

Rotherham Doncaster and South Humber NHS Foundation Trust

Inspection report

Woodfield House, Tickhill Road Hospital
Tickhill Road, Balby
Doncaster
South Yorkshire
DN4 8QN
Tel: 01302796000
www.rdash.nhs.uk

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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

Rotherham Doncaster and South Humber NHS Foundation Trust has been a foundation trust since 2007. It serves a population of 850,000 and employs approximately 3,700 staff and around 200 volunteers. The trust provides mental health, learning disability and substance misuse services across Rotherham, Doncaster, North, and North-East Lincolnshire. The trust provides community health services across Doncaster and 0-19 services in Lincolnshire. It also provides adults social care services in Doncaster.

The trust headquarters are at Woodfield House, Tickhill Road Site, Weston Road, Balby, Doncaster, DN4 8QN. The trust Services are provided across 11 registered locations.

Throughout 2017 the trust restructured to provide services across three locality based care groups; Doncaster, Rotherham and North Lincolnshire and a Children's care group provided trust wide.

Overall summary

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

What this trust does

The trust provides services that are commissioned by:

- NHS England
- Rotherham Clinical Commissioning Group (CCG)
- Doncaster CCG
- North Lincolnshire CCG
- Local authorities also commission 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.
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community health services for children, young people and families
- Community health inpatient

Summary of findings

•End of life care

The trust also provides specialist substance misuse services and adult social care services.

The CQC has previously inspected locations registered to Rotherham Doncaster and South Humber NHS on Foundation Trust on 21 occasions These inspections took place between September 2012 and October 2016.

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 four mental health core services, one community health core service and three adult social care locations. These were 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

- We rated caring, effective, responsive and well led as good and the overall rating for Community inpatient services went up to good at this inspection.
- With the exception of mental health rehabilitation services, patients' physical and mental health risk assessments were comprehensive. Appropriate management plans were in place and patients had up to date and comprehensive care plans, which reflected national guidance and best practice and met their individual needs.
- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role and the non-executive directors had the appropriate skills and knowledge in order to provide relevant challenge to the trust board. The senior leadership team and senior managers understood the key priorities within the services.
- We rated one adult social care location, 88 Travis Gardens, as outstanding in the caring domain.
- The trust had an excellent staff, patient and public engagement strategy which followed a recognised methodology. Staff throughout the trust had access to specialist training and development and had been empowered to implement quality improvements.

Summary of findings

- Leaders were visible in the service and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach their managers for support.
- A physical health and wellbeing strategy was in place under the executive lead of the medical director. We saw in all core services we inspected that patients had good access to physical health care; physical health checks were undertaken and staff promoted healthier lifestyles.

However:

- We rated safe as requires improvement in four of the 14 core services. The overall rating for acute wards for adults of working age and psychiatric intensive care wards had gone down to requires improvement.
- Although the trust had improved its overall mandatory training compliance, staff in some wards and teams were not up to date with their mandatory training requirements. Training for prevention and management of violence and aggression, a key component of enabling safe care was below 75% in acute wards for adults of working age and psychiatric intensive care units. Compliance was only 15% in one ward.
- There were medicines management issues in three core services at this inspection. At our last inspection we found that patients allergy status was not completed on some prescription charts in the community based mental health services for adults of working age. At this inspection we found that this had not been rectified across all teams.
- Not all staff had received an up-to-date appraisal of their performance.
- Patients in some services had limited access to psychological therapies and occupational therapy.

Are services safe?

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

- Nurse call alarm systems were not in place in all of the bedrooms on the acute wards for adults of working age. Staff on one ward in Doncaster were unaware that they weren't present.
- Seclusion facilities lacked some of the necessary equipment, clocks were not visible to patients in two seclusion facilities.
- Staff in some wards and teams were not up to date with their mandatory training requirements. Training for prevention and management of violence and aggression, a key component of enabling safe care was below 75% in acute wards for adults of working age and psychiatric intensive care units. Compliance was only 15% in one ward.
- We found blanket restrictions were in place in two core services we visited on this inspection.
- There were prescribing and transcribing errors in the medicines administration charts including missing signatures. In community mental health services for adults of working age staff did not always record the allergy status of the patient on the medicine chart, something which we also found at the last inspection.
- We found syringes which were not in sealed packages and were out of date and medicine which had passed its expiry date and staff had not identified this. There were gaps and inconsistencies in the recordings of fridge and clinic room temperatures.
- Staff did not always follow the trust's lone working procedures and in a community based service there was no alarm system in any of the interview rooms.
- We rated four of the 14 core services as requires improvement for the safe domain, this takes account the ratings of core services which were not inspected this time.

However:

Summary of findings

- Staff knew how to report incidents. They shared lessons learned and made changes in response to recommendations from incidents
- Patients' physical and mental health risk assessments were comprehensive and appropriate management plans were in place.
- Staff recognised safeguarding concerns and dealt with them according to procedures.
- Staffing levels were sufficient to ensure the safe care and treatment of patients.
- The trust had taken appropriate action to assess and monitor patients against the risk of venous thromboembolism. The service monitored and reviewed safety performance using the safety thermometer and performance showed a good track record.
- Environmental risk assessments had been carried out and areas were visibly clean and well maintained. Staff followed national guidance in relation to hand hygiene and infection prevention and control. There were no cases of *Clostridium difficile*, MRSA, or methicillin sensitive *Staphylococcus aureus* in the community health services during the previous 12 months prior to the inspection.

Are services effective?

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

- In mental health services staff undertook a full assessment of patients and monitored physical health as required in accordance with best practice guidance. Staff ran well-being clinics where they monitored patients' physical health and offered healthier lifestyle advice and information.
- Staff encouraged and supported patients to live healthier lives through promotion of healthy eating, exercise and reducing consumption of caffeine and smoking.
- Patients had up to date and comprehensive care plans, which reflected national guidance and best practice and met the individual needs of the patient.
- Staff were competent and had the skills they needed to carry out their roles effectively. They felt supported in their roles and there was good access to specialist training

However:

- Medical staff did not always complete Mental Capacity Act documentation completely or with sufficient detail and teams were inconsistent about recording assessments of capacity in patient notes. Some staff were not aware of the specific independent advocacy arrangements for patients.
- Not all of the care records we reviewed contained a full comprehensive assessment on admission.
- Patients in some areas had limited access to psychological therapies and occupational therapy.
- Clinical supervision rates for non-medical staff were below the trust target in two core services on this inspection.
- Not all staff had received an up-to-date appraisal of their performance

Are services caring?

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

- We rated one adult social care location as outstanding, and three adult social care locations and all fourteen core services as good for the caring domain. This takes into account the ratings of core services which were not inspected this time.

Summary of findings

- Patients in some services actively participated in the recruitment and selection process of staff.
- Patient involvement was evidenced in care plans and risk assessments. Staff supported patients to understand and manage their conditions, care and treatment and to access other appropriate services
- Staff involved carers and relatives appropriately, and had strong links with carer support services and referred carers to the carers support team when required.
- The patient led assessments of the care environments achieved scores above the trust and England averages for mental health and learning disability services.
- Staff treated patients with dignity and respect and were compassionate and respectful when interacting with and carers.
- Patients and carers had opportunities to give feedback about the care and treatment the wards provided. Feedback from patients and carers was mostly positive.
- Staff were passionate about their roles and dedicated to making sure patients received the best person-centred care possible.
- Appropriate communication methods were used to ensure all patients and carers could understand their care and treatment and did not feel isolated in the service.

However:

- It was not always clear whether patients or their carers had received a copy of the care plan in the wards for older people with mental health problems

Are services responsive?

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

- Staff supported and encouraged patient engagement in the community.
- Patients had access to recovery colleges and social prescribing designed to improve confidence and job skills and promote mental health recovery and well-being.
- Information about how to make a formal complaint was widely available, patients and carers knew how to raise concerns or make a complaint and were comfortable doing so.
- Wards and services had the necessary equipment to meet the needs of the relevant patient groups.
- Services were planned and delivered to meet the needs of people and staff worked collaboratively with partner organisations, and other agencies.
- The needs of people in vulnerable circumstances were met and reasonable adjustments were made to ensure people with a disability had equality of access to services.
- People had access to the right care at the right time and managers had taken appropriate action to reduce the number of delayed discharges.
- The trust had implemented the Accessible Information Standard and there was a wide range of information and leaflets available for patient, families, and carers.

However:

Summary of findings

- The rehabilitation services did not have clear models of delivery, there was no clear rehabilitation pathway at Emerald Lodge between patients staying in the ward and the bungalows to ensure that patients received care that met their needs and promoted their recovery and it was not clear how Coral Lodge met national guidelines on rehabilitation services.
- Some relatives of people receiving care from the Domiciliary care service expressed concerns about the number of care hours allocated to their family member, as they felt activities were restricted.
- In some of the acute wards for adults of working age there was no evidence that planned activities were taking place during the weekend.
- Some patients in the Doncaster social inclusion service had waited a long time to receive a service; some patients had waited between 7 and 11 months to be allocated to a care co-ordinator.
- Discharge planning wasn't always evident in patient care records.

Are services well-led?

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

- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role. Non-executive directors had the appropriate skills and knowledge in order to provide relevant challenge to the trust board. The trust had clear governance structures in place which enabled the trust board to have and oversight and assurance regarding performance across the organisation.
- There were effective working relationships across the executive management team, with each director demonstrating an understanding how the way in which they carried out their function may have an impact on the wider organisation. The executive management team and the non-executive directors had a timetable of engagement to ensure they visited service areas regularly; information from these visits was shared with the board and where relevant used to question or support issues. The trust was on target to meet its financial control target, but had systems in place to ensure that quality and safety were not compromised by financial constraints.
- The trust did not have a succession planning strategy; however, staff at all levels we spoke with told us that the trust provided opportunities for development, including leadership development. Staff were supported to access additional training and opportunities through the appraisal and supervision processes. An organisational development strategy was in development and we were told that succession planning would be incorporated into this policy.
- Feedback from stakeholders and commissioners regarding the trust was wholly positive.
- The trust had an excellent staff, patient and public engagement strategy which followed a recognised methodology. It had engaged with hard to reach communities, such as the local deaf community to learn how they could improve their services resulting in range of improvements to services. Staff throughout the trust had been empowered to implement quality improvements
- The trusts senior leadership team showed how they cared about the staff in the organisation and had developed processes to ensure staff were appropriately supported following serious incidents. They had also supported staff from other organisations who had been involved in incidents within the trust.
- The trust had a safeguarding policy and procedures in place and was well engaged with the three safeguarding boards in the area. The medical director was instrumental in driving improvements and developing good practice across a number of organisations in relation to child sexual exploitation concerns.

Summary of findings

- The trust had a robust approach to investigating and learning from complaints and incidents. A dedicated team have been provided with specialist training to undertake investigation and ensure learning from complaints and incidents is shared.
- The trust had a research strategy and a research team who supported staff at all levels of the organisation to become involved in research.

However:

- Although the trust had clear processes for the implementation of the risk management framework and for overseeing the effectiveness of processes for the identification, assessment, management and mitigation of risk, including oversight of the risk registers, this had not been devolved to ward manager level across all services.
- Aspects of the governance of the community-based mental health services of adults of working age service had not shown a marked improvement since the last inspection.
- The trust had not met its target for appraisal compliance.

Adult social care

88 Travis Gardens

We rated this service as good. We rated safe, effective, caring responsive and well-led as good.

For more information, see the separate inspection report on this service on our website

10a and 10b Station Road

We rated this service as good. We rated safe, effective, caring responsive and well-led as good.

For more information, see the separate inspection report on this service on our website

Domiciliary care services

We rated this service as good. We rated safe, effective and caring as good, and responsive and well-led as requires improvement.

For more information, see the separate inspection report on this service on our website

Ratings tables

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.

Outstanding practice summary

We found examples of outstanding practice across the trust

The trust provided leadership and guidance following the discovery of child sexual exploitation issues locally.

The trust actively engaged with and supported the local population including the introduction of a range of interventions to improve engagement with the deaf community and supporting young people from disadvantaged communities.

The trust had invested in research capacity and all staff were encouraged to become involved in research.

Summary of findings

The community health inpatient services demonstrated a commitment to working with local stakeholders to ensure the service met the physical and mental health needs of patients.

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

Areas for improvement

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

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 three core services.

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

The leadership and guidance provided by the trust following child sexual exploitation issues in the local area was exemplary and despite looking nationally and internationally for a model of best practise nothing was identified which would improve on the advice and guidance provided.

Engagement with the local deaf community had led to a range of improvements and interventions, such as supporting staff to learn British sign language, pop up cafes for staff to practice signing, abolition of visiting hours for deaf patients in order to prevent loneliness and recruitment of a deaf psychological well-being practitioner.

The trust worked jointly with the Princes Trust to develop apprenticeship opportunities for young people from disadvantaged communities, which has resulted in a number of young people developing the skills to enable them to apply for permanent positions within the trust.

Staff of all disciplines were being encouraged and supported to become involved in research. The trust had invested in developing research talent, capacity and capability in the nursing workforce by developing a research nursing team with research being incorporated into the trust's nursing strategy as an area for development. Research capacity was built from the ground up, with staff of all research abilities welcomed to develop skills. Drop-in sessions, research cafés and an annual research conference had created an interface between staff, lay researchers and the research team.

The community health inpatient service demonstrated a willingness to work with local providers, commissioners and other agencies to ensure the service met the physical and mental health needs of patients and deliver excellent care. Senior ward staff from Hawthorn and Hazel wards attended joint governance meetings with colleagues caring for patients on Windermere ward, an adult inpatient ward for people with dementia. Managers promoted integration across the mental and physical health wards and were developing plans for mental health nurses to work alongside nurses providing acute intermediate care.

Summary of findings

Areas for improvement

We found areas for improvement in this service.

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

Action the trust **MUST** take to improve

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

- The trust must ensure that nurse call alarm systems are in place in all bedrooms throughout the service.
- The trust must ensure activity schedules are in place and therapeutic activities are taking place on weekends.
- The trust must ensure that observation panels in bedroom doors contain blinds that can be controlled by patients whilst inside their room.
- The trust must ensure there is a clock visible to patients in all seclusion areas.
- The trust must ensure that all staff on Sandpiper ward are up to date with mandatory training in the prevention and management of violence and aggression

In the long stay and rehabilitation wards for people with mental health problems:

- The trust must ensure that any restrictions on patients comply with the Mental Health Act Code of Practice. These should be based on individual patient risk.
- The trust must ensure that staff assess the risks to the health and safety of patients and others whilst they participate in group activities and therapies.
- The trust must ensure that staff assess, manage and mitigate the risks to the health and safety of patients staying at Emerald Lodge in the bungalows away from the main ward area.
- The trust must ensure that all patients have access to psychological therapies and occupational therapy.

In community mental health services for adults of working age:

- The trust must ensure all medication records contain up-to-date information about patient allergy status.
- The trust must ensure all staff have in place an up-to-date appraisal of their performance.

Action the trust **SHOULD** take to improve

At trust level:

The trust should ensure that staff have an up to date appraisal.

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

- The trust should ensure comprehensive assessments, including physical health checks and examination are completed upon admission for all patients
- The trust should ensure that patient care plans are holistic and personalised

Summary of findings

- The trust should ensure that fridge and clinic room temperatures are checked regularly, are clearly documented and acted upon in line with the trust policy
- The trust should ensure that medicine is clearly labelled with the date it was opened to ensure it isn't prescribed to patients beyond the expiry date
- The trust should ensure that discharge planning is documented in patient care records
- The trust should ensure that patients are individually risk assessed before restrictions are put in place
- The trust should ensure that all staff carry out capacity assessments in line with trust policy
- The trust should ensure that the activity room on Osprey ward is located in an area that all genders can access without the support of staff
- The trust should ensure that transfers of patients from acute wards to rehabilitation wards are based around patient need
- The trust should ensure that non-medical staff receive regular clinical supervision in line with trust policy
- The trust should ensure that all ward managers have oversight of key performance indicators for their ward and have awareness of the provider risk register
- The trust should ensure that all staff have awareness of the trusts visions and values and how to contact the freedom to speak up guardian.
- The trust should adhere to their policy in the safe and secure handling of medicines and ensure prescription charts are signed and medicine is prescribed before being administered.
- The trust should ensure that all ward managers have the skills to effectively use the performance information available to them.
- The trust should ensure that ward managers have access to the relevant risk registers and understand how to escalate the risks relating to their service.

In long stay and rehabilitation wards for people with mental health problems:

- The trust should ensure that there is clarity around the services that reflects national guidance on rehabilitation services.
- The trust should ensure there is a clear pathway at Emerald Lodge to define the process from staying in the ward area to the bungalows.
- The trust should ensure that all equipment, including syringes, is in date and sealed if required.
- The trust should ensure that staff review patients' care plans regularly.
- The trust should consider how staff at Emerald Lodge can raise an alert for urgent assistance whilst responding to incidents or emergencies due to the distance from surrounding services.
- The trust should consider the use of an airlock within the rehabilitation ward Coral Lodge.
- The trust should ensure that all staff receive an appraisal.

In wards for older people with mental health problems:

- The trust should ensure staff on all wards are compliant with mandatory training.

Summary of findings

- The trust should ensure they regularly review and consider a patient's access to the garden areas on Glade, Windermere and Fern wards.
- The trust should ensure notices are displayed on the wards advising informal patients that they can leave at will.
- The trust should ensure all staff complete Mental Capacity documentation completely and in detail.
- The trust should consider further engagement with staff to ensure they feel valued and engaged with the trust's vision and values

In community health inpatient services:

- Take appropriate action to monitor and reduce the number of medicines errors.
- Ensure all staff from Hawthorn, Hazel and Magnolia community inpatient wards complete mandatory and statutory training within the required time frame.
- Ensure all staff from Hawthorn, Hazel and Magnolia community inpatient wards complete safeguarding adults level three training within the required time frame.
- Consider involving the unit-based consultant from Magnolia Neurorehabilitation Inpatient Unit at service-level governance meetings.

In community mental health services for adults of working age:

- The trust should ensure all teams are up-to-date with their mandatory training requirements and receive training in the requirements of the Mental Health Act and the associated code of practice.
- The trust should ensure patients have timely access to treatment in all parts of the service.
- The trust should ensure all staff are aware of the independent advocacy arrangements for patients.
- The trust should ensure all patients who require it have an assessment of mental capacity documented in their care record.
- The trust should ensure medication audits are carried out in all locations where medicines are administered.
- The trust should ensure staff receive feedback where patients provide their opinions about individual services.
- The trust should ensure all staff are aware of the Freedom To Speak Up Guardian and the role they play.
- The trust should ensure all staff follow lone working arrangements and have access to an appropriate panic alarm system.

Is this organisation well-led?

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

- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role. Non-executive directors had the appropriate skills and knowledge in order to provide relevant challenge to the trust board. The trust had clear governance structures in place which enabled the trust board to have and oversight and assurance regarding performance across the organisation.
- There were effective working relationships across the executive management team, with each director demonstrating an understanding how the way in which they carried out their function may have an impact on the wider

Summary of findings

organisation. The executive management team and the non-executive directors had a timetable of engagement to ensure they visited service areas regularly; information from these visits was shared with the board and where relevant used to question or support issues. The trust was on target to meet its financial control target, but had systems in place to ensure that quality and safety were not compromised by financial constraints.

- The trust did not have a succession planning strategy; however, staff at all levels we spoke with told us that the trust provided opportunities for development, including leadership development. Staff were supported to access additional training and opportunities through the appraisal and supervision processes. An organisational development strategy was in development and we were told that succession planning would be incorporated into this policy.
- Feedback from stakeholders and commissioners regarding the trust was wholly positive.
- The trust had an excellent staff, patient and public engagement strategy which followed a recognised methodology. It had engaged with hard to reach communities, such as the local deaf community to learn how they could improve their services resulting in range of improvements to services. Staff throughout the trust had been empowered to implement quality improvements
- The trusts senior leadership team showed how they cared about the staff in the organisation and had developed processes to ensure staff were appropriately supported following serious incidents. They had also supported staff from other organisations who had been involved in incidents within the trust.
- The trust had a safeguarding policy and procedures in place and was well engaged with the three safeguarding boards in the area. The trust was instrumental in driving improvements and developing good practice across a number of organisations in relation to child sexual exploitation concerns.
- The trust had a robust approach to investigating and learning from complaints and incidents. A dedicated team have been provided with specialist training to undertake investigation and ensure learning from complaints and incidents is shared.
- The trust had a research strategy and a research team who supported staff at all levels of the organisation to become involved in research.

However

- The trust had not met its target for appraisal compliance.
- Although the trust had clear processes for the implementation of the risk management framework and for overseeing the effectiveness of processes for the identification, assessment, management and mitigation of risk, including oversight of the risk registers, this had not been devolved to ward manager level across all services.
- Aspects of the governance of the community-based mental health services of adults of working age service had not shown a marked improvement since the last inspection.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Mental health	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Overall trust	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

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	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Community health services for children and young people	Good Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Community health inpatient services	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Community end of life care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Overall*	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

*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 ↓ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018
Forensic inpatient or secure wards	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Wards for older people with mental health problems	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Community-based mental health services for adults of working age	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018
Mental health crisis services and health-based places of safety	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016
Specialist community mental health services for children and young people	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Community-based mental health services for older people	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Community mental health services for people with a learning disability or autism	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Substance misuse services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Overall	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018

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

Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
10a and 10b Station Road	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018
88 Travis Gardens	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Outstanding ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018
Domiciliary Care Service	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Good ➡️ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018
Danescourt	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018

Community health services

Background to community health services

Rotherham Doncaster and South Humber NHS Foundation Trust has been a foundation trust since 2007. It serves a population of 850,000. The trust provides community health services across Doncaster and school nursing in Scunthorpe. The trust provides four core services across ten registered locations.

We last inspected the trust in September 2015. In this inspection, we inspected the community health inpatients core service.

Summary of community health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- The leadership, governance, and culture promoted the delivery of high quality person-centred care. Staff had the skills they needed to carry out their role effectively and in line with best practice. Managers were visible and there was a strength and resilience across ward teams to deliver high quality care to patients.
- Since the previous CQC inspection, managers had taken appropriate action to mitigate and manage the risk to patients by assessing and monitoring venous thromboembolism (VTE).
- Staff told us they were proud to work for the trust and promoted a patient-centred culture.
- Patients, families, and carers felt staff communicated with them effectively and made them feel safe. Staff involved and informed them about care and treatment, promoted the values of dignity and respect, and were kind and compassionate.
- Services were organised to meet the needs of people. Managers and healthcare professionals worked collaboratively with partner organisations and other agencies to ensure services provided flexibility, and continuity of care.
- Staff were competent and had the skills they needed to carry out their roles effectively. The majority of staff had completed mandatory and statutory training and managers had good oversight of the process.

However:

- Although medicines were securely stored and handled safely, we found evidence of prescribing and transcribing errors in the medicines administration charts we looked at. For example, we found incorrect spelling of medicines and use of non-approved abbreviations. Medicines also accounted for 23% of all incidents reported between 1 October 2016 and 30 September 2016. Errors included incorrect dosage and incorrect prescription.
- Compliance level for safeguarding adults level two and level three was variable across the three wards and below the trust target of 90%.

Community health inpatient services

Good   

Key facts and figures

All three community inpatient wards are located within Tickhill Road Hospital.

Hawthorn and Hazel wards provide a step-up and step-down intermediate care inpatient service for patients who may have had an illness or fall and require rehabilitation to return home independently or with support from social services or reablement team. Nurses and therapists lead the unit, with medical support from a consultant geriatrician and complex care practitioners.

Hawthorn ward has 18 beds and Hazel ward has 20 beds. Both wards have a mix of single rooms and same sex accommodation bays with washing and toilet facilities. Each ward has its own dining room, day room and a garden. Hazel ward also has a large independent living area for one patient that includes a kitchen, bathroom, and bedroom.

Magnolia neurorehabilitation inpatient unit has 14 beds and provides an integrated rehabilitation service for adults coping with a range of cognitive, physical, and/or emotional symptoms following a severe brain injury, as well as other neurological conditions including multiple sclerosis and motor neurone disease (MND).

Community inpatient services were previously inspected in September 2015. All five domains were inspected and an overall rating of good was given. Safe was rated as requires improvement, while effective, responsive, caring and well-led were rated as good.

The main area of concern from the last inspection in September 2015 was:

- people who used services were not assessed not protected against the risks of venous thromboembolism (VTE)

We told the trust it must:

- complete VTE risk assessments for all patients admitted
- monitor VTE as part of the safety thermometer

We also said that the trust should:

- develop a consistent and accurate record of mandatory training
- ensure the vision and strategy are clearly documented and linked to the trust's strategic objectives
- review the process of recording risk.

During this inspection, we spoke with 22 members of staff and seven patients, families and carers. We observed care and treatment and looked at ten care records and 19 medicines administration charts.

Summary of this service

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

- The leadership, governance, and culture promoted the delivery of high quality person-centred care. Staff had the skills they needed to carry out their role effectively and in line with best practice. Managers were visible and there was a strength and resilience across ward teams to deliver high quality care to patients.
- Since the previous CQC inspection, managers had taken appropriate action to mitigate and manage the risk to patients by assessing and monitoring venous thromboembolism (VTE).

Community health inpatient services

- Staff told us they were proud to work for the trust and promoted a patient-centred culture.
- Patients, families, and carers felt staff communicated with them effectively and made them feel safe. Staff involved and informed them about care and treatment, promoted the values of dignity and respect, and were kind and compassionate.
- Services were organised to meet the needs of people. Managers and healthcare professionals worked collaboratively with partner organisations and other agencies to ensure services provided flexibility, and continuity of care.
- Staff were competent and had the skills they needed to carry out their roles effectively. The majority of staff had completed mandatory and statutory training and managers had good oversight of the process.

However:

- Although medicines were securely stored and handled safely, we found evidence of prescribing and transcribing errors in the medicines administration charts we looked at. For example, we found incorrect spelling of medicines and use of non-approved abbreviations. Medicines also accounted for 23% of all incidents reported between 1 October 2016 and 30 September 2016. Errors included incorrect dosage and incorrect prescription.
- Compliance level for safeguarding adults level two and level three was variable across the three wards and below the trust target.

Is the service safe?

Good  

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

- Staff protected patients from avoidable harm and abuse, and they followed appropriate processes and procedures to keep them safe.
- The trust had taken appropriate action to assess and monitor patients against the risk of venous thromboembolism. Staff completed other appropriate risk assessments, they recorded observations using an early warning score and had devised a system to reduce inpatient falls.
- The service had recently reviewed its staffing levels and had taken appropriate action to ensure there were enough staff on duty to keep patients safe.
- Managers and staff knew their responsibilities for reporting incidents and raising concerns. Staff discussed incidents at ward and governance meetings and took appropriate action to prevent incidents from happening again. When something went wrong patients, families and carers received a sincere apology.
- The service monitored and reviewed safety performance using the safety thermometer and performance showed a good track record of keeping patients safe and free from harm.
- All areas were visibly clean and staff followed national guidance in relation to hand hygiene and infection prevention and control. There were no cases of *Clostridium difficile* (*C.difficile*), MRSA, or methicillin sensitive *Staphylococcus aureus* (MSSA) in the previous 12 months prior to the inspection.
- Staff understood their responsibilities in relation to safeguarding adults and children. Compliance for the completion of safeguarding adults and children (level one) training was good. Staff from all wards had also completed training on domestic abuse and Prevent.

However:

Community health inpatient services

- Although medicines were securely stored and handled safely, we found evidence of prescribing and transcribing errors in the medicines administration charts we looked at.
- Compliance level for safeguarding adults level two and level three was variable across the three wards and below the trusts' own target of 90%.
- Although overall mandatory training compliance was good, some modules were well below the 90% target, particularly on Magnolia.

Is the service effective?

Good  → ←

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

- Policies and guidelines were evidence-based, and there were good examples of multidisciplinary and multi-agency working and collaboration.
- Staff completed comprehensive assessments of patients' needs, which took into consideration clinical needs, physical health, and mental health.
- Staff assessed and monitored patients nutritional and hydration needs. Patients had a choice of food and meal options although not everyone we spoke with felt there was enough variety on offer.
- Staff were competent and had the skills they needed to carry out their roles effectively. Staff spoke positively about the quality of their appraisal and the training opportunities for further development.
- Managers took appropriate action to identify and manage poor performance.
- The service participated in local and national audits and we saw evidence the service used the results to improve care.
- Staff involved, empowered, and supported patients to manage and monitor their own health. This included enabling patients to complete specific tasks by themselves as part of the rehabilitation process and promoting public health initiatives.
- Staff understood their responsibilities in relation to consent, mental capacity and the deprivation of liberty safeguards. The trust provided appropriate training and the compliance rate was above the 90% trust target.

However:

- Clinical supervision rates were below the trust target. However, managers were in the process of redeveloping the process and creating a clear distinction between managerial and clinical supervision. Staff spoke positively about the change.
- Not all staff had received an appraisal. The overall compliance rate was 74% and worse than the trust target of 90%.

Is the service caring?

Good  → ←

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

- Staff treated patients, families, and carers with dignity and respect and involved them in their care.

Community health inpatient services

- All staff we spoke with were passionate about their roles and dedicated to making sure patients received the best person-centred care possible. Throughout our inspection, we observed staff delivering compassionate and sensitive care that met the needs of patients, families, and carers.
- We observed members of staff who had a positive and friendly approach towards patients, families, and carers. Staff explained what they were doing and took the time to speak with them at an appropriate level of understanding.
- Feedback from patients, families, and carers was positive about all aspects of the care they received. Staff were caring, compassionate, understanding, and supportive. Staff worked in partnership with patients and promoted empowerment, enabling them to have a voice in their own care and treatment.
- The nursing teams from Hawthorn and Hazel had been nominated for the trust-wide Patient Experience and Carer Involvement award.

Is the service responsive?

Good   

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

- Managers and staff planned and delivered services to meet the needs of people and worked collaboratively with partner organisations, and other agencies.
- Care and treatment was coordinated with other services and providers. For example, a social worker visited the wards every day and took part in ward rounds to discuss individual patient's needs.
- The service met the needs of people in vulnerable circumstances. Staff supported patients to follow their own social interests and activities, and made reasonable adjustments to ensure people with a disability had equality of access to services.
- People had access to the right care at the right time. The service had reviewed its admission policy to help meet demand for beds, and managers had taken appropriate action to reduce the number of delayed discharges.
- The service was in the process of implementing the Accessible Information Standard and there was a wide range of information and leaflets available for patient, families, and carers.

Information about how to make a formal complaint was widely available. Patients, families, and carers also spoke with staff directly if they had any concerns. Staff gave examples of lessons learned and service improvement resulting from complaints.

Is the service well-led?

Good   

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

- The leadership, governance, and culture promoted the delivery of high quality person-centred care.
- The service had a good governance and quality assurance structure, which had patient safety, risk management, and quality measurement at its core. Managers understood the key priorities within the unit and developed proposals and action plans to mitigate risk and manage performance.

Community health inpatient services

- Senior managers had a shared purpose, and strived to deliver. Leadership was good across the service. There was a clear management structure and line managers were visible and involved in the day-to-day running of services. Staff spoke positively about local and senior managers.
- Managers and leaders were visible, and there was a strength, passion, and resilience within ward based staff to deliver quality care to people, and their families. Staff told us they were proud to work for the trust and felt the organisation promoted a patient-centred culture.
- Staff felt respected and valued by managers at all levels and described them as approachable and supportive.

Outstanding practice

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

Areas for improvement

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

Mental health services

Background to mental health services

Rotherham Doncaster and South Humber NHS Foundation Trust has been a foundation trust since 2007. It serves a population of 850,000. The trust provides mental health, learning disability and substance misuse services across Rotherham, Doncaster and North Lincolnshire. The trust provides ten core services seven registered locations.

We last inspected the trust in October 2016. In this inspection, we completed the trusts annual well led review and inspected 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
- Wards for older people with mental health problems
- Community-based mental health services for adults of working age

Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- We rated caring, effective, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- We rated well-led at the trust level as good.
- Patient's physical and mental health risk assessments were comprehensive and appropriate management plans were in place and patients had up to date and comprehensive care plans, which reflected national guidance and best practice and met their individual needs.
- Services had effective governance systems in place to ensure they were safe which had patient safety, risk management, and quality measurement at the core. Care group managers understood the key priorities within their services and action systems were in place to mitigate risk and manage performance.
- The trust had an excellent staff, patient and public engagement strategy which followed a recognised methodology. Staff throughout the trust had been empowered to implement quality improvements.
- However:
- We rated safe as requires improvement in three of the ten core services. Our rating for the trust took into account the previous ratings of services not inspected this time. Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- Blanket restrictions for patients were in place in two services we visited on this inspection.

Summary of findings

- Staff did not always adhere to medicines management processes and there were prescribing and transcribing errors in the medicines administration charts including missing signatures.
- Not all staff had received an up-to-date appraisal of their performance.
- Patients in the social inclusion service in Doncaster had waited a long time to receive a service, some patients had waited between 7 and 11 months for a care coordinator to be allocated.
- Staff in some areas were not up to date with mandatory training

Wards for older people with mental health problems

Good   

Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide inpatient services for older people over 65 years of age with mental health problems. These services are for both patients admitted informally and those detained under the Mental Health Act 1983.

There are six wards distributed over three hospital locations in Rotherham, Doncaster and North East Lincolnshire. The purpose of the wards is to provide assessment, treatment and rehabilitation to older people who require a hospital admission due to their mental health needs.

The wards, as follows, all provide assessment and treatment to both male and female patients. The trust uses a flexible approach regarding age related services. This meant that they would assess a patient's suitability to a ward not solely on their age but also taking into account the patient's frailty and associated needs.

Coniston Lodge

This ward, based at the trust's main site in Doncaster, has 20 beds available for male and female patients who are experiencing functional mental health problems such as depression, psychosis and schizophrenia. At the time of our inspection there were ten patients allocated to the ward; of these three were detained under the Mental Health Act.

Windermere Lodge

This ward, also based in Doncaster, has 20 beds available for older male and female people with mental health problems arising from organic disorders such as dementia. At the time of our inspection, there were nine patients allocated to the ward; all were detained under the Mental Health Act.

Laurel Ward

Laurel Ward is based in Scunthorpe and provides assessment and treatment for both male and female older people living in North Lincolnshire who have either organic or functional mental health problems. The ward has 13 beds available. At the time of our inspection there were nine patients allocated to the ward; of these five were detained under the Mental Health Act.

The Ferns

This ward is located within a purpose built unit named The Woodlands based in Rotherham. The ward is a joint pilot between the trust and Rotherham NHS Foundation Trust acute hospital. It has 20 beds available for both male and female older people with dementia or cognitive impairment who have been discharged from the acute hospital following an acute medical admission.

The ward provides ongoing cognitive and physical rehabilitation or interventions. At the time of our inspection there were 11 patients allocated to the ward; none of these patients were detained under the Mental Health Act.

The Glades

The Glades, also based within the Woodlands Unit in Rotherham, is a 15 bedded ward for male and female older people suffering from organic mental health disorders. At the time of our inspection there were 11 patients allocated to the ward; of these five were detained under the Mental Health Act.

The Brambles

Wards for older people with mental health problems

Also based within the Woodlands Unit in Rotherham, The Brambles is a 15 bedded ward for male and female older people suffering from functional mental health disorders. At the time of our inspection there were 13 patients allocated to the ward; of these five were detained under the Mental Health Act.

The Care Quality Commission last inspected the older people's wards in September 2016. We rated safe, caring, responsive and well-led as good. We rated effective as requiring improvement.

The service rated good overall, with breaches of the following regulations:

Sept 2016 Inspection - Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Sept 2016 Inspection - Regulation 18 HSCA (RA) Regulations 2014 Staffing

On this inspection, we looked at all five key questions and visited all six wards. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

During the inspection visit, the inspection team:

- visited the ward areas and looked at the quality of the environment
- attended and observed a patient communications meeting, two multi-disciplinary meetings and four handover meetings
- spoke with 14 patients who were using the service
- spoke with eight carers of patients using the service
- spoke with the ward managers
- spoke with 27 other staff members including the consultant, nurses and support workers
- spoke with two staff from other organisations working with the wards
- collected feedback from patients and carers using comment cards
- looked at 24 care records of patients
- looked at the prescription cards of all the patients on the ward
- carried out a specific check of the medication management
- carried out two short observational frameworks of inspection
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- The wards had systems and processes in place to keep patients and staff safe. Staff recognised safeguarding concerns and escalated these appropriately. They identified patient risks and put plans in place to manage these. Staff followed effective medicines management practices to ensure the proper and safe use of medicines.

Wards for older people with mental health problems

- Staff provided compassionate care and treatment to patients. They took the time to interact with the patients and feedback was positive across all wards. They supported patients with dignity and respect and involved them in their care.
- Carers were involved and encouraged to be partners in the care of the patient. Staff involved them in decision-making and supported their needs in addition to the patients.
- Staff carried out a comprehensive assessment to identify a patient's needs. Care plans reflected the needs and incorporated the patient's history and preferences. Staff reviewed the plans regularly and involved other specialists when needed.
- Wards included, or had access to a full range of specialists required to meet the need of the patients. Staff were suitably skilled and had the knowledge and experience to deliver effective care, support and treatment.
- All the wards had welcoming premises and the facilities to meet the needs of patients. Bedrooms were all ensuite and patients had a secure place to store their belongings. There were quiet areas on the wards where patients could meet visitors or make phone calls in private.
- Staff mostly enjoyed their roles and felt supported and valued within their immediate teams. Ward managers had the skills, knowledge and experience to support their role and promote high quality care. They had a good oversight of their ward's performance.

However:

- Staff on Windermere, Glade and Fern wards did not regularly review or consider the restrictions on a patient's ability to freely access the ward's garden or lounge areas.
- Staff were not fully compliant in all mandatory training units.
- Staff did not always complete Mental Capacity Act documentation fully or with sufficient detail.
- Wards did not display a notice to tell informal patients that they could leave the ward freely.
- Staff on the wards felt disconnected from the wider trust and from the older people's wards in the different localities. They had limited knowledge of the trust's vision and values.

Is the service safe?

Good   

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

- Wards were clean, tidy and well maintained.
- Staff assessed and identified a patient's physical and mental health risks and put plans in place to manage these.
- Staff recognised safeguarding concerns and dealt with them according to procedures.
- Staffing levels were sufficient to ensure the safe care and treatment of patients.

However:

- Staff on some wards were not up to date with all the required training.
- There were locked doors to outside garden areas and some smaller lounge areas on Windermere, Glade and Fern wards. Patients had to ask a staff member for access to these areas.

Wards for older people with mental health problems

Is the service effective?

Good  

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

- All patients had up to date and comprehensive care plans, which reflected individual needs of the patient.
- Staff assessed a patient's physical health needs from admission and continued to monitor this.
- Staff provided patients with the care and treatment in line with national guidance and best practice.
- Teams included, or had access to a full range of specialists.
- Staff were knowledgeable in the application of the Mental Health Act.
- Staff worked well as a multi-disciplinary team and patients were involved in regular reviews of their care.

However:

- Wards did not display a notice to tell informal patients that they could leave the ward freely.
- Medical staff did not always complete Mental Capacity Act documentation completely or with sufficient detail.

Is the service caring?

Good   

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

- Staff provided compassionate and respectful care interacting with patients in a discreet and responsive manner.
- Patients were involved in their care and treatment.
- Staff ensured carers were involved in the care and treatment of the patient where this was appropriate.
- Patients and carers had opportunities to give feedback about the care and treatment the wards provided.

However:

- It was not always clear whether a patient or their carer had received a copy of the care plan.

Is the service responsive?

Good   

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

- Bed occupancy levels meant patients could access a bed in their locality.
- Patients who were able to understand, and their carers, knew how to complain and felt comfortable doing so.
- Each ward was equipped to meet the needs of all patient groups.
- The wards had a range of rooms and activities available for patients to promote their comfort.

Wards for older people with mental health problems

However:

- Patients did not always have access to the internet to assist them to communicate with their families.
- The trust did not offer guidance to staff to enable them to communicate with patients in different languages if required using mobile phone applications.

Is the service well-led?

Good   

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

- Staff on the wards felt supported by their immediate manager and team.
- Ward managers had a good oversight of their ward's performance.
- The trust risk register was regularly reviewed and staff were aware of the escalation process.
- Staff felt able to raise concerns without fear of retribution.
- Staff had access to the information and equipment required to complete their roles and to provide patient care.

However:

- Staff did not always feel part of the wider trust. They also felt there was a disconnect between the trust's other older people's services at different locations.
- Staff had a mixed awareness of the Trust's Freedom to Speak up Guardian.
- Staff had limited awareness of the trust's vision and values.

Areas for improvement

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

Community-based mental health services of adults of working age

Requires improvement   

Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide community-based mental health services for adults of working age across Rotherham, Doncaster and North Lincolnshire. The teams work with adults that have a mental health illness, which requires the involvement of secondary care services. There are 17 community teams, providing mental health services for working age adults across South Yorkshire and North Lincolnshire.

The services are divided into the localities of Rotherham, Doncaster, and North Lincolnshire where there are teams that provide needs defined services across the locality. The two localities of Rotherham and Doncaster have;

- an access team
- an assertive outreach team
- an intensive community therapies team
- a community therapies team
- a recovery team
- a social inclusion team

In North Lincolnshire, the teams have recently reorganised so that one recovery focussed team incorporated pathways for recovery, intensive community therapies and assertive outreach. The pathway also incorporated community mental health pathways for older adults. North Lincolnshire has an options team providing a range of recovery-based educational courses and practical therapeutic activities. Rotherham has a separate carer support team providing advice, information, education, and support to people caring for someone with a mental illness.

At the last inspection in January 2017, we rated this core service as 'requires improvement' overall. We rated the domains of safe, effective and well-led as requires improvement and the domains of caring and responsive as good. At this inspection, we inspected all of the key questions. Our inspection was 'unannounced', which meant staff did not know until the day before that we were coming to inspect the service.

At this inspection, we visited a sample of six teams that provide community-based mental health services for adults of working age. The teams that we visited were:

- Rotherham recovery team, social inclusion team and community therapies team based at Ferham clinic
- Doncaster social inclusion team and recovery team based at the Stapleton Centre
- North Lincolnshire recovery focussed team based at Ashby Road Scunthorpe.

During the inspection we spoke with 32 members of staff, 20 patients and nine carers. We looked at 18 care and treatment records of patients and reviewed 130 patient medication cards

Summary of this service

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

- Staff did not always record important information about patients' allergies on their medication records.

Community-based mental health services of adults of working age

- Not all teams were up-to-date with their mandatory training and not all staff were clear about the correct procedures for reporting safeguarding concerns through the incident system.
- Managers had not carried out an appraisal with all their staff.
- Not all staff were aware of the independent advocacy arrangements for patients and teams were inconsistent about documenting assessments of patient capacity.
- Not all staff were aware of the trust's Freedom to Speak Up Guardian.
- The trust did not have effective systems in place to monitor staff compliance with line management supervision. They did not ensure all teams had access to effective medicines management audits.

However:

- Staff carried out risk assessments of the care environment and with patients in treatment. They updated these when they needed to.
- Patients told us staff were caring, compassionate and listened to them. They felt involved in their treatment.
- Staff ran well-being clinics to help patients manage their condition. They worked with other services so patients had access to programmes aimed at promoting recovery.
- Staff felt supported by their line managers and had access to regular team meetings. They knew how to report incidents and made changes in response to incident reviews.
- Patients had access to complaints procedures and systems to provide feedback.

Is the service safe?

Requires improvement   

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

- Staff did not always complete important medical information on patients' medication records. We checked 82 records and found 52 did not specify the allergy status of the patient.
- Not all teams were up-to-date with their mandatory training requirements. Some teams did not achieve the trust target of 90% and some did not score above 75% compliance, which is the CQC minimum compliance rate.
- Staff at Stapleton Road clinic did not always follow the trust's lone working procedures and there was no alarm system in any of the interview rooms. Staff did not always know their colleagues whereabouts, which could have compromised their safety.
- Some staff were unclear about the procedure for raising safeguarding alerts and did not always notify the trust when they had reported safeguarding concerns directly to the local authority.

However:

- In all the locations we inspected, the trust carried out regular environmental risk assessments including general health and safety and fire risk assessments.
- Patient records contained an up-to-date risk assessment and crisis plans. Staff updated risk assessments following specific concerns.

Community-based mental health services of adults of working age

- Staff knew how to report incidents. They shared lessons learned and made changes in response to recommendations from incidents.

Is the service effective?

Requires improvement   

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

- Not all non-medical staff had received an up-to-date appraisal of their performance and only 55% of staff were up-to-date with their appraisal.
- Training in the Mental Health Act was not a mandatory requirement and most staff we spoke with told us they had not received training in the Mental Health Act.
- We reviewed 18 care records and found that recording assessments of capacity in patient notes was inconsistent. In six records, care coordinators had not documented an assessment of capacity where staff had identified that one was required.
- Not all staff were aware of the specific independent advocacy arrangements for patients. None of the locations we visited had information on display in patient areas about advocacy services.

However:

- Staff ran well-being clinics where they monitored patients' physical health and offered healthier lifestyle advice and information.
- Staff carried out patient interventions in line with recognised guidelines and conducted audits to identify improvements in care.
- Staff offered patients access to programmes aimed at promoting recovery, for example, social prescribing. Patients had access to employment support and benefits advice.
- Staff attended regular team meetings and other patient focussed multidisciplinary meetings such as allocation and case discussion meetings. Staff worked together effectively and shared appropriate information concerning patient care.

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. They provided support to carers and had strong links with carer support services.
- Patients felt involved in their care plan. Staff supported patients to understand information and find out about any communication needs they had.

Community-based mental health services of adults of working age

Is the service responsive?

Good   

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

- Patients had access to recovery colleges and other activities designed to improve confidence and job skills.
- Staff provided assertive outreach visits for patients and referred them to the access team when they needed support out-of-hours.
- Patients knew how to make a complaint and found staff approachable and willing to resolve concerns.

However:

- Some patients in the social inclusion service had waited a long time to receive a service. We saw examples where one patient had waited 11 months and another waited 7 months. Waiting times in all the other mental health teams we inspected were satisfactory.

Is the service well-led?

Requires improvement   

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

- Not all the staff we spoke with were aware of the trust's Freedom to Speak Up Guardian.
- The trust did not have systems in place to monitor staff compliance with line management supervision in accordance with trust policy.
- The trust did not have systems in place to ensure all teams carried out effective medicines audits.
- The trust did not always ensure patients had access to services in a timely way.
- The trust did not always ensure staff received feedback when patients had provided comments through the 'your opinion counts' process.
- Aspects of the governance of the service had not shown a marked improvement since the last inspection.

However:

- In their work with patients, staff demonstrated the trust's values of openness, caring, and passionate.
- Staff felt supported by their immediate line managers and were confident about raising concerns.
- Staff worked well together to provide a holistic service for patients. They met to discuss and learn from incidents and used the information to make improvements.
- Patients and carers had opportunities to provide feedback on the service and had access to a complaints process.

Areas for improvement

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

Long stay or rehabilitation mental health wards for working age adults

Requires improvement  

Key facts and figures

Rotherham, Doncaster and South Humber NHS Foundation Trust provides three long stay rehabilitation mental health wards for adults of working age:

Goldcrest ward

Goldcrest ward is at Swallownest Court in Rotherham. Goldcrest ward is a community rehabilitation ward with controlled access that provides care and treatment for up to 19 male and female patients. The service accepts patients who have overcome the acute phase of their mental health illness. Patients can be detained under the Mental Health Act or with informed consent stay informally. The service promotes a social inclusive approach to recovery and return to independent living.

Emerald Lodge

Emerald Lodge is in Bentley, Doncaster. Emerald Lodge is a community open rehabilitation service that consists of an eight-bed ward and eight one-bedroom bungalows. The service provides care and treatment to male and female patients and focuses on mental health recovery and transitioning to independent living. Patients can be detained under the Mental Health Act or with informed consent stay informally. Patients begin their stay within the ward environment and transition to a one-bedroom bungalow as they progress through their stay.

Coral Lodge

Coral Lodge is at the Tickhill Road site in Doncaster. Coral Lodge is a high dependency rehabilitation service for up to 16 male patients with enduring mental health illnesses who are detained under the Mental Health Act 1983. The service aims to provide specialist, assessment, treatment and rehabilitation.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

During the inspection visit, the inspection team:

- Toured the care environments and observed how staff were caring for patients.
- Undertook a review of medicines management on each ward
- Reviewed 19 patient care and treatment records
- Spoke with 13 patients
- Spoke with four carers
- Interviewed managers and senior managers who had overall responsibility of the wards
- Interviewed 21 other staff members. These included: a deputy ward manager, a specialty doctor, a GP trained doctor, a nurse consultant, registered nurses, occupational therapists, an assistant psychologist, support workers and occupational therapy assistants.
- Undertook observations of one care programme approach meeting, two ward round, healthy eating group, cooking group, community group, discussion group,

Long stay or rehabilitation mental health wards for working age adults

Summary of this service

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

- The trust did not have a clear model of service delivery. All of the wards had blanket restrictions, which were not in accordance with legislation of guidance. At Coral Lodge, it was not clear how the service met national guidance on rehabilitation services. In addition to blanket restrictions, Coral Lodge was a locked rehabilitation ward, we received conflicting information about whether or not the ward only accepted detained patients or whether it would accept informal patients. The patients' fridge and freezer at Coral Lodge was locked at all times. The trust had not ensured there was a clear pathway at Emerald Lodge or risk assessment process to ensure patients moving from the ward to bungalows on site would be safe. The care plans for patients at Emerald Lodge lacked information about where they were staying and their support needs.
- Teams did not all have the required disciplines to meet the psychosocial and rehabilitation needs of patients. There was limited access to psychology at Emerald Lodge and Goldcrest. Emerald Lodge did not have an occupational therapist.
- Ineffective risk management oversight had not identified lapses in risk assessment of group activities and therapies.
- Four care plans had not recently been reviewed. A further four care plans had not been updated with the date to reflect they had been reviewed by staff.
- Appraisal rates were low for staff working at Emerald Lodge and Coral Lodge.

However:

- Staff were positive and enthusiastic about the work they delivered and the trust leaders were visible within the services. Staff and leaders felt supported at all levels and they had an established social media presence to promote their work and key messages. Staff and patients had opportunities to participate in research and quality improvement work streams.
- Patients provided positive feedback on the service and observations showed that staff treated patients well. Patients were involved in their care and treatment. They had access to a range of groups and activities to promote their mental health recovery. Patients knew how to raise concerns.
- Physical health monitoring was embedded well into patients' care and treatment. Staff promoted positive healthy lifestyles.
- With the exception of the issues identified at Emerald Lodge, the service had improved individual patient risk assessments. These were comprehensive and contained risk management plans. Staff understood their responsibilities in reporting incidents and under the Mental Health Act and Mental Capacity Act.

Is the service safe?

Requires improvement   

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

Long stay or rehabilitation mental health wards for working age adults

- Staff implemented blanket restrictions on all wards, which were not in accordance with the Mental Health Act code of practice and were overly restrictive for rehabilitation wards. Goldcrest ward had a blanket restriction on energy drinks and caffeine. Staff at Coral Lodge searched all patients on their return from unescorted leave and completed bedroom searches. None of the records reviewed contained information to explain why these restrictions were justified or necessary for each individual.
- At Emerald Lodge, there was no assessment of risk or clear pathway in relation to patients progressing from the main ward area to staying in the individual bungalows.
- Staff did not complete risk assessments for all group activities or therapies that took place. Where risk assessments had been completed, these had not been reviewed since they were written in 2016.
- The clinic room at Emerald Lodge contained some syringes that were open and out of date. Emerald Lodge did not have sufficient staff on shift to carry out any full restraint. If they required assistance, they would be required to contact the emergency services by telephone for assistance.

However:

- Patient risk assessments at Coral Lodge and Goldcrest wards were comprehensive. Each significant risk identified had a risk management plan.
- There was low use of restraint. Staff did not use prone restraint or administer rapid tranquilisation.
- Staff understood their responsibilities in reporting incidents. They received information relating to lessons learned shared from other areas within and outside of the trust.
- The wards were all clean and well-maintained. Managers ensured that environmental risk assessments were regularly completed.

Is the service effective?

Requires improvement  

We rated effective as requires improvement because:

- Patients at Emerald Lodge and Goldcrest wards had limited access to psychological therapies because these wards did not have any input from psychology staff. This meant that patients would not have the care and treatment required to meet their psychosocial needs.
- Patients at Emerald Lodge did not have access to or input from an Occupational Therapist. This meant that they would not have the assessments, activities and equipment required to ensure their care and treatment was effective and rehabilitative. However there were two occupational therapy assistants.
- Four care plans reviewed had not been recently reviewed and a further four care plans had not had the date updated after review. Patients' care plans, for those who were staying in the bungalows at Emerald Lodge, did not reflect this or their support needs.
- Appraisal rates for staff working at Coral Lodge and Emerald Lodge were low at 23% and 38% respectively.

However:

- Records showed that staff undertook a full physical assessment of the patient on admission. They ensured that patients' physical health was monitored as required in accordance with best practice guidance.

Long stay or rehabilitation mental health wards for working age adults

- Staff encouraged and supported patients to live healthier lives through promotion of healthy eating, exercise and reducing consumption of caffeine and smoking.
- Staff had developed outcome measures to measure patients' progress through their care and treatment in a holistic way.
- Staff understood and carried out their responsibilities under the Mental Health Act and Mental Capacity Act and their associated code of practice.

Is the service caring?

Good ● ➡ ➡

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

- Observations and feedback from patients indicated staff treated patients with respect, kindness and support.
- Staff supported patients to understand and manage their conditions, care and treatment.
- Staff involved patients in their care and treatment. Patient involvement was evidenced in care plans and risk assessments. Patients attended multi-disciplinary team reviews about their care and treatment.
- Patients at Coral Lodge actively participated on interview panels for staff recruitment.
- Staff involved carers and relatives appropriately. Staff interacted with them regularly and captured their views in patient care plans and risk assessments. They referred carers to the carers support team when required.
- The patient led assessments of the care environments for Goldcrest and Emerald Lodge achieved scores above the trust and England averages for mental health and learning disability services.

Is the service responsive?

Requires improvement ● ↓

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

- The services did not have clear models of delivery.
- There was no clear rehabilitation pathway at Emerald Lodge between patients staying in the ward and the bungalows to ensure that patients received care that met their needs and promoted their recovery.
- Goldcrest and Emerald Lodge did not have access to a full multi-disciplinary team to assess and meet the psychosocial and rehabilitation needs of patients.
- It was not clear how Coral Lodge met national guidelines on rehabilitation services. It was a high dependency rehabilitation ward. We received conflicting information about whether the ward would only accept detained patients or whether they would accept informal patients. The restrictions in operation were not in accordance with what would be expected for rehabilitation mental health wards. In addition to blanket restrictions identified, we also found that patients could only access the food and drink in the patients' fridge and freezer with staff supervision. We were told the reason for this was that patients had used other patients' food and drinks before.

However:

Long stay or rehabilitation mental health wards for working age adults

- Patients had access to a wide range of activities and therapies focused on increasing independent living skills, mental health recovery and well-being, education and recreation.
- The trust had a recovery college in Doncaster that provided a range of courses to promote mental health recovery and well-being.
- Staff encouraged patients to manage a food budget, plan and prepare all of their meals. Patients at Emerald Lodge planned and prepared all of their own meals with support from staff when required.
- Patients knew how to raise concerns and complaints. They told us they could speak to staff, managers and advocate about things they were not satisfied about.
- The environment at Emerald Lodge was amenable to recovery, comfort and privacy. Patients started their stay in the main ward area before moving into one of the eight one-bedroom bungalows on site where they lived semi-independently with the support of the service.
- There were no out of area placements reported for this core service.

Is the service well-led?

Requires improvement  

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

- Ineffective systems and processes had not prevented the implementation of and identification of blanket restrictions, which were overly restrictive for rehabilitation mental health wards.
- The services had significant gaps in risk assessment of group activities and therapies. There was a lack of risk assessment and risk management at Emerald Lodge for patients progressing from the ward to the bungalows.
- Appraisal rates were low for two out of the three rehabilitation wards.

However:

- Whilst the trust did not have a clear model of service delivery, the services were in the process of change through transformation. Leaders within the trust were working on the configuration of services within the localities and what resources each service should have.
- Leaders were visible within the services. Staff at all levels were positive, motivated and told us they felt respected and valued.
- Staff and leaders had a strong and established social media presence to promote the work of the services and communication
- Systems ensured that the services had enough staff, maintained supervision rates, ensured services were clean and well-maintained.
- The services participated and conducted research into a range of different areas. Staff had opportunities to take part in quality improvement projects.

Areas for improvement

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

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

Requires improvement  

Key facts and figures

Rotherham Doncaster and South Humber NHS Foundation Trust provide acute inpatient services for adults of working age with mental health problems. These services are for both patients admitted informally and those detained under the Mental Health Act 1983.

There are seven wards over three hospital locations in Rotherham, Doncaster and Scunthorpe; five acute wards and two psychiatric intensive care wards. The purpose of the wards is to provide assessment and treatment to people who require a hospital admission due to their mental health needs.

All wards provide care for patients aged 18-65 who require hospital admission in an acute phase of their mental health illness. All seven wards admit both males and females.

Osprey and Sandpiper wards each have 18 beds and are located at Swallownest Court in Rotherham. Brodsworth and Cusworth wards both have 20 beds and are located at Tickhill Road hospital in Doncaster. Mulberry House is a 19 bed ward based at Great Oaks Hospital in Scunthorpe.

Rotherham, Doncaster and South Humber NHS Foundation Trust also have two psychiatric intensive care wards. These wards provide services for the most unwell patients who present higher risk; Kingfisher ward has five beds at Swallownest Court. Skelbrooke ward has five beds at Tickhill Road Hospital.

The Care Quality Commission last inspected acute wards for adults of working age and psychiatric intensive care units in September 2015. At that inspection, we rated the services as good overall. We rated all key questions; safe, effective, caring, response and well-led as good.

During this visit we inspected the whole core service and all five key questions; safe, effective, caring, responsive, well-led.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

During the visit, the inspection team:

- Visited all seven wards, looked at the quality of the environment and observed how staff were caring for patients
- Spoke with 26 patients
- Spoke with 10 carers
- Collected feedback from 11 patients and carers using comment cards
- Looked at 31 care and treatment records
- Attended and observed nine meetings including three handovers, one group supervision meeting, one multi-disciplinary meeting and one discharge planning meeting.
- Spoke with 42 members of staff including ward managers, consultants, nurses, healthcare assistants, pharmacists and occupational therapists.
- Looked at 47 prescription charts.

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

- Looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- The service did not always reflect safe practice in their processes and adhere to the trust policies in relation to medicines management. The recording and documentation of information for fridge and clinic room temperatures was inconsistent.
- The equipment on wards didn't always ensure the safety of patients. Nurse call alarm systems were not in place in all patient bedrooms and seclusion rooms were not fully equipped with necessary items, as identified in the Mental Health Act 1983 code of practice.
- Comprehensive assessments of patients weren't always fully completed or carried out on every patient. Not all patients had physical health care checks completed upon admission. Patient care plans were not holistic across six wards.
- Mandatory training in prevention and management of violence and aggression sat at only 15% compliance on one of the wards.
- There was a lack of evidence of activities being available to patients, especially on weekends. The ward facilities did not always promote patient's privacy and dignity.
- Not all ward managers had full oversight of their wards performance measures. Staff had little knowledge of the trust's vision and values. Staff were also unaware of the role of the freedom to speak up guardian within the trust although they did know how to raise concerns.

However:

- Staff were kind, caring and respectful towards patients and knew the patients well. Staff also promoted a healthy lifestyle for patients and actively supported them in achieving this.
- There were development opportunities for staff, access to specialist training and staff felt supported by their teams and managers.

Is the service safe?

Requires improvement  

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

- Nurse call alarm systems were not in place in all of the bedrooms on the wards based in Doncaster. On one ward in Doncaster, staff thought alarms were present when they were not.
- Staff did not always adhere to medicines management processes. Nurses on three wards failed to identify that one medicine had passed its expiry date due to its limited shelf life once opened. One or more signatures were missing on eleven prescription charts. In one instance a medicine had been administered before the prescriber signed the treatment chart.
- There was no clock visible from two of the seclusion rooms during our visit.

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

- On one of the acute wards in Rotherham, only 15% of staff had completed mandatory training in prevention and management of violence and aggression.
- There were gaps and inconsistencies in the recordings of fridge and clinic room temperatures across five wards.
- There was a blanket restriction in place on one of the wards.

However:

- Environmental risk assessments had been carried out across all wards and the ward areas were clean and well maintained.
- Overall mandatory training compliance figures had improved across all wards.
- The service had a positive approach to the use of restrictive interventions.

Is the service effective?

Good  ➡ ➡

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

- The staff in the wards encouraged and promoted healthier lifestyles for patients.
- Staff felt supported in their roles and there was good access to specialist training.
- All wards had access to a multidisciplinary team.
- Managers provided regular management supervision to staff.

However:

- We reviewed eight care records that did not contain a full comprehensive assessment on admission. In addition to this three records had no evidence of physical health checks being carried out.
- Care plans on six of the wards were not holistic and weren't always personalised to each patient.
- Clinical supervision rates for non-medical staff were at 65% overall which had not improved since our last inspection.

Is the service caring?

Good  ➡ ➡

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

- Staff were caring, kind and helpful to patients and knew the patients well.
- Patients were actively involved in multi-disciplinary meetings and treated with respect.
- Information was readily available for carers and carers were involved in the patients care and supported with this by staff.

However:

- There were no patient or carer surveys in place as an alternative approach to receiving feedback.

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

Is the service responsive?

Requires improvement  

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

- We reviewed 31 care records in total, 12 of which contained no evidence of discharge planning across five wards.
- The blinds in the observation panels on eleven out of forty five bedroom doors in Doncaster were unable to be closed by the patients from inside their room.
- Five of the wards had no visible activity schedules in place for weekends.

However:

- Patients have access to large outdoor spaces which included gym equipment for three of the wards.
- The service encouraged patient engagement in the community and had access to a dedicated vocational team.

Is the service well-led?

Good   

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

- Leaders had had a good understanding of the services they managed and could explain clearly how the teams were working to provide high quality care.
- Leaders were visible in the service and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach their managers for support. Teams worked well together and provided peer support in difficult situations.
- Managers dealt with poor staff performance when needed and appraisals included conversations regarding support for staff development. Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge.
- There was good access to specialist training across the wards and development opportunities were available for staff throughout the service
- One ward was emerging from a difficult 12 month period and local leaders had fully supported staff, patients and carers throughout this period. Overall, staff felt they were supported in their role, listened to and were able to contribute to changes.

However

- Ward managers had oversight of most of the performance indicators on the wards; however, this had not prevented low compliance in the prevention and management of violence and aggression mandatory training across the service.
- Ward managers on five of the wards had no knowledge of the trust risk register. The ward managers were able to highlight ward level risks but were unaware of the escalation process and outcomes following this.
- The staff had little knowledge of the trust vision and values. Staff were not always clear of the role of the freedom to speak up guardian and who filled the role within the trust but they did know how to raise concerns.

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Our inspection team

The inspection was led by Jenny Wilkes, Head of inspection.

Inspection teams were led by inspectors and each team comprised inspectors, specialist advisers, and experts by experience.

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.