patient cases.
- The service worked with external care providers and services to promote the use of information technology to older people to enable them access to various forms of online support. It also delivered learning disability awareness sessions to acute hospitals.
- The service had run training sessions to local support providers around active support and behavioural monitoring and had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- The service participated in one of the Commissioning for Quality and Innovation's national audits in relation to ensuring patients were able to access national physical health checks.

However

- Staff compliance rates for required training in level three safeguarding children and adults, managing violence and aggression – breakaway and basic life support were below 75%.

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

- The garden area that was situated at the top of a grassy bank with a steep incline with insufficient protection to prevent people falling.
- Mental Health Act training was not a mandatory training requirement for staff at the service.
- The service were unable to provide accurate data in relation to the number of cancelled appointments, numbers of patients subject to community treatment orders and numbers of complaints.
- The service had insufficient monitoring arrangements in place to ensure mandatory training was within the trust's 80% compliance target, clinical supervision was taking place, all care plans and risk assessments were reviewed at least every six months in line with the service's policy and all initial risk assessments were included in care records. The trust did not monitor compliance with staff supervision.

## Is the service safe?

**Requires improvement** ●

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

- Staff compliance rates for required training in level three safeguarding children and adults, managing violence and aggression – breakaway and basic life support were below 75%.
- The garden area used by people who use the service was situated at the top of a grassy bank with a steep incline with a fence that ran along it which offered inadequate protection to prevent people falling over the edge and coming to serious harm.
- Risk assessments were not always reviewed at least every six months in line with the trust policy.

However:

- The service building was clean and tidy and all necessary testing in relation to health and safety such as fire, electrical wiring and gas safety had been completed.
- There were sufficient numbers of staff to meet the needs of the patients. Urgent referrals were dealt with as a priority.
- The service had an effective lone working process to ensure staff were safe when they were working in the community, however, staff sometimes felt unsafe because they did not carry personal alarms.
- Staff were knowledgeable about safeguarding and knew how to report incidents and received information about learned lessons from incidents, which were used to improve practice at the service.
- The trust reported there were no serious incidents in relation to the service in the 12 months prior to our inspection.
- Staff knew what their responsibilities were under the duty of candour in relation to being open, honest and transparent with people when things go wrong.
- The service's medicines management arrangements were effective and were in line with the National Institute for Care and Health Excellence, Royal College of Psychiatrists, Faculty of Intellectual Disabilities and Stopping the Over-Medication of People with Learning Disability and Autism guidance.

## Is the service effective?

**Good** ●

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

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

- Patient care records were holistic, person-centred and recovery orientated.
- The service used positive behaviour support plans for patients, which were tailored to meet patients' individual needs and centred around reducing their behaviours that challenged.
- Staff assessed and monitored patients' physical health and encouraged them to attend appointments with other services such as GP appointments.
- Staff encouraged patients to live healthier lifestyles by taking exercise, eating healthily and smoking cessation and there were posters and leaflets in the waiting area giving advice on a wide range of health conditions such as cancer and diabetes. The service provided a breast screening service in conjunction with an external organisation.
- Staff received mandatory training in the Mental Capacity Act and had a good knowledge of the Act.
- The service made effective and appropriate use of best interests decisions and capacity assessments and supported patients to make their own decisions.
- The multidisciplinary team comprised a wide range of professionals and there were effective meetings and handover arrangements within the team. Staff were experienced and qualified to do their job. Staff had access to specialist training for their role and managers identified their training and development needs.

However:

- Mental Health Act training was not a mandatory training requirement for staff at the service. Staff told us the service would benefit from additional training in the Act.
- Not all care plans were reviewed at least every six months in line with the service's policy.

## Is the service caring?

**Good** ●

We rated caring as good because:

- The people who used the service that spoke with us told us staff were kind, caring and were aware of their needs and that they were involved in decisions about their care and treatment.
- People who used the service were able to give feedback via surveys and user groups.
- Staff used the most appropriate communication method to help patients understand and be properly involved in their care and treatment.
- Staff supported patients in making advance decisions such as refusing certain treatments and do not attempt cardiopulmonary resuscitation orders.
- Two patients worked as volunteers at the service, one of whom spoke with us and said they enjoyed their role.

## Is the service responsive?

**Good** ●

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

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

- Staff made efforts to engage with patients who did not attend appointments or were reluctant to engage with mental health services.
- The service dealt with urgent referrals as a priority and there were systems in place to ensure waiting lists were regularly monitored.
- Pathways used by the service included mental health, behaviour, maternity, ophthalmology, respiratory and dementia.
- Staff supported patients in accessing education and work opportunities if they requested help. Information was available in an easy read format.
- Patients had access to signers, interpreters and advocacy services.
- Complaints were handled appropriately and were used to improve practice within the service.

## Is the service well-led?

**Good** ●

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

- Staff were appraised and agreed with the trust's visions and values.
- The numbers, experience and role mix of staff meant the service could meet patients' needs.
- Staff morale and job satisfaction were positive, staff felt proud to work for the trust and there was a good level of support from peers and managers.
- The trust recognised staff's success and staff within the team had won awards from the trust and a member of staff had won a national learning disability award.
- Staff understood the need to be open, honest and transparent with people when things went wrong.
- Staff knew how to report incidents and lessons learned from investigating incidents and complaints were shared with patients and staff and used to improve practice within the service.
- Staff could add items to the service and trust risk registers and knew where to access the trust's whistleblowing policy. Staff were trained in safeguarding and knew how to recognise possible signs of abuse.
- The trust had policies and procedures in place to protect people from discrimination, unfair treatment, harassment and bullying.
- The service had a business continuity plan, which included contingency plans to be implemented in the event of potential disruptions leading to normal service delivery being below predefined levels.
- The service and wider trust provided a variety of ways for people to provide feedback on the service including surveys, user group forums and participating in friends and family tests.
- The service was working with the local police to raise awareness of issues associated with learning disabilities, a health care support worker supported the service and trust with the delivery of learning disabilities awareness training for first year student nurses and a speech and language therapist led a quarterly communications champions' network forum and ran consultancy clinics during which staff could discuss patient cases.
- The service worked with external care providers and services to promote the use of information technology to older people to enable them access to various forms of online support.



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

- The service had run training sessions to local support providers around active support and behavioural monitoring and also had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- The service participated in one of the Commissioning for Quality and Innovation's national audits in relation to ensuring patients were able to access national physical health checks.

However

- The service had insufficient monitoring arrangements in place to ensure mandatory training was within the trust's 80% compliance target, all care plans and risk assessments were reviewed at least every six months in line with the service's policy and all initial risk assessments were included in care records.
- Three staff members did not know what the role of the trust's freedom to speak up guardian entailed.

## Outstanding practice

- The service run 10 training sessions in the last year to local support providers around active support and behavioural monitoring. The service also had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- The service was working with local police constables to improve engagement with people living with learning disabilities by providing them with advice and guidance on the various types of conditions and associated issues and behaviours.
- The service had been involved in an NHS improvement programme around criteria led discharges, which included examining how discharge times could be reduced where appropriate.

## 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 the future, or to improve services.

### Action the provider **MUST** take to improve

- The provider must ensure that systems are in place to ensure all staff are compliant with required training.

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

- The provider should review the safety of the layout of the garden area to ensure it is sufficiently safe to prevent serious injury or fatalities.
- The provider should ensure that systems are in place to ensure all staff are compliant with the Mental Health and Mental Capacity Acts.
- The provider should ensure that care records and risk assessments are reviewed in line with the service's policy and that audits are effective in identifying issues within care records.
- The provider should ensure that all staff are made aware of who the trust's Freedom to Speak Up Guardian is and what their role entails.

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

Requires improvement  

## Key facts and figures

The crisis service of Bradford District Care NHS Trust was made up of two intensive home treatment teams, two health based places of safety suites and a 'First Response' team that spanned the whole service.

Bradford District NHS Foundation Trust Crisis Service mental health crisis services and health-based places of safety are based across two sites, one at Lynfield Mount hospital in Bradford and the other at the Airedale Centre for Mental Health in Keighley.

Lynfield Mount Hospital and the Airedale Centre for Mental Health have 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
- accommodation for persons who require treatment for substance misuse
- accommodation for persons who require nursing and personal care
- diagnostic and screening procedures.

We first inspected the service in June 2014. We rated the service as requires improvement in the safe key question and rated the service as good in effective, caring, responsive and well-led key questions. We inspected the service again in January 2016 and we rated the service as good in the safe key question.

This inspection was completed on 16 - 18 October 2017. It was announced 48 hours prior to the inspection and we inspected all 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:

- looked at the quality of the environments
- observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with four carers of patients who were using the service
- spoke with two service managers and three clinical managers
- spoke with 23 other staff members including nurses, a healthcare support worker, a social worker, domestic staff, telecoaches and triage staff
- looked at the care and treatment records of 24 patients
- reviewed medication management including the medication administration records of 12 patients
- attended and observed two safety huddles, three handovers, a conference call and an Advanced Nurse Practitioner meeting

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

- looked at six policies, procedures, team meeting minutes and other documents relating to the running of the service
- pathway tracked three patients in depth
- attended four home visits
- facilitated a focus group for four staff at The Haven

## Summary of this service

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

- The service was not entirely safe for patients. Not all staff were trained in life support techniques which meant that not everyone could respond to patients in a medical emergency. Not all staff were trained in breakaway techniques to maintain their own safety. The physical environments of both health based places of safety required improvement to maintain the safety, privacy and dignity of service users.
- The service was not always well-led. Managers had not maintained proper records to show that all staff received regular supervision. Managers had not ensured that all staff received the required training for their role and appraisal rates varied between teams in the service. Audits had not identified areas of concern in relation to the physical environment or in records related to the use of the Mental Health Act. The service did not audit the use of the Mental Capacity Act.

However:

- The service was providing care which was effective. Patients received a care plan which was designed specifically to meet their needs. Staff used recognised rating scales to monitor patient's outcomes. The service was multi-disciplinary as teams brought together skilled staff from a range of professional disciplines. The service worked in close partnership with a number of other agencies to deliver effective care.
- The staff working in the service were caring. Staff offered practical, professional support for patients and demonstrated an approach which was kind and compassionate. Patients and carers were positive about the service and the staff. Staff were adaptive to the needs of patients and had a number of routes for people who used the service and their relatives to provide feedback.
- The service was responsive to the needs of people using the service. People could access the service at any time and there was a clear pathway for patients based on their individual needs. Staff worked proactively to engage people who had difficulty engaging with services. There were examples of the service using patient complaints to improve the service.

## Is the service safe?

**Requires improvement** ● ↓

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

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

- The service had low compliance rates for role specific required training. The average compliance rate for required training was 65%. Less than half of the staff (49%) were trained in basic life support. Only 335 of staff were trained in intermediate life support. The compliance rate for breakaway training was 54%. The compliance rate for conflict resolution training was 64%.
- Staff in the intensive home treatment teams told us that they were required to provide duty nurse cover for the trust's acute mental health wards for working age adults. Some staff felt that they did not have the required expertise and competence to fulfil this role safely.
- Airedale Health Based Place of Safety had a sharp edged mirror in the bathroom, which was a risk to patients. In addition, the corridor windows leading to the health based place of safety at Lynfield Mount Hospital compromised patients' privacy and dignity.

However:

- The service had a clear approach to assessing, triaging and managing patient risks and recorded risks appropriately. Records showed that risk assessments were updated regularly, including after any incident.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood that they should be open and honest with patients and their families if something went wrong during their care and treatment, although not all staff understood that this was referred to as 'duty of candour'.

## Is the service effective?

Good   

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

- The majority of care plans were comprehensive and patient centred. Care records showed that staff assessed the mental health of each patient on an ongoing basis. Care plans were updated and adapted to meet the changing needs of patients experiencing a mental health crisis. There was a process in place to respond to the physical health needs of people using the service.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There was an electronic records system that all staff could update.
- The service had a well-established pathway for patients to deliver effective care which was based on presenting risks and individual needs.
- The service was both multi-disciplinary and multi-agency. Staff came from a range of professional disciplines. The service combined staff from the trust, the local authority and a number of voluntary sector organisations to deliver a model of care which was effective and coordinated.

## 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 cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff actively sought feedback from patients and those close to them and used feedback to improve the service.

## Is the service responsive?

**Good** ● → ←

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

- People could access the service when they needed it. The First Response team could see patients within four hours of the referral being made at any time of day. Nine out of ten calls to the service were answered within two minutes.
- The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support, which reduced admissions to accident and emergency departments.
- Staff actively tried to engage patients who were difficult to engage with services using a variety of methods.
- Both health based places of safety were furnished and equipped to a high standard. Staff met patients with mobility difficulties at either their own homes or other suitable premises.
- Staff in the service reflected some of the diversity of the local population, which meant that staff could easily care for patients who first language was not English. They also had good access to interpreters, including phone interpreters.

## Is the service well-led?

**Requires improvement** ● ↓

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

- We found that although staff said they took part in supervision, records of supervision were incomplete or unavailable in the intensive home treatment team - Bradford, and not all teams achieved the trust compliance rate for appraisal rates.
- Managers had not ensured that all staff had completed the required training to fulfil their roles. Not all staff had received training in the Mental Health Act.
- Environmental assessments had not identified safety concerns in relation to the health based place of safety at the Airedale Centre for Mental Health or concerns in relation to the privacy and dignity of service users at the health based place of safety at Lynfield Mount.
- The service's audits of the Mental Health Act had not identified that information was missing in relation to patients receiving an explanation of their rights whilst they were admitted under Section 136 of the Mental Health Act. The service did not audit the application of the Mental Capacity Act.

However,

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

- The service had managers at all levels with the right skills and abilities to run a service.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were provided with opportunities for development at all levels. All staff we spoke with either spoke positively or very positively about their job and what they offered to patients.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Senior managers were developing new performance dashboards to allow them to have more effective oversight of key performance indicators in the service.

## Outstanding practice

The redesign of the trust's mental health crisis services' pathway had ensured that no patient had needed to be admitted to an out of area placement in the previous two years. The intensive home treatment team ensured that more people could be cared for in the community without requiring an inpatient admission. The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support, which reduced admissions to accident and emergency departments.

## 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 the future, or to improve services.

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

- The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.
- The trust must ensure that the corridor windows leading to the health based place of safety at Lynfield Mount Hospital do not compromise patients' privacy and dignity.
- The trust must ensure that the mirrors in the health based place of safety in the Airedale Centre for Mental Health do not pose a risk to patient safety.
- The trust must ensure that all staff mental health crisis services receive regular supervision and this is documented.
- The trust must ensure that the use of the Mental Health Act and Mental Capacity Act is audited effectively.

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

- The trust should review the current arrangements for duty nurse cover on the trust's acute mental health wards for working age adults to ensure that staff are working within their competencies.
- The trust should ensure that all staff receive training in the Mental Health Act and that compliance rates are recorded accurately and monitored.
- The trust should ensure that all patients are aware of and receive copies of their care plans.
- The trust should maintain a record that evidences that staff provide information to patients on their rights when detained under Section 136 of the Mental Health Act.

# Wards for people with a learning disability or autism

**Requires improvement** ●

## Key facts and figures

Bradford District NHS Foundation Trust provide one inpatient ward for people with a learning disability or autism. The ward is located at Lynfield Mount hospital in Bradford.

Lynfield Mount hospital 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
- accommodation for persons who require treatment for substance misuse
- accommodation for persons who require nursing and personal care
- diagnostic and screening procedures.

The Highfields assessment and treatment ward is a purpose built inpatient service, which is able to provide care to a maximum of six male or female patients.

The ward was able to admit patients who were detained for treatment under the Mental Health Act (1983), or those with deprivation of liberty safeguards in place. There were no informal patients admitted to the ward at the time our inspection, all patients were detained under the Mental Health Act.

We carried out a Mental Health Act monitoring visit at the Highfields assessment and treatment ward in March 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 inpatient wards for people with a learning disability or autism together with the community learning disability service in June 2014. We rated these services together as 'requires improvement' overall with ratings of 'good' in the safe, caring and responsive key questions, and requires improvement in effective and well-led. This inspection was the first time we have inspected wards for people with learning disabilities and autism as a service in its own right.

This inspection was completed on 09 October 2017. It was announced 30 minutes prior to the inspection and we inspected all 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 four patients who were using the service, and reviewed their comments on two feedback cards
- spoke with three carers of patients who were using the service
- spoke with the deputy director, service manager, clinical manager, ward manager and responsible clinician
- spoke with eight other staff members including nurses, healthcare support workers, an occupational therapist and occupational therapy assistant.

# Wards for people with a learning disability or autism

- looked at the care and treatment records of all six patients
- reviewed medication management including the medication administration records of all six 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.
- carried out an observation using the short observational framework for inspection.

## Summary of this service

We rated wards for people with a learning disability and autism as requires improvement because:

- The service was not entirely safe for patients because staff had not taken into account all of the risks to patients and assessed and recorded them appropriately, such as; ligature points, blanket restrictions, incidents, the use of restrictive interventions and safeguarding concerns. Staff did not always recognise and discuss when an incident may meet the trust threshold for duty of candour.
- The service did not always provide effective care and treatment because staff did not receive specialist training in meeting the needs of patients with complex needs and did not always provide care in line with national best practice guidance. Staff undertook some audits to measure the quality of care but did not always make improvements following these audits or take action in a timely way. The trust did not audit the wards compliance with the Mental Health Act and Mental Capacity Act Codes of Practice.
- There was a disconnect between the risks, issues and challenges presented at ward level and how these were fed into leaders above ward manager level. The monitoring systems in place did not always provide detailed assurance about quality and safety of care. The senior leaders had not recognised the concerns we highlighted during the inspection.

However:

- Patients felt safe and well supported and described staff who were caring and compassionate, and carers told us that they did not have concerns about the safety of the ward. Patients had thorough risk assessments, which staff updated regularly. There were sufficient nursing staff available to meet the needs of patients. Staff monitored and assessed patient's physical health needs.
- Patients had comprehensive assessments of their needs and staff regularly updated them. Staff had completed capacity assessments and best interests discussions when patients lacked capacity to make specific decisions.
- The service had a good admission and discharge processes, which meant that the service could meet the needs of the local population and that there was an embedded system of discharge in line with the transforming care agenda. Patients were aware of their rights and understood the reasons for the treatment. Staff encouraged patients to visit their local community and to maintain relationships with people who were important to them.
- The trust had a clear vision underpinned by values, which the senior leadership team championed and which were known by the staff working on the ward. Staff felt supported and senior leaders were open, engaging and encouraging feedback and contact with staff. The service celebrated staff success and encouraged staff to achieve high quality care.



# Wards for people with a learning disability or autism

## Is the service safe?

### Requires improvement

We rated safe as requires improvement because:

- We identified ligature risks on the ward that were not included in the service's ligature risk assessments. This was also a concern at our previous inspection of the ward in June 2014. These were in patient communal bathrooms and in the sensory room.
- The fire risk assessment for the ward was out of date and not all required equipment had been electrically tested to ensure safety.
- Not all staff had undertaken required and mandatory training. Training was below 75% compliance in the Mental Health Act (72%), suicide prevention awareness (74%) care programme approach awareness (3%). None of the staff team had undertaken required training in relation to care planning and the roles and responsibilities of a care co-ordinator.
- The service had not identified and eliminated blanket restrictions on patient's freedom. Patients all used plastic crockery and cups and had no access to hot drinks and snacks between meals without the support of staff. This was not individually risk assessed.
- Staff used restrictive interventions and did not always record how they did so in line with Mental Health Act Code of Practice guidelines for restraint. This was because they did not record whether restraint had been used as a last resort, why it was ongoing for a long period of time and did not record whether they had offered a debrief to the patient involved. This may mean that patients were not protected from improper treatment or potential abuse.
- Although systems were in place and staff had completed training they did not accurately record and report signs of abuse. When reviewing incidents we saw that staff had observed or been notified of suspected abuse and they had not reported it to the internal or local authority safeguarding teams. This meant that the service had not fully embedded the systems and not understood and there were shortfalls in the system in engaging with internal and external safeguarding teams.
- Staff did not consistently identify safety concerns where incidents had caused harm to patients. Although systems were in place, and used by staff to report incidents the service did not review these in detail that meant that when things went wrong staff could not always learn from these events to improve the quality of care.
- Staff had not always recognised and escalated concerns about incidents to senior leaders to allow them to make changes. For example, to comply with same sex accommodation guidance staff had caused distress to a patient by moving their bedroom. This was managed at ward level but not escalated to the senior leadership team to ensure they could drive and implement changes in practice.
- Staff did not always recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of regulation as required by the regulation.

However:

- All patients told us that they felt safe and that their possessions were safe. Carers were not concerned about the safety of their relative.
- The ward was clean, staff were managing and risk of infection and the ward complied with guidance on eliminating same sex accommodation.

# Wards for people with a learning disability or autism

- The ward had a clinic room which staff maintained in good order and contained all the equipment required to support patients with their physical health needs. The storage and administration of medication was in order.
- The service planned and reviewed nurse staffing levels and staff responded quickly and adequately to shortages. The ward met optimum staffing levels the majority of the time. Patients and carers told us that there was enough staff to meet their needs. Patients had access to medical support throughout the day and night.
- Patients had thorough risk assessments, which staff updated regularly and after any change in risk level. Risk assessments identified specific risk issues such as falls, choking and long term health conditions. Staff were undertaking regular observations of patients to reduce risk and discussed these observation levels in staff handover meetings and in multi-disciplinary team meetings.
- Staff had access to relevant information regarding the care of patients and they kept this securely.

## Is the service effective?

**Requires improvement** 

We rated effective as requires improvement because:

- The service had not ensured that staff were skilled and knowledgeable about treating patients with specialist needs, as they had not trained all staff in learning disability and autism.
- The use of positive behaviour support planning was variable between staff members and this had a negative impact on patients.
- There was limited access to psychological, and occupational therapies and therapy based activities for patients.
- Staff collated information about people's care and treatment and their outcomes via audits and assessments. However, staff did not always robustly assess the outcomes of these audits and make the changes effectively to improve quality.
- The service did not monitor or audit practice in relation to the Mental Health Act and Mental Capacity Act. This meant that the service did not have assurance that staff were meeting patient's needs in line with legal requirements. However, we did not find concerns in relation to practice under either legislation at the time of the inspection.

However:

- Staff ensured that all patients had comprehensive assessments of their needs, which were holistic and included details of their physical and mental health needs alongside health action plans. Staff initiated assessments within 24 hours of admission and staff regularly updated them. Staff collated information about patient's historical information to inform care planning.
- Staff had completed capacity assessments and undertaken best interests discussions when patients did not have capacity to make specific decisions about their care and treatment.
- The multi-disciplinary team worked together to produce detailed care plans and specialist assessments to support patients.

## Is the service caring?

**Good** 

# Wards for people with a learning disability or autism

We rated caring as good because:

- Patients, and their relatives and carers spoke positively about the care staff provided. The service had received a number of compliments about their care and practice.
- We observed that staff working at the service were caring, kind and compassionate. One staff member had received an award for compassionate care.
- Patients were encouraged to give feedback about the service and advocates supported them to ensure they felt listened to.
- The service supported carers to become active partners in care and staff supported them by providing carers assessments. The service had a member of staff who was a carer's champion.
- Staff provided information to patients in a way that they could understand using easy read accessible information in care planning and supporting patients to understand their rights. This meant that patients understood their conditions and the plans for their care and treatment. However, the voice of the patient was not always clear in the care plans stored on the trust electronic system.
- Staff respected patient's confidentiality, dignity and privacy by ensuring that they kept information securely.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service managed bed availability in a way that ensured the service was available to local people. The service had measured available beds against the complex needs of the patient group.
- Staff ensured that they embedded discharge planning from admission to the service. Patients had clear discharge plans with actions they needed to achieve during their stay on the ward. Staff planned transitions to new services in advance to ensure that discharges were safe and appropriate and this reduced the need for patients to return to hospital and to remain in hospital for unnecessary periods of time in line with the transforming care agenda.
- The ward environment took into account the individual needs of patients, it was accessible to people with mobility difficulties and signs were provided in English and Urdu in order to meet the needs of the local population.
- Patients had access to a full range of facilities including; activity rooms, visitor's rooms, quiet areas and communal spaces. Patients had access to outside space. Patients were able to personalise their bedrooms and staff offered them bedroom keys.
- Staff ensured that patients were able to access the local community with or without staff support. Staff encouraged patients to do this and to maintain contact with people who were important to them.
- Patients had access to information about their rights, treatment, local services, how to contact the Care Quality Commission and how to complain.
- The ward manager listened and acted on complaints. They had made adjustments to visiting times following a concern raised by a carer.

# Wards for people with a learning disability or autism

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:

- Systems and processes did not operate effectively to enable the trust to assess, monitor, and improve the quality and safety of the service provided. Audits completed had not recognised all of the concerns we found during the inspection including issues with blanket restrictions, recording restraint, reporting and classifications of incidents and safeguarding, identifying all ligatures risks, and record keeping. This meant that leaders were not always aware of the risks, issues and challenges in the service.
- There was insufficient oversight of required training and supervision, and systems were not effective to monitor and ensure that required training was being completed or that staff had the specialist skills and knowledge required to work with a complex patient group such as learning disability and autism training.
- The sickness and absence levels for the service were higher than the trust average at 10% and this was not entered on the service risk register
- Where audits were taking place at ward level there was not a process in place to ensure action plans were completed in a timely manner or reviewed.
- The service was not involved in research or accreditation schemes to raise the quality of the service.

However:

- The senior leadership team had the skills, knowledge and experience to lead the service. They were responsive and actively sought out feedback from staff and patients. They visited the ward regularly and made themselves visible to patients and staff.
- There was a clear statement of vision and values. The senior leadership team promoted a culture of positivity that made staff feel supported and valued. Staff were aware of the trust values. Staff felt able to raise concerns without fear of victimisation and spoke of working in supportive teams.
- At service and provider level, the team recognised and celebrated staff success via staff awards and encouragement to achieve excellence.
- The service had continuity plans in place for emergencies such as adverse weather or outbreaks of infection and managers had regularly updated them.
- Where cost improvements had taken place the senior leadership team had ensured that these did not impact on patient care.
- The service was engaging with patients, carers and the local of community via a variety of methods in order to obtain feedback about the quality of care and the needs of the local population.

## 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 the future, or to improve services.

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

# Wards for people with a learning disability or autism

- The trust must ensure that staff undertake patients' care and treatment in a person centred manner. This includes ensuring that staff provide all patients with positive behaviour support plans and that these are followed.
- The trust must ensure that patients have access to psychological and occupational therapies.
- The trust must ensure that where patients have preferences for their care to be undertaken away from others, this is clear in patient care plans and the trust undertake continual reviews of whether this type of care and treatment amounts to long term segregation.
- 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. This includes ensuring that audits are effective and the outcomes acted on in a timely way, and ensuring that there is sufficient oversight of ligature risks, training, supervision and appraisal to assure themselves staff are skilled, competent, and supported to complete their role.
- The trust must ensure that they safeguard patients against abuse and improper treatment. This includes ensuring that staff report safeguarding concerns and take appropriate action and that there is sufficient oversight from managers and that staff record restraint appropriately including reasons for the length of time the patient is restrained.
- The trust must ensure that staff recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of candour regulation as required by the regulation.
- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

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

- The trust should ensure that all patients have communication plans and that staff provide all information in an accessible format.
- The trust should ensure that when staff keep documentation in more than one place this documentation is the same.
- The trust should ensure all the risks for the service are entered on the service risk register.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

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

#### Regulation

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

#### 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 10 HSCA (RA) Regulations 2014 Dignity and respect

#### 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

#### Regulation

This section is primarily information for the provider

## Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Jenny Wilkes, Head of Hospitals Inspection led this inspection. An executive reviewer, a Director of Nursing and Quality, supported our inspection of well-led for the trust overall.

The team included one inspection manager, 14 inspectors, one Mental Health Act Reviewer, one inspection planner, two executive reviewers, 27 specialist advisers, two observers 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.