

**Inadequate** 

# Tees Esk Wear Valleys NHS Foundation Trust

# Child and adolescent mental health wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX3LF	West Lane Hospital	Westwood Centre, Evergreen Centre, Newberry Centre	TS5 4EE
RX3MM	West Park Hospital	Holly Unit	DL2 2TS
RX33A	Roseberry Park	Baysdale Unit	TS4 3AF

This report describes our judgement of the quality of care provided within this core service by Tees Esk and Wear Valleys NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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


Where applicable, we have reported on each core service provided by Tees Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees Esk and Wear Valleys NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

**Due to the concerns we found during this inspection, we used our powers under Section 31 of the Health and Social Care Act to take immediate enforcement action and placed conditions on the provider's registration. We also issued a warning notice using our powers under Section 29A of the Act in response to other concerns we had at the time of inspection.**

**Because of the enforcement action we have already taken, the ratings for some key questions are limited to a rating of inadequate.**

**We rated child and adolescent mental health wards as inadequate because:**

- The service was not delivering safe care. Patients were not safe and were at high risk of avoidable harm. Substantial and frequent staff shortages increased risks to people who used this service. Staff did not adequately assess, monitor or manage risks to patients and opportunities to prevent or minimise harm were missed. Where patients demonstrated higher levels of risk, staff did not follow processes and procedures to mitigate these through appropriate observation and engagement. Staff did not follow the trust's policy or the Mental Health Act Code of Practice when using restrictive interventions. People were at risk because staff did not store medicines safely and there were out of date medicines still in use. Staff did not report all incidents or categorise the level of harm correctly and did not always learn from incidents. There was little evidence of learning from events or action taken to improve safety. Blanket restrictions were in place that were not based on an individual assessment of risk and need.
- The service was not always delivering effective care and treatment. Care and treatment did not always reflect current evidence-based guidance, standards or best practice. The provider did not offer sufficient therapeutic activity to patients. There were vacancies in the multi-disciplinary team and the service did not have a social worker as recommended by national guidance. Not all staff had the right qualifications, skills, knowledge and experience to do their job. Staff awareness and understanding of the Mental Capacity Act and Gillick Competence was limited. Staff were not

sufficiently skilled to support patients with a diagnosis of autism spectrum disorder. Compliance rates for supervision were low. Staff did not always complete and store Mental Health Act documentation in line with the Act and the trust's policy.

- The service was not always caring. There were times when people did not feel well-supported or cared for. Staff did not always involve patients in their care and treatment. Carers at West Lane Hospital reported they did not feel involved in their relatives care and that staff and managers did not communicate effectively with them. Patients and carers were not always involved in the development of their risk assessment, which was not in line with trust policy. However, patients on all wards said staff were kind and caring. On Holly Unit and Baysdale Unit, carers felt fully involved and spoke of the service as being like part of the family.
- The service was not responsive to the needs of individual patients. Staff at West Lane Hospital did not make reasonable adjustments for patients with a diagnosis of autistic spectrum disorder. Patient attendance at education was poor at West Lane Hospital.
- The low secure ward, Westwood Centre, admitted patients who had not been assessed as requiring a low secure ward. Carers reported that despite raising numerous complaints with the service, they did not feel their concerns were addressed. The positioning of some of the closed circuit television equipment at West Lane Hospital did not protect the privacy and dignity of patients.
- The service was not well led. Systems and processes were not effective in ensuring that wards were safe and clean and that patients were assessed and treated well. Managers did not have sufficient oversight to enable them to assess and monitor issues and identify areas to improve the service. Staff did not feel respected, valued, supported or appreciated. There was poor collaboration and cooperation between teams. The service strategy had not been translated into meaningful and measurable plans and was developed without staff engagement.

# Summary of findings

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

### Are services safe?

We rated safe as **inadequate** because:

- Substantial and frequent staff shortages increased risks to people who used this service. Staffing levels were insufficient and did not have the required skill mix to safely manage the acuity of patients on the wards at West Lane Hospital. There were high levels of sickness and use of bank and agency staff.
- Patients were not safe and were at high risk of avoidable harm at West Lane Hospital. Patients' individual risk assessments and intervention plans at West Lane Hospital did not always accurately reflect the level of patient risk and were not always updated following incidents or changes in risk. Staff did not always assess risk prior to a period of Section 17 leave.
- Staff had not adequately mitigated for risks in the environment at West Lane Hospital. There were ligature risks in the environment that were not being safely managed. The ligature risk assessments on Baysdale Unit and Holly Unit lacked detail in some areas.
- Staff did not adequately assess, monitor or manage risks to patients and opportunities to prevent or minimise harm were missed. Staff at West Lane Hospital had not undertaken observations of patients as per the provider's own policy and the patient's intervention plan, which had placed patients at risk.
- Patient call alarms were not available on Baysdale Unit, Newberry Centre and Westwood Centre to ensure patients and visitors could summon assistance in an emergency when required and there were no risk assessments in place to manage this.
- People were at risk because staff did not store medicines safely and there were out of date medicines still in use. Staff at West Lane Hospital did not safely administer and store medicines. There were out of date medicines still in use and staff had not taken action when fridge and clinic room temperatures had fallen outside of the required range. The clinic rooms on Westwood Centre and Evergreen centre were not clean and tidy.

Inadequate



# Summary of findings

- People were at risk because staff at West Lane Hospital did not always follow best practice guidance when managing medicines. Staff did not always monitor the physical observations of patients following the administration of rapid tranquilisation.
- Staff at West Lane Hospital did not always report all incidents or categorise them correctly by type or level of harm. The service did not always learn from incidents and make improvements to patient safety.
- Blanket restrictions were in place that were not based on an individual assessment of patient risk and need at West Lane Hospital.
- Staff at West Lane Hospital did not follow the provider's own policy or the Mental Health Act Code of Practice in the use of restrictive interventions. Staff had used non-approved restraint techniques with patients. Staff did not always use or document seclusion in line with trust policy or the Mental Health Act Code of Practice

However:

- Staff had access to mandatory training and the overall compliance rate across the five wards was 95%.
- Staffing levels on Baysdale Unit and Holly Unit were adequate to meet the needs of patients.
- Staff on Baysdale Unit and Holly Unit spoke of using diversion techniques with patients to de-escalate situations. They used positive behavioural support plans as patients had a diagnosed learning disability and had reported no episodes of seclusion or rapid tranquilisation across the two wards.
- Staff on Holly Unit and Baysdale Unit stated all incidents were reported through the electronic incident reporting system and that they informed families of any incidents on the units.

## Are services effective?

We rated effective as **requires improvement** because:

- Care and treatment did not always reflect current evidence-based guidance, standards or best practice. There were vacancies in the multi-disciplinary team at West Lane Hospital which impacted on patient care and access to therapeutic activity. There was no social worker for the service, which was recommended by national guidance.

**Requires improvement**



# Summary of findings

- Not all staff had the right qualifications, skills, knowledge and experience to do their job. Staff were not sufficiently skilled to support patients with a diagnosis of autism spectrum disorder. Staff across all wards did not fully understand the provider's policy on the Mental Capacity Act 2005 and Gillick Competence. Compliance rates with supervision were low.
- Staff at West Lane Hospital reported that the multi-disciplinary team did not always work cohesively together and not all disciplines of staff felt valued.
- Staff did not always complete and store Mental Health Act documentation in line with the Act and trust policy. Families and carers had not always signed Section 17 leave forms and consent to treatment documentation was not always located with prescription charts.
- Staff at Baysdale Unit did not always record best interest decisions for patients who had impaired mental capacity.

However;

- Staff at the Evergreen Centre liaised with similar units across the country to share best practice on the management of some of their most complex patients to ensure they were providing care and treatment in line with best practice.
- Staff were supported to access other specialist and role specific training, such as personality disorders theory, psychosis theory and the Graduate Certificate of Care for People with Epilepsy.

## Are services caring?

We rated caring as **requires improvement** because:

- Carers at West Lane Hospital reported they did not feel involved in their relatives care and that staff and managers did not communicate effectively with them. They raised numerous concerns about their relative's care and treatment.
- There were times when people did not feel well-supported or cared for. Two carers reported staff did not always inform them of incidents of self-harm, even when this had resulted in assessment or treatment at the local acute hospital.
- At West Lane Hospital, staff and patients reported the patient community meetings did not always happen and the carers' group was not well attended. The results of recent patient and carer surveys scored low.

**Requires improvement**



# Summary of findings

- At West Lane Hospital, patients and their carers were not always involved in their risk assessment, which was not in line with trust policy.

However,

- All patients reported staff were kind and caring.
- On Holly Unit and Baysdale Unit we saw health passports and easy read intervention plans in use that met the communications needs of the patient as identified during their assessment. Patients also had access to easy read daily charts to record their activities and intervention plans detailed their individual communication needs.
- Carers on Baysdale Unit and Holly Unit spoke very positively of the staff and service, felt fully involved in their children's care and referred to the service as being part of the family.

## Are services responsive to people's needs?

We rated responsive as **inadequate** because:

- Staff at West Lane Hospital did not meet the needs of patients with a diagnosis of autism spectrum disorder and the wards lacked sensory awareness.
- Patient attendance at education was poor at West Lane Hospital.
- The service did not adhere to the NHS England low secure service specification in placing patients on Westwood Centre. Patients were placed on Westwood Centre for short periods of time to manage acuity on the wards, without being assessed as requiring a low secure placement.
- Carers at West Lane Hospital reported that despite raising numerous complaints with the service, they did not feel their concerns were addressed.
- The positioning of some of the close circuit television equipment at West Lane Hospital did not protect the privacy and dignity of patients.

However;

- Carers of patients at Holly Unit and Baysdale Unit spoke of a needs led admission process, involving visits leading to overnight stays to ensure patients were comfortable staying there. Carers of patients at Holly Unit and Baysdale Unit felt discharge was managed well.

**Inadequate**





# Summary of findings

## Are services well-led?

We rated well-led as **inadequate** because:

- Staff at West Lane Hospital did not receive adequate support from managers to carry out their roles and responsibilities safely. They did not feel valued and morale was very low.
- The service strategy had not been translated into meaningful and measurable plans and was developed without staff engagement. There was a concerning culture on the wards at West Lane Hospital with a clear divide between staff who had embraced the model of care for the service and staff who had not.
- Systems and processes were not effective in ensuring that wards were safe and clean and that patients were assessed and treated well.
- Managers did not have sufficient oversight to assess and monitor issues and identify areas to improve the service.

However;

- Staff on Holly Unit and Baysdale Unit did not raise concerns about leadership and felt supported by their managers.
- The service was engaging with The British Institute of Human Rights on a 15 month project to ensure a human rights approach was embedded in their practice.
- The trust commissioned an external review of the three wards at West Lane Hospital. The review commenced on 5 June 2019 and was therefore in its early stages at the time of the inspection.

**Inadequate**



# Summary of findings

## Information about the service

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

The trust has five child and adolescent mental health wards listed below:

### Roseberry Park Hospital

- Baysdale unit is a six-bed ward, providing short break respite care to children and young people with learning disabilities and associated healthcare needs. The service accepts children of all ages up to 18 years. At the time of the inspection there were five patients receiving care and treatment on this ward.

### West Park Hospital

- Holly Unit is a four-bed ward, providing short break intervention led care with a specific purpose and period which follows a pathway. The service is for children and young people with learning disabilities, complex needs and, challenging behaviors. The age range is typically seven and 14 years. At the time of the inspection there were two patients receiving care and treatment on this ward.

### West Lane Hospital

- The Newberry Centre is a 14-bed ward, providing assessment and treatment for patients aged between 12 and 18 years experiencing serious mental health problems. At the time of the inspection there were nine patients receiving care and treatment on this ward.
- The Westwood Centre is a 12-bed ward, providing assessment and treatment for patients within a low secure environment. The ward accepts patients between 12 and 18 years. At the time of the inspection there were six patients receiving care and treatment on this ward.
- The Evergreen Centre is a 16-bed ward, providing specialist eating disorder treatment for children and young people. At the time of the inspection there were 10 patients receiving care and treatment on this ward.

We last inspected child and adolescent mental health wards provided by Tees, Esk and Wear Valleys NHS Foundation Trust in June 2018. We rated these services as good overall with ratings of good in all five domains for safe, effective, caring, responsive and well-led. There were no regulatory breaches.

## Our inspection team

The inspection team that inspected this service comprised one lead CQC inspector, three CQC inspectors, two specialist professional advisors, two assistant inspectors, two Mental Health Act Reviewers and one pharmacy specialist advisor across the three days.

## Why we carried out this inspection

We undertook this responsive inspection as a result of concerns raised with us about the care and treatment of patients. The concerns included high levels of self-harm, the safety of patients, low staffing levels and a poor culture of the wards at West Lane Hospital.

A thematic review of restraint, prolonged seclusion and segregation for people with mental health problems, a learning disability and/or autism on Westwood Centre

# Summary of findings

and Evergreen Centre on 4 June and 5 June 2019 was also undertaken. This review raised concerns about low staffing levels and the concerning culture of the wards at West Lane Hospital.

This inspection was unannounced (staff did not know we were coming) to enable us to inspect routine activity. We inspected the whole of the service and all five key questions. The inspection took place between 20 June 2019 and 24 June 2019.

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and Evergreen Centre on 4 June and 5 June 2019 was also undertaken. This review raised concerns about low staffing levels and the concerning culture of the wards at West Lane Hospital.

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## What people who use the provider's services say

We spoke with 14 patients and the families or carers of thirteen patients. We also collected feedback from staff, patients and carers on 13 comment cards and observed a carers' group meeting attended by two carers.

On Baysdale Unit, which provided short break respite care to children and young people with learning disabilities and associated healthcare needs, we received feedback from four carers who all spoke positively about the service. Carers stated that staff were great, treated patients with dignity and respect and that staff listened to patients' needs. Carers stated that staff kept them informed and were very caring. They spoke of the staff on the ward as being part of their family.

On Holly Unit, which provided short break intervention led care for children and young people with learning disabilities, complex needs and, challenging behaviours, we received feedback from three carers who all spoke positively about the service. They stated staff treated them with respect, were very responsive and offered support and advice. Carers felt involved in their relative's care and felt the service was flexible to their needs.

At the Westwood Centre, which provides assessment and treatment for patients within a low secure environment, we spoke with three patients and received feedback from three carers. Patients said there were not enough staff,

there was poor communication between the doctors and nurses and that they did not feel safe on the ward. Patients said staff were kind and caring. Two of the carers had raised complaints with the trust about the care and treatment of their children. Concerns included low staffing levels, lack of care planning and the poor risk management approaches.

At the Evergreen Centre, which provides specialist eating disorder treatment for children and young people, we spoke with five patients. Patients stated there was a lack of staff and activities which left them feeling bored. Three of the patients did not feel involved in their care plan and one patient did not feel safe on the ward. Patients said staff were kind and that they would sit and talk with them about their worries.

At the Newberry Centre, which provides assessment and treatment for patients aged between 12-18 experiencing serious mental health problems, we spoke with six patients and received feedback from three carers. Two carers had raised formal complaints with the trust. Concerns included poor management of patient risk, patients being able to access items to self-harm with, lack of therapeutic interventions and a lack of communication. Patients felt staffing levels were low, that

# Summary of findings

there was not enough to do on the ward and that they did not feel safe. Patients stated most of the staff were lovely and that they felt listened to. One patient said staff were respectful, talked to them nicely, were friendly and caring.

## Areas for improvement

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

- The provider must ensure that patient observation levels are prescribed in line with their risks as identified through individual risk assessments. The provider must ensure that staff complete risk management plans for each patient and observations are completed and recorded in line with their prescribed observation levels. The provider must ensure that any staff who are allocated to undertake observations do so in line with the provider's protocol.
- The provider must ensure that patient and environmental ligature risk are identified and managed correctly.
- The provider must ensure that staffing levels are reviewed in relation to the acuity of patients admitted to Westwood Centre, Evergreen Centre and Newberry Centre.
- The provider must ensure that staff safely manage medicines.
- The provider must ensure that staff complete physical health monitoring of patients following the administration of rapid tranquilisation.
- The provider must ensure that staff adhere to the trust's policy in the documenting of Section 17 leave.
- The provider must ensure that staff document episodes of seclusion in line with the trust policy and Mental Health Act Code of Practice.
- The provider must ensure that staff correctly report incidents and learn from when things have gone wrong.
- The provider must ensure that patients and visitors have the means to summon assistance in an emergency when required.
- The provider must ensure that staff receive adequate support and supervision to carry out their roles and responsibilities safely.

- The provider must ensure that systems and processes are effective in assessing and monitoring all key areas of the service, including to identify risk and areas for improvement
- The provider must ensure that staff understand the Mental Capacity Act and Gillick Competence and that the use of both is accurately documented and recorded in patient records.
- The provider must ensure that patients are able to access therapy, activities and education and have access to a full range of multi-disciplinary staff to support their care and treatment.
- The provider must ensure that the service meets the needs of patients with a diagnosis of autistic spectrum disorder.
- The provider must ensure that any restrictions placed on patients are based on an individual assessment of risk and need.
- The provider must ensure that carers and families are involved in the care of patients, where appropriate.

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

- The provider should ensure that clinic rooms at West Lane Hospital are kept clean and tidy and comply with the principles of infection, prevention and control.
- The provider should ensure that intervention plans are personalised to each patient and reflect their identified needs.
- The provider should ensure they monitor when patients' activities and access to leave are cancelled.
- The provider should ensure that staff appropriately support patients with physical healthcare needs.
- The provider should ensure that staff are sufficiently skilled and able to support patients with autistic spectrum disorders.
- The provider should ensure that the positioning of close circuit television equipment does not negatively impact the privacy and dignity of patients

# Tees Esk Wear Valleys NHS Foundation Trust

## Child and adolescent mental health wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Westwood Centre	West Lane Hospital
Evergreen Centre	West Lane Hospital
Newberry Centre	West Lane Hospital
Holly Unit	West Park Hospital
Baysdale Unit	Roseberry Park Hospital

#### Mental Health Act responsibilities

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

Training in the Mental Health Act became mandatory for all staff in inpatient areas in April 2018. Compliance across all five wards at the time of inspection with Mental Health Act level one training was 99% and with level two training was 96%.

All patients on Baysdale unit and Holly Unit were informal at the time of inspection.

The trust had a policy for the Mental Health Act. Staff were aware of this and knew where to obtain further information either online or they would contact the trusts Mental Health Act office.

We reviewed 14 medication administration records at West Lane Hospital. In five of these records we could not locate the correct Mental Health Act documentation with the prescription charts at the time of the inspection. Patients had access to Section 17 leave, however staff did not adhere to the trust policy in facilitating this. Four of the five Section 17 leave records reviewed at West Lane Hospital

# Detailed findings

did not contain a review of the patient's risk prior to that period of leave. We found the Section 17 leave form was not signed by the patient's family or carer in three of the five records.

Detention documentation was accessible and staff documented that they had explained to patients their

rights. In all seven patient care records reviewed for compliance with the Mental Health Act at West Lane Hospital, all had an approved mental health professional report available.

We observed posters across the wards promoting the use of the independent mental health advocate. We spoke with the advocate during our inspection who reported they were able to raise concerns on behalf of patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act became mandatory for all staff in inpatient areas in April 2018. Compliance across all five wards at the time of inspection with Mental Capacity Act training was 98%.

The Mental Capacity Act 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make all or some decisions for themselves. Mental capacity is the ability of an individual to make an informed decision based on understanding of a given situation, the options they have available and the consequences of their actions.

For children and young people aged under 16 years; the ability to make decisions without parental consent relies

on the test of Gillick competency. Gillick competency involves a young person having sufficient understanding and intelligence to make a choice or decision without parental permission or knowledge.

The trust had a policy for the Mental Capacity Act. Staff awareness and understanding of the Act and Gillick Competence was limited. However, in the seven records reviewed at West Lane Hospital for their compliance with the Mental Capacity Act, all seven contained evidence of consideration of capacity and/or Gillick competence.

One record on Baysdale Unit did not evidence that a decision to administer medicine covertly had been made in the best interests of the patient. This was subsequently reviewed in a multidisciplinary meeting.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

#### Safety of the ward layout

All five wards appeared clean and well maintained. The mitigation for this was the individual observation of patients and staff presence in communal areas. However, this was not adequate mitigation at the Westwood Centre, Evergreen Centre and Newberry Centre due to issues with staffing levels and a lack of evidence that observations were happening as required. This is explained in more detail further on in this report. We took action in response to these concerns about the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 31 of the Health and Social Care Act.

Not all ligature risks on all wards were included on the trust's ligature risk assessment tool; the 'suicide prevention environmental survey and risk assessment' which was available and in date on site during the inspection and updated annually.

At the Evergreen Centre, the assessment available to staff on the ward did not include all ligature risks in the day lounge, such as bookshelves, radiators and handles on windows. However, the trust had recently reviewed the suicide prevention environmental survey and risk assessment on all three wards at West Lane Hospital in response to new national guidance about the height of ligature risks and the new tool contained these additional risks at the Evergreen Centre; this was awaiting sign off at the Quality Assurance Group.

The mitigation for ligature risks in the environment was not adequate to ensure patient safety at the Evergreen Centre, Westwood Centre and Newberry Centre. The mitigation was individual risk assessment, intervention plans and staff engagement and observation. A review of incidents on these three wards showed there were a number of incidents of self-harm involving ligature. During the inspection we raised concerns about the quality and recording of patient risk assessments and observations not happening in line with the trust's policy at the Evergreen

Centre, Westwood Centre and Newberry Centre, which meant the ligature risks present on these wards were not adequately mitigated. Therefore care and treatment was not provided in a safe way on these three wards.

On Baysdale Unit and Holly Unit, the ligature risk assessment tool lacked detail in some areas. An example of this was on Baysdale Unit, where two bedrooms were described as the same on the assessment tool, but were different. In one bedroom the TV was in a locked cabinet and in the other bedroom it was on a metal bracket with wires visible. Due to the complex needs of patients at Baysdale Unit and Holly Unit, staff informed us they presented at less risk of self-harm and suicide. Staff on these two units were allocated to support a child at the start of each shift and each patient had an individual risk assessment and observation intervention plan.

All staff carried portable alarms and there were wall panels at various points throughout the hospital to indicate where an alarm had been raised. Staff were designated responders each day and the alarm would sound across the hospital site to enable staff to respond to an incident. At the Westwood Centre, which was a low secure ward, patients' doors had alarms to alert staff to when they opened their bedroom door. This alarm sounded across the ward and during our inspection we heard it numerous times. The impact of these alarms meant it could cause additional distress to patients and added to the feelings of staff and patients that the wards were unsafe.

Nurse call alarms were not in place on all wards or in all patient bedrooms, meaning patients and visitors could not easily summon assistance in an emergency. We took action in response to these concerns about the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

All rooms on Holly Unit had alarms, however there were no nurse call alarms on Baysdale Unit. Alarms were present in all rooms at the Evergreen Centre, but not at the Westwood Centre or Newberry Centre. The trust confirmed that individual alarms were not routinely offered to patients and visitors at the Westwood Centre (low secure) or Newberry Centre. A number of Health Building Notes and national guidance state the following: 'A patient alarm system is

# Are services safe?

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present in all NHS mental health inpatient settings, which were built or substantially refurbished after 2013. The exceptions to this are psychiatric intensive care units and forensic wards where the specifications have been in place for PICU and low secure wards since 2001 and for medium secure wards since 2011. Where a patient alarm system is not present a risk assessment must be in place, which identifies how the potential risk to patient and visitor safety is being managed by staff. The low secure ward, Westwood Centre, was refurbished between January 2013 and February 2014. The inpatient ward, Newberry Centre, was refurbished between March 2014 and December 2014.

The trust did not have a risk assessment in place that identified how the potential risk to patient and visitor safety was being managed. The previous inspection had recommended the trust should fully consider all methods and mitigation to maintain patient safety in the absence of call alarms. This was part of the trust action plan and alarm systems were being considered across their services, however they were not in place at the time of this inspection.

The wards provided care and treatment to both male and female patients and all wards had bedrooms with ensuite facilities. All wards had access to more than one lounge area and staff told us one lounge on every ward could be used for females only, however they were not clearly identified as female only lounges on every ward at the time of inspection. The hospital standard of the National Service Framework (NSF) for children requires children to be treated in accommodation that meets their needs for privacy and is appropriate to their age and development. Under the NSF, segregation by age is a more important issue than segregation by gender.

## Maintenance, cleanliness and infection control

All five wards appeared clean and well maintained. However, some visitor feedback and a review of recent infection, prevention and control audits showed there were some issues across the three wards at West Lane Hospital.

We observed domestic staff cleaning the wards during our inspection. One carer and one external agency had previously raised concerns about the ward cleanliness and infection, prevention and control at the Newberry Centre. The ward manager stated this was due to confusion between domestic services and nursing staff as to whose responsibility it was to clean certain bodily fluids, but that this had since been addressed.

We reviewed the most recent infection, prevention and control audits carried out by the trust's infection, prevention and control team for all three wards at West Lane Hospital, which were conducted between March and April 2019. The scores were as follows:

- Newberry Centre 68%
- Evergreen Centre 58%
- Westwood Centre 69%

Each ward was given an action plan and we saw some areas had improved by the time of our visit. However, other areas such as Evergreen Centre had failed the audit for dust on equipment in the clinic room, and this was still an issue at the time of our inspection. The trust informed us that the infection, prevention and control team were due to visit all three wards for an update on their action plans four months after the initial audit.

## Seclusion Room

The service had one seclusion room which was at the Westwood Centre. The room met the guidance of the Mental Health Act Code of Practice. There was a viewing panel which allowed clear observation of the room, toilet facilities and a clock visible from the seclusion room. There was also a two way communication system.

The service had one patient in long-term segregation at the Evergreen Centre. The patient was nursed in an area with two bedrooms and a lounge. The trust were aware the environment was not ideal and had tried to support the patient in a long-term seclusion area on another ward, however this area did not have access to a lounge. The trust were actively working towards transfer of the patient to a more suitable environment and in the interim they were reviewing what changes could be made to the environment.

## Clinic room and equipment

The clinic rooms at the Westwood Centre and Evergreen Centre were not clean and tidy. There was dust present and the worktops were unclean. This was also an issue at the last infection prevention and control audit on 5 March 2019. However, the trust had a clinic cleaning room plan indicating the frequency for each cleaning task. We saw evidence of cleaning records for the four weeks prior to inspection which indicated daily and weekly tasks that were signed by staff to say they had been completed.

Also, despite, the clinic rooms having posters on the wall advising staff that equipment should be cleaned daily and



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after each use with patients and that the green indicator tape should be used to advise that this was done, there were no green cleaned stickers visible in either clinic room. The stickers were visible on the equipment on Holly Unit.

Both clinic rooms were equipped with resuscitation equipment and emergency drugs that staff checked regularly. The emergency medicines bag at the Evergreen Centre was located on top of the fridge. It had been placed on top of the fridge vents at the back of the fridge and felt very hot to the touch. We raised this during the inspection and staff agreed to contact pharmacy to obtain advice on medicine stability.

## Safe staffing Nursing staff

At the Westwood Centre, Newberry Centre and Evergreen Centre there were insufficient staff to safely meet the needs of patients. Patients and staff told us they did not feel safe. We took action in response to these concerns about the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 31 of the Health and Social Care Act.

A review of staffing levels at the Westwood Centre, Newberry Centre and Evergreen Centre from 1 January 2019 – 31 May 2019 indicated that all wards had reached their staffing establishment levels on the majority of days. Managers told us they were supported to request additional staff when needed and they would move staff across the three wards in response to gaps. There was also a band 6 qualified nurse who acted as a site co-ordinator to manage staffing levels and safety across the three wards. The wards could get response from the children and young people's crisis team which was based on site and responded to alarms. A senior clinician was also placed on the rota to work until 8pm each evening to offer support to the wards.

However, staff reported that staffing levels were not sufficient due to the acuity of patients and the skill mix of staff. We saw evidence in team meeting minutes of staff highlighting that the actual number of staff on the ward was not accurately reflected on the electronic roster system.

Staffing establishment levels were as follows:

- Evergreen - 8 day (2 qualified and 6 unqualified) and 7 night (1 qualified and 6 unqualified)

- Westwood - 8 day (2 qualified and 6 unqualified) and 6 night (1 qualified and 5 unqualified)
- Newberry - 6 day (2 qualified and 4 unqualified) and 5 night (1 qualified and 4 unqualified)

The trust monitored bank and agency use and reported on the levels in their monthly safer staffing reports in the form of a 'red', 'amber', 'green' rating. Newberry Centre and Evergreen Centre had flagged as 'red' for the levels of agency staff and 'amber' for the levels of bank staff every month from January 2019 to April 2019.

We reviewed the rota for all three wards from 27 May to 23 June 2019. At the Westwood Centre, agency staff were used to support shifts on 11 of the 28 days and bank staff on 22 of the 28 days. At the Newberry Centre, agency staff were used to support shifts on 5 of the 28 days and bank staff on 11 of the 28 days. The highest use of agency and bank staff was at the Evergreen Centre. Agency staff were used to support shifts on 25 of the 28 days and bank staff on 18 of the 28 days, with the highest numbers on night shifts as follows:

- On 10 night shifts, three of the unqualified staff had been bank or agency staff
- On seven night shifts, four of the unqualified staff had been bank or agency staff
- On one night shift, five of the unqualified staff had been bank or agency

Data provided by the trust indicated there were no nursing or healthcare vacancies and that the use of bank and agency staff was in response to patient acuity, increased observation and engagement levels and staff absence.

The service distinguished between regular and non-regular bank and agency staff, meaning they tried to ensure non-permanent staff were familiar with the wards and the patients. We observed the evening handover at the Westwood Centre, which included three agency staff, one of whom had previously worked on the ward.

Staff did not feel the high use of agency staff was meeting the needs of the patients at West Lane Hospital. They did not feel agency staff were sufficiently skilled or experienced. Agency staff were not able to document their own notes on the electronic system which placed an additional burden on permanent staff who had to type them up.

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Staff suggested during interview that not all agency staff were suitably skilled and had the necessary clearing to work with children and young people, however we found no evidence of this during the inspection. The trust used one agency to supply agency staff and ensured each candidate had a completed compliance checklist which included confirmation of their disclosure and barring service check. Each agency staff member also had to submit a signed declaration of the trust's 'Knowledge and Understanding' documents. Safeguarding Children and Adults training formed part of the candidate's mandatory training requirements and there were standard forms for ensuring each candidate completed a ward induction.

Staff sickness levels had been above the trust target on at least one of the three wards every month between January 2019 to June 2019. The trust target for sickness was 4.5%. At the Evergreen Centre, sickness levels had been above target at between 7% and 16% every month for the previous six months. At the Newberry Centre, sickness levels had been above target on four of the six months, ranging from 5% to 9%. At the Westwood Centre, sickness levels had ranged from 6% to 14% and were above the target for four of the six months. At the time of inspection, we were informed that five of the qualified nurses and four of the unqualified nurses at the Westwood Centre were absent from work and that both clinical nurse specialists were absent.

Also, following a serious incident in November 2018, a significant number of staff who worked at the Westwood Centre had been suspended from work pending investigation. The trust had managed this situation by moving staff from other areas of the trust to the Westwood Centre on either a temporary or permanent basis, using bank and agency staff and sharing staff across the three wards at West Lane Hospital. This meant there were different staff skill mixes and lots of changes for both staff and patients, with high levels of external scrutiny, which staff and patients described as unsettling the wards. The majority of staff had returned to work on other wards at the time of inspection. However, it was reported by staff and managers that the staff who had not been suspended had subsequently 'burned out' and there were now high levels of staff sickness.

Issues with staffing levels impacted on the safety and welfare of staff and patients. The service monitored missed

staff breaks and staff were able to submit incident reports due to staffing levels. The number of missed breaks for staff was high on all three wards in January and February 2019, however this had improved in recent months.

There had been twenty incident reports completed in the six months prior to inspection that identified staffing levels as a concern. A review of some of these incidents indicated that on one ward the teatime medication round had been missed on one day and on another ward a patient had not received their planned intervention due to staffing. Staffing was also mentioned in one incident record where a patient did not have their physical observations monitored after rapid tranquilisation.

The service did not monitor cancelled leave or activities as a result of staffing levels through their electronic reporting system so they could not provide data on this, although patient feedback suggested this was an issue.

Following our thematic review visit, we raised a safeguarding alert in response to a staffing issue that significantly affected the ability of staff to treat a patient at the Evergreen Centre with dignity and respect. The evening prior to our unannounced inspection, there had been a number of incidents involving patients at the Westwood Centre, during which staff were assaulted. Due to the lack of available staff across the wards to safely manage the incident, staff secluded a patient in one area of the ward and called the Police. One carer stated they had been unable to have planned supervised visits with their child as there were not enough staff to support this on more than one occasion.

During the inspection, we spoke with 21 nursing and healthcare staff across the three wards at West Lane Hospital. All 21 staff expressed concerns about staffing levels and the experience and skill levels of staff to work with the patients. We also received feedback on 11 comment cards, nine of which mentioned staffing levels. Staff comments on staffing levels included:

- "staffing levels are terrible"
- "the ward feels dangerous"
- "sometimes no qualified staff and lots of agency staff"
- "staffing levels are critical to the level that medications are not being given"
- "the young people do not receive basic therapeutic engagement due to staffing"
- "staff have left work stressed and had to go on the sick"

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During the inspection, we spoke with six patients at the Newberry Centre and three patients at the Westwood Centre. We also spoke with four patients at the Evergreen Centre during the thematic review visit and one during the inspection. All 14 patients said staffing levels were an issue. Comments included:

- “feel unsafe because of staff levels”
- “often agency staff don’t know our needs”
- “agency staff haven’t a clue”
- “staffing is the biggest issue on this ward”
- “can’t go to the gym, not enough staff”

During the inspection we asked the trust to provide immediate assurance about staffing levels at West Lane Hospital for the following week. The trust reviewed the rotas and planned for absence where they knew about it. They added another senior manager with specific knowledge of the children and young people’s service to the trust on-call rota. Despite these actions, the staffing levels continued to be of concern and we took enforcement action to close the three wards at West Lane Hospital to any new admissions or re-admissions in order to maintain the safety and welfare of patients.

Staffing levels on Baysdale Unit and Holly Unit were adequate to meet the needs of patients, however all three staff on Holly Unit felt that one qualified nurse was not sufficient. There were no vacancies on either ward and average staff fill rates showed both wards were fully established or over established for every month between 1 January 2019 and 31 May 2019. The staffing establishment levels were as follows:

- Baysdale Unit - 4 day (1 qualified and 3 unqualified) and 3 night (1 qualified and 2 unqualified)
- Holly Unit - 3 day (1 qualified and 2 unqualified) and 2 night (1 qualified and 1 unqualified)

The number of missed staff breaks was low at 12 on Baysdale Unit and 13 on Holly Unit over the same five month period. Sickness levels on Holly Unit had been above the trust target on two of the last six months at between 6% and 9% and on three months on Baysdale Unit at between 6% and 11%. Managers acknowledged there had been some recent sickness on these units but stated it had not impacted on the ward being safely staffed.

Managers told us the number of staff was adjusted depending on patient need and that they planned admissions up to one month in advance on these two

units. Holly Unit had flagged as ‘amber’ or ‘red’ for use of bank staff on the safer staffing report every month from January 2019 to May 2019. The manager informed us the current bank staff had been working on the ward for some time and had received training in learning disabilities, autism and epilepsy in line with the needs of the patients. Baysdale Unit had flagged as ‘amber’ for three of the five months for use of bank staff and the manager explained that they often used permanent staff from the wards and staff from the trust’s community children and young people’s service to cover bank shifts. Neither ward used agency staff on a regular basis. Staff and patients did not raise concerns about staffing levels or the use of bank or agency staff on these units.

## Medical staff

There was adequate medical cover day and night and a doctor could attend quickly in an emergency. The three wards at West Lane hospital had full time consultant psychiatrists. The consultant psychiatrists in each unit confirmed medical staff could respond and attend quickly in cases of psychiatric emergency. For physical health emergencies the staff called 999.

Holly Unit and Baysdale Unit patients accessed psychiatrist provision in the community. For physical health emergencies whilst children were on the units, the staff called the emergency services.

## Mandatory training

Staff had received and were up to date with mandatory training on all five wards. Mandatory training included safeguarding children and adults, equality and diversity, infection control, health and safety and information governance. The overall training compliance as at 31 May 2019 was as follows:

- Evergreen Centre – 89%
- Newberry Centre - 98%
- Westwood Centre – 91%
- Baysdale Unit – 98%
- Holly Unit - 97%

The only course below 75% compliance was face to face fire training at the Evergreen Centre, which was 72%.

The trust provided different types of resuscitation training which included immediate life support for doctors and basic life support for nursing staff. We reviewed the content of each training package and were assured that the rolling programme of basic life support training for all staff was

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based on Resuscitation Council (UK) standards that included the management of choking and airways and included training in equipment specified by the National Institute for Health and Care Excellence guidelines. All patient areas had immediate access to basic life saving equipment, automated external defibrillators and the training including regular practices and drills. The compliance rates for this training at the time of inspection across the five wards was 92%.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

Staff undertook a risk assessment of every patient and reflected it on a 'safety summary' document in all 15 patient records we reviewed. An internal audit completed by the trust following our inspection showed that 22 out of 24 records reviewed had a current safety summary, that all of the safety summaries considered historical risks and that in all cases where the patient was at risk of ligature there was a specific ligature risk assessment.

Staff did not adequately assess all risks presented by each patient or use this assessment to inform each patient's care and treatment. We took action in response to these concerns about the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

The internal audit showed that in one out of three records at the Westwood Centre and three out of eight records at the Newberry Centre, staff had not updated the risk plan following events and the plan did not accurately reflect the level of concern about the patient's identified risk. The trust also found that in six of the 24 records, the patient's observation level did not correlate to the identified risks. In 12 of the 24 records reviewed the trust found there was no evidence of patient involvement in the safety summary and in 15 of the 24 records there was no evidence of family or carer views being considered.

Staff did not always assess risk prior to Section 17 leave. Four of the five Section 17 records we reviewed had not been completed in line with the trust's policy or the Mental Health Act Code of Practice. The trust policy stated the following: 'Before the patient leaves the ward, the nurse in charge/key worker must be sure that earlier risk assessments remain valid. Where there is cause for concern, the nurse in charge/key worker will act to manage the risk for example, by offering escorted time away from

the ward. The concerns and actions must be documented in the case notes on Paris.' The Mental Health Act Code of Practice states 'when considering and planning leave of absence, responsible clinicians should undertake a risk assessment and put in place any necessary safeguards'.

### Management of patient risk

Staff at the Westwood Centre, Newberry Centre and Evergreen Centre at West Lane Hospital did not effectively manage patient risk with the use of observation and engagement. Staff were not keeping records of their observations and engagement with patients in line with the trust procedure. This meant that care and treatment was not provided in a safe way as it was not clear that the observation level was reflective of the patient risk, and there was no way of knowing when the patient was last observed or the presentation of the patient during any observation. We took action in response to these concerns about the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 31 of the Health and Social Care Act.

The trust had a 'supportive engagement and observations procedure' which outlined three levels of engagement; general engagement and observation, enhanced engagement and continuous supportive engagement and observation within eyesight or at arm's length. Staff on all three wards at West Lane hospital informed us that patients were assigned a number of 'checks per hour' and a number of therapeutic engagements per shift. This was defined by a patient's intervention plan, which was shared at the shift handover to staff and was listed on the board in the staff office. The shift leader then identified a staff member each hour to undertake these checks.

Staff and the patient records reviewed confirmed that the 'checks per hour' were not documented anywhere. The patient's named nurse would document the therapeutic engagements as a daily or nightly summary report for each patient. One nurse showed us a patient's engagement and observation intervention plan and stated it had changed but they had not had time to update it on the system; this meant the intervention plans were not always accurate. We reviewed seven patients' care records in detail for evidence of observations, engagement with staff and checks. All seven records were not kept in line with the trust's policy on supportive engagement and observation. Staff did not document their observations of patients at the intervals

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outlined in the patient's intervention plan. This meant that staff could not be assured that they had engaged with each patient at the frequency agreed by the intervention plan to manage that patient's risks.

Staff did not adhere to the trust policy in making decisions about patients' observation levels. We asked the provider to undertake a review of all patient's observation levels at West Lane Hospital and to complete a daily audit of observation records. The audit showed that staff did not agree a change in observation level by two practitioners as per trust the policy in seven out of fourteen records. The audit also showed that a full review of observation levels by the multi-disciplinary team for patients who had been on one week of continuous observations had not taken place in seven of the fifteen records reviewed.

The trust undertook a further review of 110 records and found the following areas of concern:

- It was not immediately apparent to the auditor from care documents what level of observation and engagement had been assigned to 5 patients (4: Newberry and 1: Westwood).
- Results from the audit demonstrated that the quality of observation and engagement plans required improvement and did not consistently include all of the necessary information including the times, frequency aims and achievements of engagements.
- 35% (39/110) of records audited documented a rationale for the current level of observation in the electronic record intervention plan.
- 36% (40/111) of records audited documented evidence in the electronic care record that the level of observation had been reviewed at least once every shift handover.
- Of those patients who had a change in observation level, 8% (1/13) were documented in the care/ intervention plan.
- 22% (23/106) of case notes reflected the recording requirements as specified in the observation and engagement intervention plan.

Two carers also raised concerns about observation levels. One carer stated they did not feel their family member was on the correct engagement and observation level to manage the risk they posed to themselves. Another carer

raised concerns about the familiarity and experience of staff on continuous engagement with their child and both carers were concerned that their children had been able to self-harm whilst on continuous engagement.

Staff and patients reported the wards did not feel safe and that staff spent a lot of their time reacting to incidents, which made it difficult to effectively manage patient risk. We asked to review the incidents that occurred across a two day period; 19 June to 20 June 2019. This was the evening on which the Police had to be called to the Westwood Centre. There were a total of 24 incident reports made on 19 June and 20 reports made on 20 June. During those two days, there were 30 incidents of self-harming behaviour involving seven patients. There were eight incidents of restraint for four patients who refused their nasogastric feeding. There were three incidents of aggressive behaviour towards staff, one incident involving staff using unauthorised techniques with a patient and two incident reports about poor staffing levels.

The service kept a log of blanket restrictions which were reviewed regularly by a Positive and Safe steering group. However, staff at West Lane Hospital did not always manage restrictions in line with decisions made by this group. The bedroom door alarms on Westwood Centre were an example of a blanket restriction. We reviewed some closed circuit television of an incident one evening and it was apparent that the dining room on Westwood Centre, which was now supposed to be unlocked, had been locked that evening. Staff also informed us that some areas were only unlocked once we had arrived.

The modern matron at West Lane Hospital stated that historically there had been a large number of individual restrictions in place, particularly on Westwood Centre. The steering group had initially reviewed the log and removed any restrictions which they felt could be done safely with immediate effect. The group had then agreed to review in detail four restrictions per meeting. Changes in blanket restrictions included patients being able to use mobile phones and areas that were previously locked being unlocked.

### Use of restrictive interventions

The three wards at West Lane Hospital reported high levels of restrictive interventions. Staff had used non-approved techniques with patients which had resulted in a number of staff being suspended. At the time of inspection, there were

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still concerns about staff's understanding of what techniques to use and their ability to use restraint safely. Staff reported that patient acuity had contributed to the high number of incidents on the wards.

There were 1817 incidents of restraint across the five wards from 1 January 2019 to 19 June 2019 as follows:

- Baysdale Unit - 0
- Holly Unit - 28
- Newberry Centre - 194
- Evergreen Centre - 745
- Westwood Centre - 850

Staff on Baysdale Unit and Holly Unit spoke of using diversion techniques with patients to de-escalate situations. They used positive behavioural support plans as patients had a diagnosed learning disability and had reported no episodes of seclusion or rapid tranquilisation across the two wards.

The trust monitored how many restraints at West Lane Hospital were planned interventions for nasogastric feeding and how many were due to inappropriate or aggressive behaviour. In April and May 2019, 48% of physical restraints across the three wards at West Lane Hospital were for nasogastric feeding.

The manager at the Evergreen Centre had used the 'stop the line' process in 2017 to investigate the use of restraint for nasogastric feeding for one patient. This involved staff from West Lane Hospital visiting a number of other units that carried out nasogastric feeding under restraint and the service had equally welcomed visits from other services to review their practice. This had resulted in staff feeling reassured that this was the best method of treatment and it was being administered in the most appropriate and safe way for the patient.

Staff at the Evergreen Centre raised concerns that two patients would be better placed on a higher dependency unit, due to the levels of challenging behaviour along with the complexities of their eating disorder. They felt having a patient group who required lots of restrictive interventions to manage their risks, alongside a general eating disorder population was not safe for staff or patients.

A serious incident had occurred in November 2018 which involved staff using non-approved techniques during restraint with three patients. The trust suspended a large number of staff and an investigation commenced.

Additional training and supervision was provided to all staff and the majority of those suspended returned to work. Further concerns about the use of non-approved techniques were raised shortly after our inspection. These were subject to further investigation and the trust had taken immediate action.

The numbers of prone restraint between 1 January 2019 to 19 June 2019 were as follows:

- Evergreen Centre - 18
- Newberry Centre - 6
- Westwood Centre - 10

There had been one instance of mechanical restraint during the same reporting period which was a care planned intervention using specialised equipment and staff had received training in its use.

We reviewed two records of restraint during our inspection. One incident report had been completed for more than one incident of restraint and there were gaps in these records, such as time the restraint ended, number of staff involved, whether a manager had reviewed the restraint and whether staff had been offered a de-brief.

Staff did not always follow best practice when using seclusion or keep seclusion records in an appropriate manner. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

In the six months prior to the inspection there had been six episodes of seclusion involving four patients at West Lane Hospital. However, in the week during our inspection there had been a further five episodes of seclusion involving two patients, including one that was not in a designated seclusion room which the trust had correctly reported as seclusion.

During the inspection we reviewed five episodes of seclusion and found three of these records were not following the Mental Health Act Code of Practice or the trust's policy. All three records did not have observations recorded every 15 minutes. One record had no seclusion care plan and one record had a generic seclusion care plan that was not specific to that episode of seclusion. In one record, nursing and medical reviews did not happen as required. Two of the nursing reviews took place every three

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hours as opposed to every two hours. The first internal multi-disciplinary review was attempted while the patient was asleep, so did not occur. The next internal multi-disciplinary review was 13 hours later. The first medical review was attempted while the patient was asleep, 4 hours and 20 minutes after seclusion commenced. The next medical review took place 10 hours and 15 minutes later. This meant that staff could not be assured of the patient's safety and wellbeing whilst in seclusion.

We also found that two of the five records did not evidence a clear rationale for seclusion continuing. The medical review in one record contained no rationale for seclusion continuing. The record of another patient indicated a decision was made at 15:30 that 'it is probable that the patient will not be settled enough to come out of seclusion tonight'. The same record also stated that at 19:30 it was 'agreed with team that the patient stays in tonight as not enough staff are aware of the handling techniques to get the patient back into seclusion'. The Mental Health Act Code of Practice and the trust's seclusion and segregation procedure states that: 'Seclusion should immediately end when an MDT review, a medical review or the independent MDT review determines it is no longer warranted. Alternatively, where the professional in charge of the ward feels that seclusion is no longer warranted, seclusion may end following consultation with the patient's responsible clinician or duty doctor.' This meant that patients could have stayed in seclusion longer than was necessary.

Staff did not always follow the trust policy or the National Institute for Health and Care Excellence guidance when administering rapid tranquilisation. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

The number of incidents of rapid tranquilisation between 1 January 2019 and 19 June 2019 were as follows:

- Evergreen Centre - 95
- Newberry Centre - 42
- Westwood Centre - 311

There were no recorded observations following administration of rapid tranquilisation on one occasion for one patient and on eight occasions across a six day period for another patient. There were gaps in the recording of observations, which were not carried out in line with trust's

policy, on four other occasions on two separate days for one patient. We also reviewed the details of one incident that occurred on 23 January 2019 that stated: 'Several incidents happening at one time on the ward. Patient received rapid tranquilisation and no staff available to carry out physical observations as policy.'

The trust 'Rapid Tranquilisation (RT) Policy' stated the following: 'Observations should be taken every five to ten minutes for one hour then every half hour until the patient is ambulatory; the scores for individual observations should be recorded, with a total at the end of each column on the EWS [Early Warning Scores] to identify actions required; these actions should be completed as directed. If the patient becomes ambulatory during the first hour observations may cease following a minimum of one hour.' Staff not monitoring physical observations posed a risk to patient safety because, as stated in National Institute for Clinical Excellence quality standards QS154: 'Rapid tranquillisation is a potentially high-risk intervention that can result in a range of side effects linked to the medication and dose. People given rapid tranquillisation need to be monitored at least every hour until there are no further concerns about their physical status.'

The service was changing practice and taking part in a nationally recognised programme to improve the outcomes for patients. However; this change had not been effectively managed and was not working at the time of inspection. The service was taking part in the Royal College of Psychiatrists Reducing Restrictive Practice Programme. There were many elements to this programme, including positive behaviour support, de-briefs, reflective practice, trauma informed care and the use of practice instead of reactive strategies. The area of this programme that caused staff, patients and carers the greatest concern at the time of the inspection was the emphasis on least restrictive strategy first. Carers did not understand why their relatives had access to items to harm themselves. Staff felt confused about when to take action in response to incidents and felt unable to use their clinical judgement. The culture on the wards was not positive enough and staffing levels were not sufficient enough to successfully embed this programme in practice as a new way of working, which led to the ward feeling and being unsafe. Senior clinicians acknowledged that staff did not fully understand these approaches. Staff reported this had resulted in the service placing pressure on them to reduce the episodes of seclusion.

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## Safeguarding

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include physical, emotional, financial, sexual, neglect and institutional.

Each authority has its own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

Staff were trained in safeguarding annually, as part of their mandatory training and knew how to make a safeguarding alert when appropriate. Training compliance for safeguarding children and safeguarding adults for all five wards was between 92% and 100% at the time of inspection.

Staff could report concerns directly to the local authority safeguarding team or seek advice from either the trust or local authority safeguarding teams. Between 1 January 2019 and 24 June 2019, staff at West Lane Hospital had made 27 calls to the trust internal safeguarding team for advice. Staff at the Evergreen Centre had raised one safeguarding alert to the local authority. Staff on Baysdale Unit could give examples of when they had raised safeguarding alerts and the outcomes of these. The clinical team leader was the safeguarding lead for the service and attended six-monthly updates with other safeguarding leads in the trust.

The trust had a visiting policy which included safe procedures for children visiting the wards.

## Staff access to essential information

Trust information governance policies and procedures were in place to comply with legislation and to ensure information was handled and stored appropriately whilst keeping it protected from unauthorised access, loss or damage. All staff had a personalised access card which they used as part of a process to log onto the electronic records system.

There were still some paper records kept in the staff office. For example, staff used Early Warning Score Charts to

record physical health observations. The observations were not directly recorded onto their electronic system but on to paper records. These were then uploaded into the patients' records.

Staff reported that agency staff were unable to access the system which caused an additional burden to other staff and presented a risk in terms of accurate documentation. We also found that navigating the system was not always easy, with staff sometimes unclear where to find certain documents.

## Medicines Management

Staff did not safely manage medication at the Westwood Centre and the Evergreen Centre. This meant that patients were at risk of receiving medication that was not safe to use and we concluded insufficient staffing levels on the wards contributed to this situation. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A and Section 31 of the Health and Social Care Act.

The trust undertook a medicines management assessment and a medicines optimisation assessment on each ward. These involved reviewing the clinic environment and whether care and treatment was provided in line with trust policy and best practice guidance. The frequency of these was dependent on previous compliance levels. At the time of inspection, Evergreen Centre and Westwood Centre had been assessed in June 2019 and were not fully compliant in all areas. Holly Unit had also been assessed in June 2019 and was fully compliant. Newberry Centre and Baysdale Unit had been compliant at their previous assessments and had therefore been exempt from further assessment until July 2019.

We undertook a full review of medicines management at the Westwood Centre and the Evergreen Centre. During the inspection of the Westwood Centre, we observed a prepared syringe of an unknown medication that was unlabelled and left unattended on the work surface of the clinic room. Staff were not aware of the contents of the syringe and there was no effective way of knowing what was in the syringe. We found one out of date medication at the Westwood Centre that was still being used but had expired almost six months earlier. There were four other medications at the Westwood Centre and one at the Evergreen Centre with limited shelf life, that had no



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opening date on them, so staff could not ascertain whether they were still safe to be used. This meant the medication may not be working as effectively as it should have been for patients.

The trust immediately undertook a full expiry date check of all medicines on each ward. As a precaution, all opened liquids and creams, without an identified opening date, were appropriately disposed of and any items required for patients were reordered. The trust also planned to develop a poster for each ward to remind staff of the process for expiry dates and weekly Pharmacy checks were to be undertaken for the following four weeks on opened liquids to ensure the practice of adding 'date opened' had been embedded. Further to this, a meeting was arranged to revise the current Medicines Management Assessment tool to incorporate a check of expiry dates, including opened liquids, to be launched in August 2019.

We also observed syringes at the Westwood Centre and the Evergreen Centre used to dispense meal replacement being re-used, with no label to identify on what date they had first been used. The manufacturers recommendation was the syringes could be cleaned and re-used for seven days. We saw one syringe that did have a date, but that date was 10 days previously and therefore should not have still been in use. Staff had no clear way of knowing when the syringes were first used.

Staff did not take action in response to concerns identified through the monitoring and recording of fridge and clinic room temperatures at the Evergreen Centre. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

We reviewed records from November 2018 to June 2019 which showed that the fridge temperature minimum readings were at one degree Celsius on six occasions (below the recommended range of two to eight degrees Celsius). The trust policy 'Medicines – ordering, storage, security, transport and disposal' clearly states action to be taken if medicines fridge temperatures are outside the required range, which includes contacting pharmacy. No actions were recorded regarding contacting pharmacy for advice on the continued viability and stability of the medicines held in the fridge as stock, for example insulin which may have been compromised. If the insulin is held at temperature at zero degrees, then there is an increase in

the likelihood that the insulin in the vials or pens could crystallise. Insulin once crystallised degrades and is no longer as effective. This could lead to a loss of patient control over their blood glucose levels due to a variation in their potency.

We reviewed records in relation to the monitoring and recording of clinic room temperatures at the Evergreen Centre from November 2018 to June 2019. The maximum clinic room temperature was over 25 degrees on 164 occasions, with very few actions recorded. Actions were recorded on six occasions which included 'put the air on'. It was unclear what the effect of this was as no subsequent records of the room temperature were recorded until the following day.

At the Westwood Centre and the Evergreen Centre, all medicines were locked away in a medicine cupboard, medicines trolley or medicines fridge with keys held by the nurse. On Baysdale Unit, nursing staff undertook medicines reconciliation when a patient first arrived on the ward and each individual's medicine was stored in a tray with their name on it. All medicines that required extra security were locked away.

### Track record on safety

Providers must report all serious incidents to the Strategic Information Executive System (STEIS) within two working days of an incident being identified.

Between 1 June 2018 and 1 June 2019 there had been three serious incidents reported by this core service. One related to the use of non-approved techniques in physical interventions with patients, one related to a patient absconding and another referred to a serious self-harm incident following which a patient required surgery.

However, it was identified that two of the above serious incidents had not been immediately reported to STEIS. The trust acknowledged this had been due to staff error and subsequently reported the incidents through the correct route. Staff suggested that for one of these incidents, the lack of reporting was due to a particularly busy shift, patient acuity and staffing levels. The commissioners, NHS England had requested that the trust review all incidents in this core service for the previous three months to ensure there were no other serious incidents that had not been reported. This work was ongoing at the time of the inspection.

# Are services safe?

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

A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place. This core service reported no never events during this reporting period.

During the inspection a further serious incident occurred. A patient had subsequently passed away. The trust were reviewing this incident in line with their 'Incident reporting and Serious Incident Review' policy and the necessary external agencies had been informed of this patient's death.

## Reporting incidents and learning from when things go wrong

The Chief Coroner's Office publishes the local coroners Reports to Prevent Future Deaths which all contain a summary of Schedule 5 recommendations, which had been made, by the local coroners with the intention of learning lessons from the cause of death and preventing deaths. There had been no reports relating to this core service at the time of inspection.

Staff on Holly Unit and Baysdale Unit stated all incidents were reported through the electronic incident reporting system and that they informed families of any incidents on the units. They used the safety cross to monitor incidents each month and at the time of inspection, Holly Unit had 15 days in the month that were incident free days. Staff reported they received patient safety alerts and situation, background, assessment, recommendation and decision reports to share lessons learned.

Staff at West Lane Hospital stated that not all incidents were reported and we found that staff were not accurately categorising incidents in terms of incident type and level of harm. This meant the trust could not accurately monitor the safety of the service. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

During our inspection we requested to review the incidents reported through the trust's electronic incident reporting system between 19 January 2019 and 19 June 2019. We were provided with a summary of 2315 incidents. We reviewed 15 of those incidents and found that staff were not consistent in categorising the type of incident. For example, in four incidents where a patient had used a ligature, two incidents were recorded as 'self-harm

attempt' and two as 'suicide attempt'. There was no clear rationale for the different categorisations. In one other record where a staff member had suffered a fractured bone, this was not correctly recorded as harm to staff and was recorded as self-harm.

Staff were not accurately recording the severity of harm caused to patients when reporting incidents. Of the 15 incidents we reviewed, three incidents were of the same type and the same response was required. However, upon reviewing the incidents, we were not assured that they had been given the appropriate severity of harm. Two of these incidents were rated as no harm however the patient had required hospital treatment. We also found five other incidents of self-harm where the patient had required additional observation or minor injury, yet a rating of no harm was given.

The trust 'Incident reporting and Serious Incident Review' policy gave the following definitions of harm:

- No harm (No injury). Any patient safety incident that occurred but no harm was caused to the patient.
- Low harm (minimal harm requiring additional observation or minor treatment)
- Moderate harm (short term harm requiring treatment or procedure)
- Serious incidents (unexpected death) including incidents involving severe harm (permanent or long term)

Five staff we spoke with at West Lane Hospital informed us that not all incidents were reported. This was also stated on one of the 11 comment cards we received at West Lane Hospital. Comments included 'incidents are being covered up' and 'not everything is transparent'. One staff member told us they had three incidents to report from a previous day but had not had the time to do it yet due to staffing levels. We received a verbal description from one staff member of incidents that had occurred on the 5 June 2019 during their shift that were not reported. A review of the incidents reported through the trust electronic system on that day did not include the incidents described by the staff member.

During our inspection, 10 staff we spoke with at West Lane Hospital informed us that learning from incidents and debriefs with patients and staff did not always happen. We reviewed two records of restraint and found that both did not demonstrate that a de-brief had occurred.

## Are services safe?

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

We were concerned that learning from incidents did not always happen. We reviewed an incident that occurred on 23 January 2019. The same incident occurred the following day on the 24 of January 2019 with a different patient. A situation, background, assessment, recommendation and decision report was subsequently completed but not until two months later on 22 March 2019. On the 12 April 2019, a head of service review was completed with the actions to send this report to staff across the trust and to undertake supervision and reflection with staff; however, this was almost three months after the incident. A similar incident subsequently occurred again on the 14 June 2019 with a third patient. All three incidents resulted in the patients involved being admitted to hospital for treatment.

However, one staff member informed us they had received a de-brief following their involvement in a serious incident and were offered therapy following this. They also stated that a situation, background, assessment,

recommendation and decision report was subsequently completed and resulted in a change in practice. We also saw evidence that these reports had been shared with staff at the most recent team meeting on Newberry Ward.

The duty of candour regulation is in place to ensure providers are open and transparent with people who use services. It sets out specific requirements which providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and a written apology when things go wrong.

Staff understood the duty of candour. They attended workshops to understand the requirements of the duty of candour legislation and they could describe their duty of candour as the need to be open and honest and to explain to patients and carers when things went wrong.

# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

In all 15 records we reviewed, staff had completed a mental health assessment of the patient following admission and developed a range of intervention plans that were reviewed during multi-disciplinary meetings. Patients on Holly Unit and Baysdale Unit had a holistic assessment completed four weeks before their planned admission to ensure the service could fully prepare for their stay and meet their needs.

Staff completed an assessment of each patient's physical health needs after admission. At West Lane Hospital, all records contained a physical health assessment. There was evidence of physical health monitoring in all 12 records at West Lane Hospital, including weight and blood monitoring.

At Holly Unit and Baysdale Unit, due to the average length of stay being 1-2 days and the fact that many patients returned more than once for respite care, staff did not undertake a physical health assessment at the time of each admission unless directed to do so by a doctor. We saw falls assessments in use for patients on Holly Unit who were at risk of falls, and intervention plans for conditions such as epilepsy, and ongoing physical health monitoring was evident in records.

Staff developed personalised intervention plans with patients in seven of the 10 records reviewed. Two plans for patients at the Evergreen Centre contained generic statements and one plan on Holly Unit did not address all the areas of need for that patient. On Holly Unit, care plans were written in the first person, with sentences starting with phrases such as "I need", however the language used was not always reflective of what the child or young person would say, for example, "I need to find alternative coping mechanisms."

We saw good examples of intervention plans on Holly Unit that clearly identified the individual needs of the patient in relation to anxiety, sleep, diet and challenging behaviour. They contained the patient's likes and dislikes and how to make them feel good. There were clear positive behavioural support plans in place for staff to follow. On

Baysdale Unit we found that in the one record we reviewed, the intervention plan was specific to the patient's needs and included information on their communication and social interactions and physical health conditions.

Five plans reviewed for patients at the Newberry Centre contained personalised care plans covering areas such as physical health, education and medication. Where individual plans for behaviours that challenge were in place they contained the patient voice and identified the presenting risks and strategies for the patient to be able to communicate their feelings effectively. They contained primary, secondary and tertiary interventions agreed with the patient to manage the behaviour.

### Best practice in treatment and care

Patient access to care and treatment interventions was poor and engagement levels were low. One carer stated, "there is no therapy, where is the therapy?" and one staff member said, "the focus on the therapeutic relationship has gone." We also raised this at the previous inspection, where we recommended that the trust should ensure there are sufficient staff available to coordinate activities scheduled for children and young people.

Whilst we were told patients at West Lane Hospital had some access to psychological therapies, such as dialectic behavioural therapy and art therapy, staff reported the level of psychology provision was not sufficient. Each ward had an activity timetable; however, the activities were only delivered subject to the ward environment and clinical need. The newly recruited occupational therapist planned to design a new timetable to run across the three wards with involvement from external agencies. The trust did not monitor the levels of patient engagement in therapeutic activities, therefore they could not evidence the levels of patient involvement.

We did not observe many activities taking place at the time of our inspection. Two patients at the Newberry Centre reported they used to go out shopping or to the beach, but that due to staffing levels this had not happened since the previous year.

Staff on Evergreen Ward had liaised with other services across the country in order to share best practice for supporting patients who required nasogastric feeding under restraint, with particular focus on their longest stay patient who was involved in daily incidents on the ward. As a result of this, the patient was allocated their own positive

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behaviour support worker who worked with them during the day and did not become involved in their planned intervention. The number of incidents of restraint for this young person reduced along with a reduction in the number of staff required to carry out the planned intervention. The trust had a positive behavioural support lead and all staff were encouraged to develop positive behavioural support plans with patients who would benefit from them.

Staff did not always ensure patients' physical healthcare needs were met. One patient had a large wound following surgery. There was no specific intervention plan for this wound care and the carer raised concerns about dressings not being changed as frequently as they should. The patient was prescribed painkillers and on one occasion they had to wait three hours to receive them as there were not two staff available to sign to administer the controlled drugs. One carer also raised concerns about their relative who neglected their personal hygiene and the family felt staff did not manage this well.

Holly Unit and Baysdale Unit continued care as outlined by the community teams. Where there was evidence a change in psychological or medical treatments may be required this was communicated to parents and the community teams for further consideration. Holly Unit and Baysdale Unit promoted physical activities depending upon individual patient ability and healthy options for meals were available. Staff cooked the food on site in order to ensure it met the nutritional needs of patients depending on who was staying with them that night. There were pictorial display boards detailing menu choices of healthy food and these were changed daily.

Staff reported that the service used outcome measures, such as Health of the Nation Outcome Scales for children and adolescents and the Children's Global Assessment Scale, but these were not reviewed as regularly as they should be.

The trust submitted a clinical audit report which showed that there had been a total of 24 audits involving this core service in the six months prior to inspection. Five of these audits were specific to the children and young people's service, three of which were infection, prevention and control and two clinical audits which were a clinical audit of junior MARSIPAN guidance and a clinical audit of POMH Topic 13: Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in Children, Adolescents and Adults.

Examples of central trust audits that involved this core service were an annual mattress audit, a clinical audit of the Nicotine Management Policy and a clinical audit of the Mental Capacity Act. We did not review the results of these audits and therefore could not comment on their effectiveness.

## **Skilled staff to deliver care**

Patients had access to psychiatrists, psychologists, occupational therapists and education staff at West Lane Hospital. Staff had access to a learning disability nurse at West Lane Hospital and the nurses on Baysdale Unit and Holly Unit were registered learning disability nurses.

At the time of the inspection there was one band five psychologist vacancy at the Westwood Centre and the same on Newberry Centre, meaning there was one psychologist to cover all three wards. There was also a vacancy for a speech and language therapist and there had been vacancies in the occupational therapy department until recently.

At West Lane Hospital, a pharmacist and a pharmacy technician visited twice weekly. At Baysdale Unit a pharmacy technician visited weekly and at Holly Unit a pharmacy technician visited monthly to undertake audits as new prescribing did not happen at these units.

Staff at West Lane Hospital raised concerns that they did not have the necessary specialist training in autistic spectrum disorders to meet the needs of patients. Staff had sought support from the modern matron in the learning disability service to develop a plan of care with one patient.

However, the trust provided two online courses; autism introduction theory and affective disorder introduction theory and one face to face course; Level 2 autism awareness in the 12 months prior to inspection. At the time of inspection, patients were admitted to West Lane Hospital with a diagnosis of autism. In the 12 months prior to the inspection, two staff had attended the Level 2 course and a further three staff had completed the online courses. Nine staff at the Newberry Centre and one staff on Evergreen Centre had attended the Level 2 course with a further six attending the online courses.

The trust had provided one face to face course; positive approaches training to eating disorders and one online course; eating disorders theory in the 12 months prior to inspection. At the time of inspection, patients were admitted to West Lane Hospital with a diagnosed eating

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disorder. Five staff from the Evergreen Centre and one staff member from the Westwood Centre had attended the online training and two staff from the Newberry Centre had attended the face to face training.

Staff were supported to access other specialist and role specific training, which varied across the wards. Courses included personality disorders theory, psychosis theory, an introduction to learning disabilities theory and various clinical courses such as electro cardio-gram, venepuncture and physiological observations. On Baysdale Unit, one nurse was undertaking the Graduate Certificate of Care for People with Epilepsy and another was completing a tissue viability course. Staff also had access to training in how to communicate with patients through massage and Makaton for patients who were non-verbal.

The trust policy for supervision was for all staff to receive eight hours of supervision each year which could include group supervision, with one individual supervision session every three months. Managerial supervision included a discussion on wellbeing, reflections and future actions. Staff at West Lane Hospital also had access to group supervision sessions in the form of weekly reflective practice meetings and clinical supervision. During a group supervision session on 23 May 2019, staff had discussed complex patients, complaints from family members and evidence based practice.

At the time of inspection, compliance with supervision was as follows:

## Baysdale Unit

- Clinical supervision - 100%
- Management supervision - 58%

## Holly Unit

- Management supervision- 77 %
- Clinical supervision - 80 %

## West Lane Hospital site

- January – March 2019 - 58% compliance overall
- April – June 2019 - 53% compliance overall

The trust reported that the figures for West lane Hospital included those staff who had been suspended and reflected the current levels of increased sickness at the

time of inspection. Staff gave mixed responses about supervision, some said they had good access to it and support from their immediate ward managers and others said it was not protected time and did not always happen.

The positive behavioural support worker had access to supervision from the service psychologist and the lead for the trust and the occupational therapist also had access to clinical supervision. Consultant psychiatrists had regular peer meetings and access to clinical supervision and mentors.

We were provided with appraisal compliance rates on site at West Lane Hospital as follows:

- Westwood Centre – 95%
- Evergreen Centre – 84%
- Newberry Centre – 95%

All wards had a morning meeting, which was called a report out at the Evergreen Centre, a daily action meeting at the Westwood Centre and a team around the person meeting at the Newberry Centre. We observed one meeting at the Evergreen Centre and two at the Westwood Centre during the inspection. The meeting was attended by all disciplines of the service and was intended to be a very structured handover of key risks and needs for the day ahead. At the Evergreen Centre, any element of patient care that required further discussion was taken to the 'think tank' following the report out for further consideration. Staff kept referring to the purpose of admission during this meeting to ensure patient progress was not drifting against their agreed goal and discharge dates were also discussed. However, at the Westwood Centre, the meeting was not as focused. Staff discussed the incidents from the previous day but tasks for the coming day were not allocated and staff were unsure what actions were still outstanding.

Each ward had different staff meetings that occurred at different frequencies. At the Westwood Centre there had been fortnightly multi-disciplinary team meetings in May 2019. At the Evergreen Centre there had been bi-monthly staff meetings. Staff meetings had not been occurring consistently at the Newberry Centre prior to the inspection. The temporary ward manager at the Newberry Centre had established bi-monthly staff meetings, the first of which was held in May 2019.

## Multi-disciplinary and inter-agency team work

All 15 records showed evidence of involvement in patient care from a multi-disciplinary team, including psychiatrists,

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psychologists, occupational therapists and dieticians. The service at West Lane Hospital did not have a social worker. The quality network for inpatient child and adolescent mental health services standards recommended that a typical unit with 12 places includes at least one 0.5 whole time equivalent social worker. Staff stated this impacted on discharge planning in terms of identifying suitable community placements. Staff also stated that children experienced a lack of consistency with social workers in the local authority who often moved caseloads, for example one young person who had eight social workers allocated to them over a six month period.

Staff at West Lane Hospital reported that the multi-disciplinary team did not always work cohesively together and not all disciplines of staff felt valued. There were differences of opinion about care and treatment between medical staff and therapy staff and this tension was observed during our thematic review visit. Therapy and education staff felt that nursing staff did not understand their role or place importance on it. One staff member said they did not get feedback from responsible clinicians following patients' review meetings and were not always clear about the reasons behind decisions. For example, they said that they had thought a patient was suitable for discharge but following a meeting the responsible clinician said that the patient required a longer period of admission and the nursing staff were not provided with the rationale for this.

We reviewed notes of case review meetings for patients. They included a review of the aims of admissions and an update from nursing staff, medical staff, education staff and therapy staff. Staff reviewed the patient's risk during the meeting and set actions and tasks for staff to complete.

We observed two daily handovers and one evening handover meeting. We also reviewed handover notes for patients at the Westwood Centre and the Newberry Centre. Handovers included patient observation levels and significant issues around medication, risk, leave and physical health. The quality of these meetings and the documentation to support them varied across the wards.

There was evidence of inter-agency working with children and young people's community mental health teams in planning for patients' admission and discharge at the Evergreen Centre. However some staff on other wards reported they rarely attended patient's care programme approach review meetings.

On Baysdale Unit and Holly Unit there was no multi-disciplinary team on site and staff linked with patients' community teams. Staff attended a patient's 'team around the family' meeting, which would take place on the ward, their home or in school and was attended by all agencies involved in the patient's care and treatment and their family.

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

Training in the Mental Health Act became mandatory for all staff in inpatient areas in April 2018. From 1 April 2018, staff have been able to access online or face to face training courses. There were two levels of training depending on the grade of staff. Compliance across all five wards at the time of inspection with Mental Health Act level one training was 99% and with level two training was 96%.

All patients on Baysdale Unit and Holly Unit were informal at the time of inspection.

The trust had a policy for the Mental Health Act. Staff were aware of this and knew where to obtain further information either online or they would contact the trust's Mental Health Act office.

We reviewed 14 medication administration records at West Lane Hospital. In five of these records we could not locate the correct Mental Health Act documentation with the prescription charts at the time of the inspection.

We found the Section 17 leave form was not signed by the patient's family or carer in three of the five records. The trust policy stated, 'a copy of the S17 leave form must be given to the accompanying person and the accompanying person must be asked to sign the S17 leave form'. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

Detention documentation was accessible and staff documented that they had explained to patients their rights. In all seven patient care records reviewed for compliance with the Mental Health Act at West Lane Hospital, all had an approved mental health professional report available. The three records reviewed at Baysdale Unit and Holly Unit were for informal patients.

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Requires improvement 

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We observed posters across the wards promoting the use of the independent mental health advocate. We spoke with the advocate during our inspection who reported they were able to raise concerns on behalf of patients.

The trust submitted a copy of a clinical lead Mental Health Act audit that had been carried out each month between March 2019 and June 2019. The audit did not clearly indicate which ward it related to or evidence that any action had been taken in response to areas for improvement.

## **Good practice in applying the Mental Capacity Act**

Training in the Mental Capacity Act became mandatory for all staff in inpatient areas in April 2018. From 1 April 2018, staff have been able to access online or face to face training courses. Compliance across all five wards at the time of inspection with Mental Capacity Act training was 98%.

The Mental Capacity Act 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make all or some decisions for themselves. Mental capacity is the ability of an individual to make an informed decision based on understanding of a given situation, the options they have available and the consequences of their actions.

For children and young people aged under 16 years; the ability to make decisions without parental consent relies on the test of Gillick competency. Gillick competency involves a young person having sufficient understanding and intelligence to make a choice or decision without parental permission or knowledge.

The trust had a policy for the Mental Capacity Act. Staff awareness and understanding of the Act and Gillick Competence was limited. One staff member on Holly Unit stated they were not sure what the Mental Capacity Act was, whereas another staff member had a good understanding. On Baysdale Unit, two staff members had a

limited knowledge of the Act and one stated they would rely on the patient's families to make decision in their best interests. Another staff member did not know what Gillick Competence was. At West Lane Hospital, one staff member said they were aware of the Act but did not understand how these pieces of legislation specifically applied to children and young people. Another staff member said they vaguely understood the Act.

In the seven records reviewed at West Lane Hospital for their compliance with the Mental Capacity Act, all seven contained evidence of consideration of capacity and/or Gillick competence.

At the previous inspection, we recommended that the trust should ensure that capacity assessments are considered where required and recorded in care plans on Baysdale Unit. We reviewed the records of one patient on Baysdale Unit with a diagnosed learning disability, who was given medication covertly. There was a lack of evidence in the patient records that this decision had been made in their best interests or reviewed recently. The trust informed us that this was how the medication was provided by the patient's parents and that the medication could be seen by the patient and on each administration the staff asked the patient to have their medicine and showed the patient the medication. Occasionally the patient refused the medication and this would be recorded as refused, however, this did not occur often. There was acknowledgment by the service that the original decision taken by the multi-disciplinary team was some time ago and therefore a meeting had been scheduled which included the pharmacist to consider this issue.

One record on Holly Unit showed evidence of consultation with the patient's guardian and a number of consent forms signed by the guardian, such as consent to apply sun cream and take pictures.



# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, privacy, dignity, respect, compassion and support

Patients at West Lane Hospital raised many concerns about their care and treatment, but all said that staff were kind and caring. We observed staff treating patients with respect, however due to the acuity of patients and the staffing levels at the time of inspection there was little opportunity to observe staff and patient interaction other than when staff were managing incidents. Managers spoke of staff that genuinely cared about the young people and would often bring things in of their own accord to engage the patients in activities or because they were aware a patient had a particular interest.

All seven carers we spoke with at Holly Unit and Baysdale Unit spoke positively about staff. They stated staff treated patients and their families with kindness, dignity and respect. They referred to staff as friendly, helpful and patient. They felt staff offered patients and their families advice and support and understood the individual needs of patients. One carer commented that Baysdale Unit was the only place their child would spend a night away from them and two carers referred to the staff as like family as their children had been staying there for respite for years.

### Involvement in care

#### Involvement of patients

Baysdale Unit and Holly Unit had a clear admission process which informed patients, families and carers about the service. A variety of printed information was available including easy read versions and pictorial story boards. Patients were also offered navigation tours, opportunities to meet staff and initial shorter stays for patients to become familiar with the surroundings and staff. Staff on Baysdale Unit completed a 'my stay at Baysdale' booklet with patients so they could share pictures and details of what they had done during their admission with their families.

On Holly Unit and Baysdale Unit we saw health passports and easy read intervention plans in use that met the communications needs of the patient as identified during their assessment. These included pictures, large fonts, symbols and social stories. Patients also had access to easy read daily charts to record their activities and intervention plans detailed their individual communication needs. Staff had some training in British Sign Language and other forms of communication, such as the picture exchange

communication system. Staff used communication boards and Makaton tools with patients and the trust were looking at purchasing an eye-gaze device for patients who were non-verbal.

The service provided patients an opportunity to feedback about the care they received through focus groups to input into rapid performance improvement workshops, suggestions boxes, and patient surveys by rating their service through a hand-held computer device which was retained on the ward. At the Evergreen Centre, patients were able to write requests for the multi-disciplinary team to consider each morning during the report out meeting. Ward managers were available to patients and responded to requests to speak with them so they could provide feedback on their care and treatment.

However, at West Lane hospital staff and patients reported the patient community meetings did not always happen. A trust audit of 24 records showed that in 12 of those there was no evidence in the safety summary tool that patients had been involved in the risk assessment.

Independent Mental Health Act Advocates visited wards both from the mental health charity (MIND) and the National Youth Advocacy service on a weekly basis to provide advice and support to patients.

#### Involvement of carers

Carers at West Lane Hospital reported they did not feel involved in their relatives care and that staff and managers did not communicate effectively with them. One carer who had communication needs stated staff had not offered them any written information in an accessible format. Patient records did not clearly indicate the frequency at which staff would keep in touch with parents and carers and staff acknowledged they did not always call carers weekly as agreed. One carer stated that communication was generally not very good and they never really knew what was going on. An internal trust audit of risk assessments showed that carers were not always involved in that assessment.

Two carers reported staff did not always inform of them of incidents of self-harm, even when this had resulted in assessment or treatment at the local acute hospital. A trust audit of 24 records showed that in 15 of those there was no evidence in the safety summary tool that carers had been involved in the patient's risk assessment.

# Are services caring?

Requires improvement 

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One carer reported that the service had not told them about the carers' group or the use of a patient phone for parents to ring. Another carer reported ringing the ward again and again to speak to staff without anyone answering. Another carer stated they had been promised that managers would call them back but this often didn't happen. We observed a carers' group meeting that was not well attended. A parent was the chair of the group and was working with the ward manager in the hope of improving carer involvement.

We reviewed the results of the most recent patient and carer's survey. The trust collected this data monthly at West Lane Hospital and six monthly at Holly Unit and Baysdale Unit. The percentage of patients and carers that would recommend the ward at the most recent survey were as follows:

- Baysdale Unit – 100% (June 2019)
- Holly Unit – 100% (April 2019)
- Evergreen Centre – 50% (April 2019, no data provided for May and June but previous months ranged from 0% to 44%)
- Newberry Centre – 100% (June 2019, previous months ranged from 22% to 62%)
- Westwood Centre – 40% (April 2019, no data provided for May and June but previous months ranged from 20% to 75%)

Carers at Holly Unit and Baysdale Unit felt involved in their relatives' care. They reported good communication with staff who kept them fully informed and agreed with the plan of care for their relatives. Staff offered to refer carers for a carers assessment to ensure they had access to the right support.

# Are services responsive to people's needs?

Inadequate 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge Bed Management

The trust had recently been part of the New Models of Care pilot. This meant as well as being a provider they also managed the budget for the Tier 3-4 children's and adolescent mental health services pathway. The trust already had plans to reduce inpatient beds as part of the Transforming Care agenda to improve community services and reduce the need for inpatient beds.

Following a serious incident in November 2018, the Westwood Centre at West Lane Hospital had been closed to admissions for a period of four months. Between 19 January 2019 and 24 June 2019 there had been 43 admissions and 44 discharges at West Lane hospital.

The average length of stay on the three wards at West Lane hospital was as follows:

- Evergreen Centre – 166
- Newberry Centre – 116
- Westwood Centre - 172

Baysdale Unit and Holly Unit provided short stay respite care with an average length of stay of 1-2 nights, therefore the admission and discharge rates for these two wards were not indicative of the quality of care and treatment. Staff on Baysdale Unit stated they were able to adjust the numbers of beds depending on the needs of the children they were caring for, so for example they would only fill four of the six beds if they had a child that needed additional support.

### Discharges and transfer of care

The trust reported three delayed discharges and three re-admissions (all different patients) within the six months prior to inspection for this core service. The reasons for the delayed discharges were one patient awaiting a family placement, one patient awaiting a community placement and one patient awaiting a further NHS funded placement. The number of long stay patients at Evergreen Centre had been reduced over the previous 12 months from 14 patients to three.

All patients had access to a bed on return from leave on all wards and for Holly and Baysdale Units, offering short term stays, staff told us whenever possible they tried to ensure a child had the same bedroom as previous visits.

Carers of patients at Holly Unit and Baysdale Unit felt discharge was managed well. One carer of a patient about to be discharged said that the unit had supported their child to get back into full time education at a specialist school which had a very positive effect on them. Discharge was a slow process and was planned over a period of time, slowly reducing the number of visits and working closely with the families and community teams.

A senior clinician stated that the low secure unit operated more like a psychiatric intensive care unit as it was so close to the wards. There was evidence of patients moving between the low secure ward and the assessment and treatment unit depending on the acuity of the wards during our inspection. A referral to a low secure ward should be made using the National Referral and Access process, however we saw evidence of a patient from Newberry Centre spending a weekend on the low secure ward to manage the acuity levels on the assessment and treatment ward before returning to the Newberry Centre. The NHS England Tier 4 Child and Adolescent Low Secure Inpatient Service specification stated the following exclusion criteria should apply: Young people with brief episodes of disturbed or challenging behaviour as a consequence of mental disorder. These young people are more appropriately cared for in a Psychiatric Intensive Care Unit. There were no children's and young people's psychiatric intensive care units within the trust. Therefore, if a patient required more intensive care, staff would try to ensure the new ward was geographically close so the person could maintain contact with family and friends, although there were a limited number of beds.

The trust had a policy and process in place for transitioning children and young people to adult services. Patients were invited to a transition meeting and involved in developing a transition plan. We saw information on the wards for patients about transition.

### Facilities that promote comfort, dignity and privacy

The wards all had a wide range of rooms and equipment to support treatment and care. Patients had access to several separate rooms which were clean, well decorated and furnished and could be used interchangeably as lounges, arts and crafts or activity rooms and family rooms. Each unit also had dedicated gardens or outdoor spaces which included grass and paved areas.

# Are services responsive to people's needs?

Inadequate 

By responsive, we mean that services are organised so that they meet people's needs.

All patients had access to their own bedrooms which had ensuite facilities. Patients could personalise their bedrooms at Westwood, Newberry and Evergreen centres. However, in view of the shorter length of stay of patients on Holly and Baysdale Units patients did not routinely personalise their bedrooms, although often left a possession for example, bedding, a lamp etc. which we saw had been placed in their room ready for their next visit. There was a secure place for all patients to store possessions either in locked cupboards in patient bedrooms or in a locked area managed by staff. All patients were able to have their mobile phone on the ward and there was a ward phone for those who needed to use it.

Patients reported that the quality of food at West Lane Hospital was good, which was an improvement from the last inspection where we had recommended the trust should ensure the quality of food was improved. At the Evergreen Centre they had a separate dining area that could be used for patients who required assistance with their meals or preferred to eat alone. Patients had access to snacks and drinks on all wards, however patients at the Westwood Centre needed to ask staff to make hot drinks.

Prior to the inspection, the thematic review raised concerns that the positioning of closed circuit television cameras did not ensure the privacy and dignity of patients. We asked the trust to review one camera at the Evergreen Centre which could be seen from within a patient bedroom and the live streaming of images in the Westwood Centre staff office as they could be seen by people walking past the office. The trust took interim action which involved switching off the live feed, however on the day of the inspection staff told us that it had not been switched off. The trust planned to consider more longer term solutions, such as moving a camera and the use of two way film on the television screen in the staff office.

## Patients engagement with the wider community

During the day, most patients were allocated to attend education, however data showed that attendance levels at education were low across the wards at West Lane Hospital. Education was provided by the River Tees Academy Trust and patients were encouraged to access four hours education per day following the standard curriculum in English, Mathematics and Science. These were offered in both a group session and on a one to one basis. We spoke to education staff who said that engagement was poor and that nursing staff did not always

place enough importance on access to education. Education staff felt that wards lacked routine and structure and that patients were allowed to have poor sleep patterns which had resulted in a breakdown in attendance. They had raised their concerns with senior managers but had not seen any improvement.

The trust monitored the number of planned attendances and those that were authorised and unauthorised absences. In the week prior to our inspection, the number of planned and attended education hours was as follows:

- Westwood Centre – planned 85, attended 5 (74 of these absences were classed as authorised, with the main reasons being leave and illness)
- Evergreen Centre – planned 183, attended 22 (56 of these were authorised, mainly due to therapy and leave. The remaining 105 unauthorised absences were mainly due to patient refusal)
- Newberry Centre - planned 175, attended 39 (57 of these were authorised, mainly due to leave. The remaining 79 unauthorised absences were primarily due to patient refusal to attend or being in bed)

One carer reported that since admission, their child had dropped out of education and another carer reported their child had not engaged in any therapy during their admission.

Patients on Baysdale Unit and Holly Unit continued to attend their usual school when accessing respite care on these wards. Staff reported that on weekends and during school holidays patients were taken into the community on trips and engaged in activities such as art and baking.

Carers were able to visit their relatives on all wards depending on the clinical acuity at the time. For times when this was not appropriate there were two family rooms away from the wards at West Lane Hospital that could be booked for visits.

## Meeting the needs of all people who use the service

All the locations we visited were suitable for patients with disabilities. The buildings had a ramp for wheelchair access, mechanically assisted doors and lift access if rooms were on a different floor.

Information was available in a variety of formats. Patients received information packs prior to admission. Leaflets were available in communal areas and notice boards were

# Are services responsive to people's needs?

Inadequate 

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very informative about the service including staff photos, menus, and activities. There was additional information regarding local services, Independent Mental Health Advocacy services, patient and carers groups and patients' rights together with guidance to inform people how to make a complaint. Whilst some information we saw was age appropriate for the service, easy read or pictorial, we did not see leaflets in any language other than in English. Managers told us leaflets in alternative languages could be provided by the trust's patient information service and where necessary interpreters were also available.

The wards catered for all dietary and religious requirements. Examples were provided of a patient who was dairy intolerant and a patient who was Jehovah's witness for whom staff had an individual medical emergency protocol. There were trust chaplains of different religions and a prayer room on site for the use of patients at Westwood, Newberry and Evergreen centres.

Staff reported that the patients were not always appropriately placed on the wards at West Lane Hospital. One staff member told us that staff had serious concerns about the risk level presented by a patient and had emailed senior management raising their concerns. This patient was subsequently involved in a serious incident one week later.

Staff stated that the service at West Lane Hospital did not meet the needs of patients with a diagnosis of autism spectrum disorder and that the wards lacked sensory awareness. This concern was also shared by a carer of a patient at the Westwood Centre and an external agency supporting a patient at the Newberry Centre. The sensory room at West Lane Hospital had no equipment. Senior clinical staff stated the team were not working in an autism informed way. At the Westwood Centre, where there were three patients with a diagnosis at the time of inspection, alarms sounded every time a patient opened their bedroom door. All staff carried bunches of keys that made noise and there were no adjustments in the environment to support patients with autism.

We observed one patient with autism who was involved in daily incidents of aggressive behaviour, where seclusion had not been considered as an effective alternative to

support this patient's individual needs as opposed to a series of over-stimulating restrictive interventions. The trust identified this themselves and changed their approach during our inspection.

The high use of agency and bank staff to support patients with autism was also raised as a concern by staff and patients. One carer stated their child had been supported at the acute hospital by staff who were all unfamiliar to them, which added to their distress. We observed the evening handover at the Westwood Centre, which included three agency staff, only one of whom had previously worked on the ward. One carer raised concerns that their child needed familiar staff due to a diagnosis of autism and that this was often not facilitated due to staffing levels. We observed this to be the case on this evening, where the new agency staff were allocated to that particular patient as they presented the least risk that night.

Staff at West Lane Hospital had experience of supporting a transgender patient. They provided patient led care and worked with the patient and their family to ensure their preferences and needs were being met.

## Listening to and learning from concerns and complaints

Patients knew how to complain and raise concerns. There was information on display around the wards about how to make complaints, including contacting the Care Quality Commission.

Carers told us they knew how to make complaints, although reported that despite raising numerous complaints with the service, they did not feel their concerns were addressed.

The service reported there had been six complaints in the six months prior to inspection, all of which related to West Lane Hospital. One complaint related to staffing levels and personal safety on the ward and the other five raised concerns about the care and treatment of patients. Carers had also raised complaints with the CQC, commissioners and the local authority and had received concerns about care and treatment from an external agency that visited the wards.

# Are services well-led?

Inadequate 

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## Our findings

### Leadership

At West Lane Hospital, staff did not feel supported, respected or valued. Staff morale was low and staff reported poor communication with senior managers. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

The leadership team at West Lane Hospital was newly formed with a mix of clinicians from adult and children and young people's services. Some of the leadership team felt the new structure was not embedded and there was a lack of cohesive working. Staff identified there was a divide between the therapy staff and nursing staff and between senior management and ward staff on the wards at West Lane Hospital.

Eleven of the staff we spoke with at West Lane Hospital spoke of low morale, lack of support and poor communication from senior managers. This was also noted on six of the 11 comment cards received during the inspection. Comments included 'no support from senior management', 'don't see any management', 'no-one is visible', and 'poor communication about decisions'. The independent mental health advocate also provided feedback from a patient that they could see the senior management and ward level staff were separate and didn't work together.

Most staff spoke positively about the ward managers and stated that they did what they could to support staff. We also saw attempts to improve staff morale by ward managers formally thanking staff for their work and acknowledging the complexities of some of the patients during team meetings at the Evergreen Centre.

Staff on Holly Unit and Baysdale Unit did not raise concerns about leadership and felt supported by their managers. They had access to staff development days and managers were responsive when they needed support using the manager on call rota. They were able to recall recent visits to the units by the head of service.

At West Lane Hospital, systems and processes were not effective to ensure managers had sufficient oversight of their services. We took action in response to these

concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

Observation levels were not being carried out in line with the trust's policy and managers were not aware this was an issue. On one ward, the manager stated that staff documented the checks each hour on an observation board held in the staff office. When the manager asked the nurse to locate the board, the nurse confirmed to the manager they did not document the checks anywhere.

The service strategy had not been translated into meaningful and measurable plans and was developed without staff engagement. During our inspection, seven of the staff we spoke with at West Lane Hospital stated that they did not feel adequately trained and supported in the service's care model to take a least restrictive approach with patients and did not feel safe in doing so. We reviewed the minutes of 38 meetings that had taken place to discuss the ongoing concerns at West Lane Hospital between 28 November 2018 and 19 June 2019. This showed that senior managers were aware that staff were worried they would be criticised for taking this approach and identified gaps in the service's care model. The meetings also showed senior managers discussed how staff were feeling and the culture on the wards. However, action taken by managers had not addressed the issues raised as they were still a prominent concern for staff who continued to feel unsupported at the time of our inspection.

Leadership development opportunities were available for staff in this service. One staff member at Baysdale Unit was completing the Mary Seacole Leadership programme and another had completed Level 5 Apprenticeship in Leadership and Management.

### Vision and strategy

The trust had a mission statement, vision and strategic goals; however, we did not find the service demonstrated all of these during our inspection. The trust's mission was to improve people's lives by minimising the impact of mental ill health or a learning disability. Their vision was to be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations. The mission and vision were supported by five strategic goals:

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Inadequate 

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- To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing.
- To continuously improve the quality and value of our work.
- To recruit, develop and retain a skilled, compassionate and motivated workforce.
- To have effective partnerships with local, national and international organisations for the benefit of the communities we serve.
- To be recognised as an excellent and well governed foundation trust that makes best use of its resources for the benefits of the communities we serve.

The trust's visions and values were evident throughout the wards. There were displays communicating what the values were and further information was available on the trust intranet. The trust ensured the values were part of the recruitment process to help identify suitable staff to work within the trust from the outset.

## Culture

Staff at West Lane Hospital were visibly upset during our inspection due to the level of stress they felt under in the workplace. They did not feel positive about their work or valued by their senior managers. Sickness levels were high and staff teams were not working collaboratively in their approach to patient care.

There was a concerning culture on the wards at West Lane Hospital with a clear divide between staff who had embraced the model of care for the service and staff who had not. There had been significant staffing changes following the serious incident in November 2018, which were welcomed by some staff and not by others. The staff who had worked on the wards during the incident had struggled with colleagues being suspended and felt that the staff who moved to the wards following the incident were not sufficiently skilled to work with the young people. Most of the new management team were from adult services and some staff questioned their approach to leading a children and young people's service. Staff also had concerns about the way in which the investigation had been managed and did not trust the organisation. Staff were afraid to carry out restraint for fear of being suspended and did not feel they could communicate with senior management.

Staff survey results from 2018 showed that in 69 of 135 questions the response was at least 3% worse than the

trust average for this core service. The friends and family test for the Westwood Centre also scored negatively, with more than 50% of respondents stating they would not be likely to recommend it as a place to receive care or a place to work. This test scored more positively at the Newberry Centre, Evergreen Centre and on Baysdale Unit.

Staff had not felt safe to use the whistleblowing process or Freedom to Speak Up Guardian, despite having concerns about the safety and practices within the service. This was evident at the time of the serious incident in November 2018 and again when we arrived unannounced to inspect the service. Staff were very open and honest in raising their concerns to ourselves, but had not felt able to do so within the trust, despite being aware of the processes available to them to do so.

Staff on Baysdale Unit reported there had been issues with staff dynamics in the previous 12 months, but that this had improved with input from the trust's employee support service and staff away days. They spoke of the ward manager as being open, honest and supportive of staff.

## Governance

Systems and processes were not effective in ensuring that wards were safe and clean and that patients were assessed and treated well. Managers did not have sufficient oversight to assess and monitor issues and identify areas to improve the service. We took action in response to these concerns identified at the Westwood Centre, Evergreen Centre and Newberry Centre at the time of the inspection using our powers under Section 29A of the Health and Social Care Act.

Seclusion records, restraint records, rapid tranquilisation records, observation records, risk assessments and Section 17 leave paperwork were not kept in line with trust policy or national guidance. There were issues with medicines management, such as out of date stock, untidy clinic rooms, Mental Health Act documentation not stored with prescription charts and action not taken in response to fridge and room temperatures being outside of guidance.

On Baysdale Unit staff had not ensured the consideration of capacity was documented in every record, despite it being a recommendation from a previous inspection. Feedback from our thematic visit about concerns raised by two patients who had witnessed a planned restraint had not been shared with the ward manager by the time of our inspection two weeks later.

# Are services well-led?

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Staffing levels were not sufficient to meet the needs of the patients and not all incidents were accurately reported or learned from. The 'suicide prevention environmental survey and risk assessment' available on the wards at the time of inspection did not contain all risks in the environment and there was not sufficient mitigation for those risks.

Following the serious incident in November 2018, West Lane Hospital was placed under enhanced surveillance by NHS England, meaning case managers reviewed the care and treatment of all patients and spent a lot of time on the wards. Once this level of engagement was reduced and the ward was re-opened to admissions, the trust agreed a quality assurance plan that they would continue to work on. There were 28 actions on the plan and 27 were marked as completed at the time of inspection, with staffing being the remaining action. However, some of those issues remained a concern at the time of the inspection. Examples of these were the visibility and presence of senior managers, communication within the service and the accurate reporting of incidents.

The trust had taken some steps to improve the care and treatment at West Lane Hospital. Following the serious incident that occurred in November 2018, the trust compliance team had daily and weekly meetings with senior managers at the hospital to manage the situation and address issues around staffing and patients' care and treatment. The trust worked closely with partner agencies and fully co-operated with external investigations.

The trust commissioned an external review of the three wards at West Lane Hospital. The review commenced on 5 June 2019 and was therefore in its early stages at the time of the inspection. The review planned to look at the care and treatment plans of patients, their access to therapies, the effectiveness of the current harm minimisation and safeguarding approaches along with staffing levels, culture and the overall function of the multi-disciplinary team.

The trust reported the concerns about West Lane Hospital to the board through their quality assurance committee and we saw that the clinical team from the service had delivered a presentation to the board. Whilst there were discussions through the relevant structures up to the board, the actions taken by the trust were insufficient to manage the risk and improve the quality of the service.

In 2018 the staff on Holly Unit were shortlisted to the final three for team of the year in the trust 'Making a Difference' annual awards. Staff at the Evergreen centre had been recognised as the executive management team's 'team of the week' for working collaboratively with York Children's Services with a young person and family, utilising the principles of recovery, co-production and least restrictive interventions.

## Management of risk, issues and performance

Staff had access to the trust's risk register. Staff at ward level could escalate concerns to ward managers when required. Managers discussed risks at the quality assurance group meeting prior to placing it on the register and escalating it to the board for further consideration. Any immediate risks were managed at the site's daily ward manager meetings and then escalated to team managers for review.

There were three items on the trust risk register relating to this service at the time of inspection which had been added following the serious incident in November 2018. They were as follows:

- There is a risk that there is a negative impact on the quality of care for children and young people who are inpatients at West Lane if the provision of clinical care and clinical leadership is not provided at an appropriate level.
- There is a risk that there is a negative impact on the reputation of the organisation due to the quality of provision patients experienced at West Lane Hospital.
- There is a risk that the perception of staff regarding insufficient staffing causes increased anxiety amongst staff, children and young people and their families.

All were rated as amber and listed mitigating actions such as the situation reports process with executive directors in place, scrutiny from external agencies such as commissioners, a rigorous human resources investigation and visibility of senior management. However, these actions had not been effective in managing the risks at West Lane Hospital.

## Information management

The service used electronic systems to collect data from wards. Staff had access to the necessary equipment to do their job and ward managers could see an overview of their team's performance on a dashboard.

Staff did not always make notifications to external bodies as required, for example when reporting serious incidents.



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Staff had access to an internal intranet where the trust posted regular bulletins and staff could find updates on the trust's policy and procedures.

## Engagement

The trust had good links with external stakeholders including local safeguarding, nearby hospitals and clinical commissioning groups. The ward managers and locality managers on Baysdale Unit and Holly Unit regularly met with clinical commissioning groups and local authorities. These meetings looked at identifying children who could access other services and local transformation plans and provided assurance and governance around these.

The service also had representation at the partnership board, the local safeguarding children's board and the integrated children's steering group. Commissioners were invited to attend the trust's quality assurance group meetings and had a regular presence within the service.

## Learning, continuous improvement and innovation

The service was engaging with The British Institute of Human Rights on a 15 month project funded by The Health Foundation, which was to run until May 2020. The project aimed to pilot how services can embed a human rights based approach to decision making and care into mental health services and seeks to consider how this is implemented in a broader scale thereafter. There were four phases to the project and the West Lane Hospital staff were identified to work on this as the trust felt that a human rights based approach to care and decision making needed to be embedded as part of the change in culture required there. Staffing issues were impacting on this project at the time of inspection but managers spoke positively of their involvement with this and all were making efforts for it to continue.

The three wards at West Lane Hospital had taken part in a rapid process improvement workshop in 2018 about the daily management of the wards that was presented at the trust's celebrating success event in January 2019.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care <b>How the regulation was not being met:</b> The care and treatment of patients was not appropriate and did not meet their needs and reflect their preferences. The service did not provide access to therapies and activities to meet the needs of patients. Attendance at education was poor at West Lane Hospital. The service did not make reasonable adjustments for patients with autistic spectrum disorders. The bedroom door alarms on Westwood Centre added to the over-stimulating environment and were a blanket restriction. Carers at West Lane Hospital were not fully involved in their relatives care where this was appropriate. <b>This was a breach of regulation 9 (1) (a) (b) (c) (3) (b) (c) (d)</b>
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent <b>How the regulation was not being met:</b> Care and treatment of service users was not always provided with the consent of the relevant person. <b>This was a breach of regulation 11 (1)</b>
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

**How the regulation was not being met:**

Staff did not receive adequate supervision as is necessary to enable them to carry out their duties.

Staff understanding of the Mental Capacity Act and Gillick Competence was limited

**This was a breach of regulation 18 (1) (2) (a)**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

#### 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

#### How the regulation was not being met:

Care and treatment was not being provided in a safe way for patients.

The service was not doing all that was practicable to mitigate such risks to patients.

Risk assessments were not always reflective of the level of patient risk.

There was not the proper and safe management of medicines and their side effects.

**This was a breach of regulation 12 (1) (2) (a) (b) (d) (g)**

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met:

Systems and processes were not established and operated effectively.

The service did not assess monitor and improve the quality and safety of the services provided.

The service did not assess and monitor and mitigate the risks relating to the health, safety and welfare of patients.

**This was a breach of regulation 17 (1) (2) (a) (b)**

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

Treatment of disease, disorder or injury

### **How the regulation was not being met:**

The service did not provide sufficient numbers of suitably qualified, competent, skilled and experienced staff.

Staff did not receive appropriate support as is necessary to enable them to carry out the duties they are employed to perform.

**This was a breach of regulation 18 (1) (2) (a)**