Good

Calderstones Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

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)
RJX05	Scott House	Scott House	OL11 5QR
RJXX5	In-Patient enhanced support - 15-16 Daisy Bank	15/16 Daisy Bank	LA1 3JW
RJXX4	In-Patient enhanced support - Daisy Bank	4 Daisy Bank	LA1 3JW
RJXX3	In-Patient enhanced support - North Lodge	1 and 2 North Lodge	LA1 5AH
RJX04	Calderstones	56-58 Mitton Road	BB7 9PE
RJX04	Calderstones	3 West Drive	BB7 9PE
RJX04	Calderstones	2 West Drive	BB7 9PE

Summary of findings

RJX04	Calderstones	South Lodge	BB7 9PE
RJX04	Calderstones	North Lodge	BB7 9PE
RJX04	Calderstones	1 and 2 Pendle Drive	BB7 9PE
RJX04	Calderstones	Moor Cottage	BB7 9PE
RJX04	Calderstones	Woodlands House	BB7 9PE
RJX04	Calderstones	Trentville	BB7 9PE
RJX04	Calderstones	Ravenswood	BB7 9PE

This report describes our judgement of the quality of care provided within this core service by Calderstones Partnership 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 Calderstones Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Calderstones Partnership 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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

Contents

Summary of findings

Overall summary

We rated wards for people with learning disabilities or autism as good overall because:

- the wards were clean and well kept and had up-to-date environmental risk assessments
- patients told us they felt safe on the wards and that staff handled incidents well
- the wards managed staffing pressures and it was unusual for them to be below their required number of nurses on duty
- risk assessments and care plans were recovery focused and person centred, patients all had their own copy of their care plan and reported their involvement in the care planning process where their capacity allowed
- some of the wards were located within residential houses that were well integrated in the local community and complemented the step-down philosophy of the services
- patients had 'moving-on' plans and there were discharge plans in progress
- there was good multidisciplinary working, in particular occupational therapists and psychologists worked in each of the inpatient wards
- there were good examples of staff working hard to enhance communication and understanding of patients' needs and individual communication methods
- patients reported that staff were friendly, caring and respectful
- staff had a good knowledge of the individual needs and preferences of patients, and were highly responsive to patients with complex needs who did not use speech to communicate
- we observed caring, respectful and professional interactions between the staff and patients on the wards
- family members told us they felt included in the care of their relative, were asked to share their views and opinions, and felt these were taken into account by the service
- information for patients was available in a range of formats including easy read and pictorial
- there was a wide range of activities for patients, which were appropriate to their needs
- staff spoke positively about the teams they worked in and there was good communication between the wards and senior managers.

However:

- staff did not always receive a debrief after incidents
- staff at 2 and 3 West Drive did not receive regular supervision
- staff had limited understanding of the Mental Capacity Act and how this related to their role
- staff could not describe the key performance indicators that were monitored to drive improvements
- staff training attendance for life support and prevention and management of violence and aggression was below the trust target of 80%.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- basic life support training was not included in the mandatory training and only 58% of the staff had undertaken it
- areas for concern and risks were not a standard agenda item for handovers
- some staff told us they did not always receive a debrief after being involved in incidents
- environmental risk assessments did not all have clear dates for completion of actions and this would make it difficult to monitor progress

However

- the wards were clean and there were systems in place for maintaining hygiene and managing infection prevention
- each ward had an environmental risk assessment and up-to-date ligature risk assessment with detail of how to mitigate ligature risks (points to which patients might tie something with the intention of harming themselves)
- there were few permanent vacancies across the teams and managers ensured there were enough staff on duty by using bank and agency staff when clinical need required additional staff
- individual risk assessments were detailed and reviewed as part of the multidisciplinary meetings
- de-escalation interventions (support for patients when agitated or distressed) were the priority within the service
- staff had good knowledge of how to help patients in vulnerable circumstances. They understood how to recognise types of abuse and how to raise safeguarding concerns.

Are services effective?

Good

We rated effective as good because:

- care plans were comprehensive, person centred, recovery oriented and holistic
- there was active planning around discharge and all patients had moving-on plans
- physical health was monitored and necessary treatment provided
- a range of psychological therapies was offered
- staff received appropriate induction and on going specialist training

Summary of findings

- national guidance such as Safewards, an approach to reducing conflict on wards and keeping patients as safe as possible, was observed to be used on all wards
- there were effective working relationships between disciplines
- Mental Health Act documentation was in place and staff followed the code of practice.

However:

- supervision of staff was not in line with the trust's policy
- some support staff were uncertain around the principles of the Mental Capacity Act
- not all staff received an appraisal.

Are services caring?

Good

We rated caring as good because:

- staff were highly responsive to patients with complex needs who did not use speech to communicate
- staff responded with respect to the frequent occasions when patients were leading them to objects, activities or venues
- staff accepted and embraced the unique communication methods of patients who did not use speech to communicate, including individual sounds and gestures
- staff were genuinely concerned when patients had been unsettled and were keen to find a reason
- staff were respectful of patients' privacy, knocking on doors and waiting to be invited before entering a room
- patients reported staff were friendly, caring, respectful and understanding, and that they felt able to talk to them
- care plans were detailed and person centred, and patients all had their own copy and reported their involvement in the care planning process where their capacity allowed
- staff had a good understanding of patients' needs, their hobbies and interests, likes and dislikes
- patients could describe their discharge plans and were animated about their future opportunities
- all patients we spoke to had access to advocacy, knew the name of their advocate, reported they were approachable, and could explain when they would use the advocacy service
- patients chaired the 'speak up' groups and took part in mutual respect meetings
- several patients from West Drive were involved in the recruitment and selection of staff

Summary of findings

- families visited patients regularly and were involved in the ward rounds and section 117 discharge-planning meetings for patients. Staff supported patients, including those with complex needs, to visit family members
- families reported feeling included in their relative's care; they attended meetings, staff consulted them on their views, and they were able to visit without restrictions.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- beds were available when patients returned from leave
- patients were not moved between wards unless this was clinically appropriate
- discharges were planned in advance with full involvement of patients and carers
- wards had good links with community services when preparing patients for discharge
- ward environments were clean and comfortable with good access to outdoor space
- patients had access to their own mobile phone
- patients could make hot drinks and snacks at any time
- there was a wide range of activities available and patients were encouraged to identify activities they would like to engage in
- information for patients was provided in an easy read and pictorial format
- patients knew how to complain and were encouraged to do so with support from staff and advocacy.

However:

- at 2 and 3 West Drive, patients told us the food could be improved and they would like to be involved in the preparation of meals
- at 3 West Drive patients reported that activities were sometimes cancelled without an explanation
- staff were not aware of the chaplaincy and spiritual support available to patients.

Are services well-led?

Good

We rated well-led as good because:

- staff were aware of the trust values
- there was good communication between the ward staff and the trust board
- systems were in place for incident reporting and the trust board worked with clinical staff to investigate incidents

Summary of findings

- learning from serious incidents was shared with staff
- staff spoke positively about ward managers
- staff knew how to use the whistleblowing process and felt able to raise concerns
- staff spoke positively about the teams they worked in and felt supported
- staff spoke positively about their role and demonstrated dedication to providing high-quality patient care
- staff told us that senior managers in the Trust had worked hard to improve care for patients
- staff were encouraged to give feedback on services provided.

However:

- there was no system in place to ensure clinical supervision was being provided in line with the trust's policy
- debriefs were not routinely being held following an incident
- staff were unclear about the process of adding items to the risk register
- staff could not describe the key performance indicators that were monitored to drive improvements
- at West Drive, staff morale was low due to a number of recent changes and uncertainty about job security
- formal team meetings were not taking place regularly on all wards.

Summary of findings

Information about the service

The wards for people with learning disabilities and autism provided by Calderstones Partnership NHS Foundation Trust are part of the trust's rehabilitation services.

The enhanced support service in Lancaster provides rehabilitation services to men with a learning disability who may have offended, have the potential to offend, or put themselves and others at risk. This service includes:

- 1 North Lodge, which has two beds and provides admission, engagement and rehabilitation for up to 24 months
- 2 North Lodge, which has three beds and provides long-stay rehabilitation and social inclusion
- 4 Daisy Bank, which has two beds and provides admission, engagement and rehabilitation for up to 24 months
- 15-16 Daisy Bank, which has three beds and provides admission, assessment and treatment for up to 24 months.

In addition to these wards, the trust provides enhanced support services and specialist accommodation and treatment at Scott House, a self-contained unit with15 beds in Rochdale. There are also three individual flats at Scott House where three men live and have individual packages of care.

The trust also provides step-down services for patients with learning disabilities and autism who have been in the secure services (for patients who have offended or are at risk of offending and present a risk to others). West Drive wards are on the main hospital site. We inspected three wards:

- 2 West Drive provides an enhanced support service for up to twelve men that was formally located at 2 Chestnut Drive. The ward relocated in February 2015 and occupies three flats within the West Drive building. It is a pre-discharge ward.
- 3 West Drive provides support for male patients progressing from the low secure service. It was previously at 1 Chestnut Drive and relocated in January 2015. The purpose of this ward is to prepare patients for discharge to the community within 12 months of admission. The ward is divided into three separate flats.
- 56 and 58 Mitton Road are adjoining semi-detached properties located in a residential area opposite Calderstones hospital. They provide a step-down/ enhanced support facility for up to six patients with learning disabilities.

The trust provides care and treatment for patients with learning disabilities or autism within houses in the local community close to the Calderstones site. We inspected services at:

- 1 and 2 Pendle Drive, which is a house with five beds in which three females were living at the time of inspection.
- Ravenswood step-down service, which has six beds with three females living there at the time of the inspection.

The trust also provides individual packages of care for patients with learning disabilities and autism who have complex needs. These individuals would find it difficult to live with other people. The services are in houses within the Calderstones main site or on the outskirts of the site. We inspected the individualised services at:

- Moor Cottage
- Woodlands House
- Trentville
- North Lodge
- South Lodge.

The trust has had one comprehensive inspection under the new approach. The routine inspection took place on 8 to 11 July 2014. There were compliance actions for the trust following the inspection. The findings included:

- the system in place to manage medicines at the Lancaster services was not sufficient

Summary of findings

- the service was not adhering to the Mental Health Act and code of practice in several areas, including seclusion, segregation and restraint
- the service did not have enough suitably skilled, qualified and experienced staff at all times to provide the level of care and support required by patients
- staff had not received training in specific areas, including communication methods and the computerised records system.

We found that the provider had addressed the concerns raised at the last inspection.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Gilluley, East London NHS Foundation Trust

Head of Hospital Inspection: Nicholas Smith, Care Quality Commission

Team Leader: Sharon Marston, Care Quality Commission.

The team comprised: four CQC inspectors, three Mental Health Act reviewers, a consultant psychiatrist, two consultant psychologists, a junior doctor, a nurse, an occupational therapist, two social workers, a speech and language therapist (all with experience of wards for people with learning disabilities or autism), and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them, or through contact with those using them – for example, as a carer.

Due to the number of wards for people with learning disabilities or autism, we split into two sub-teams. One sub-team focused on the wards located off the Calderstones site, and the other on the wards on the Calderstones site. The Mental Health Act reviewers visited the services in the local community and focused on individual packages of care and reviewing those bespoke living and support arrangements. One inspector looked at care provided at one of the individual packages of care.

Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme. During this inspection, a Mental Health Act reviewer undertook a full review of packages of care for each of these patients.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

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

During the inspection visit, the inspection team:

- visited all the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 34 patients who were using the service and five family members of patients
- received 24 completed comments cards

Summary of findings

- spoke with the ward managers for each of the wards
- spoke with 57 other staff members; including doctors, nurses, occupational therapists, psychologists and healthcare assistants
- attended and observed five handover meetings
- observed one ward round
- attended and observed two 'speak up' groups, for patients to express their views
- completed a short observation framework for inspection (SOFI)
- reviewed 41 patient care records
- reviewed 29 prescription charts
- observed a medication round
- completed two Mental Health Act reviewer visits
- looked at a range of policies, procedures and other documents relating to the running of the service including minutes of meetings and supervision records.

What people who use the provider's services say

- We spoke to 34 patients and five family members and received 24 comment cards.
- Twenty-two patients said they felt safe and were encouraged to personalise their room.
- Patients reported staff were respectful, caring and understanding.
- The majority of patients knew how to complain about the service and said the staff were approachable.
- Patients reported being involved in and informed about the service by the 'speak up' groups they attended. Patients reported information was in accessible format. They also read the 'news and views' newsletter.
- Within the wards based in the local community, patients reported being involved in meal preparation and participating in a variety of activities.
- Seven of the patients we spoke to reported that some activities were cancelled due to staffing difficulties.
- Feedback from the comments cards was generally good, patients reported being happy. However, patients would like an increase in activities and an update on the timescale of their future placement options.
- An area for improvement was the quality of the food, with eight patients saying it could be better. Including the temperature of the food, variety and availability of healthy options.
- Family members that we spoke to were positive about the service, reporting positive progress in their relative's behaviour and presentation. They felt the placements were appropriate and successful by reducing difficult behaviour and expanding community interests and activities. Family members felt fully involved in their relative's care and were invited to meetings and visited regularly.

Good practice

- Easy read and accessible information was available to patients, including information on medication and treatment. Staff printed the easy read information from the electronic clinical records system to share with patients as appropriate.
- One-page profiles were in place in some of the wards. This was a person-centred document showing what was important to the individual, what was important for the individual and how best to support them.

Summary of findings

- The use of a leave ladder at Scott House to show the progress for patients towards unescorted leave.
- A patient chaired the monthly speak up meeting with the support of an occupational therapist at Scott House.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff attend the life support training to the trusts' required level of 80%.

Action the provider SHOULD take to improve

- The provider should ensure that all staff receive an annual appraisal.
- The provider should continue to review night time staffing arrangements whilst recruiting the additional band 5 nurses.
- The provider should ensure that staff receive regular supervision and that this is documented.
- The provider should ensure that staff and patients are debriefed following a difficult incident and evidence is available to confirm they have taken place.
- The provider should ensure that regular staff meetings take place to enable staff to share information, ideas and experiences.
- The provider should ensure that staff receive all required information during handovers.
- The provider should ensure that the training in prevention and management of violence and aggression reaches the trust target of 80% attendance.
- The provider should date the actions on the environmental risk assessments to enable monitoring and progress of the actions.
- The provider should ensure that staff understand the MCA and their role in relation to the Act.
- The provider should review the spiritual support available to patients and ensure that staff are aware of the provision to increase access.

Calderstones Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Scott House	Scott House
15/16 Daisy Bank	In-Patient enhanced support - 15-16 Daisy Bank
4 Daisy Bank	In-Patient enhanced support - Daisy Bank
1 & 2 North Lodge	In-Patient enhanced support - North Lodge
56-58 Mitton Road	Calderstones
3 West Drive	Calderstones
2 West Drive	Calderstones
South Lodge	Calderstones
North Lodge	Calderstones
1 & 2 Pendle Drive	Calderstones
Moor Cottage	Calderstones
Woodlands House	Calderstones
Trentville	Calderstones
Ravenswood	Calderstones

Detailed findings

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.

A Mental Health Act reviewer visited all wards. Calderstones had effective systems in place to assess and monitor risks to individual patients who were detained under the Mental Health Act.

In particular we found:

- there was ongoing training in the Mental Health Act and the majority of staff had attended annual briefings
- all detention documents were available within the electronic patient records. This included original detention papers and section renewals
- there was a comprehensive system in place for the authorising and granting of leave. Risk assessment was integral to this. Copies of the Ministry of Justice authorisation and conditions of leave were found in the electronic patient records
- there was no evidence of restrictive or blanket policies in place
- there was evidence of comprehensive positive behaviour support plans which detailed support strategies that were specific to each individual patient
- care plans had been written in collaboration with the patient. All patients had copies of their care plans or staff documented they had refused. Patients who had refused copies of their care plans were aware of the content of them. Care plans included discharge planning
- assessment of patients' capacity to consent to treatment was in place for the most recent authorisation of medication

However,

- in some of the individualised care packages it was not always clear if patients who lacked capacity had automatically been referred to the independent mental health advocate
- personal information regarding the patient appeared on the "alert" section of the printed section 17 leave form and staff were concerned about the confidential nature of this information

Mental Capacity Act and Deprivation of Liberty Safeguards

There were clear policies on the Mental Capacity Act (MCA) and Deprivation of liberty safeguards (DoLS) and staff knew where to access these.

Staff spoke about undertaking decisions in the patients' best interests and gave good examples of where they assessed capacity around a specific decision.

Forty three percent of eligible staff had attended training in MCA and DoLS. The trust target was 80%. We noted this in the knowledge base of some of the staff we spoke to who were unsure of the principles of the Mental Capacity Act. The qualified staff had attended the training; however, the trust had recently started to offer the training to support workers.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

The inpatient areas were not traditional wards. They were residential homes that had been adapted to meet the needs of the patients. Daisy Bank, North Lodge and Mitton Road wards were in a cluster with two other houses. Staff worked across the houses providing care and interventions and a staff office was located in one of the houses. Wards at Scott House and West Drive were multiple occupancy flats.

In addition to the main ward areas, a number of the locations supported individual packages of care (IPC). Bespoke teams provided more intensive support built around the specific needs of one patient. The patients were resident in their own flats away from the main wards but in close proximity at Scott House and Daisy Bank. Patients lived in individual houses, either semi-detached or detached for the IPCs at Moor Cottage, Woodlands House, Trentville, South Lodge and North Lodge. During this inspection, a Mental Health Act reviewer undertook a full review of packages of care for each of these patients.

All of the wards provided care for patients of the same sex. Each ward was clean and well kept with appropriate furnishings. We saw that patients were able to personalise their rooms. During redecoration, patients told us that they were able to express their preferences for colours and style. Bedrooms were spacious with adequate storage. Patients told us their belongings were safe and kept securely in their rooms. Patients were able to lock their rooms. Staff could also access the rooms if they needed to in an emergency. At Scott House, staff were trialling extended periods where the doors to the main wards and the external doors to the unit were remaining unlocked. This was a significant change for the wards where previously staff locked all doors. At Mitton Road, the bedroom doors sounded an alarm at night if someone opened the bedroom doors. Patients told us they were happy with this arrangement for alerting staff if someone left their room at night and that they did not find it intrusive.

The wards were clean and well maintained with dedicated housekeeping staff. The housekeeping staff followed detailed cleaning schedules daily. The exception to this was the designated cleaning responsibilities of the nursing staff and patients. Nursing staff at Mitton road and Daisy Bank did not complete these signature sheets indicating that they had carried out cleaning tasks. Domestic supervisors undertook a monthly audit of the daily cleaning schedules. It was unclear what action the domestic supervisors had taken about the unsigned cleaning schedules as this practice was continuing and nursing staff had not signed the cleaning records we reviewed at Mitton Road and Daisy Bank. There were daily audits to ensure fridge and freezer temperatures were at the correct temperature. Staff checked food daily to ensure clear labelling and disposal of anything out of date. There were additional security checks monitoring the whereabouts and safe storage of sharp knives and cutlery. This appeared to be an appropriate risk management strategy.

Staff at Calderstones had undertaken annual environmental risk assessments and there were ligature risk assessments in place. All inpatient services are required to audit ligature points as people who are suicidal can use these as a means of harming themselves. Trusts are required to identify any high-risk points and to explain what they are doing to make the area safer. The clinical risk and patient safety manager oversaw the ligature audits and provided advice and guidance to the clinical areas. We reviewed all of the plans in place and were satisfied that the trust was taking appropriate actions. However, not all actions had a completion date, so it was difficult to monitor progress. Staff knew where the ligature cutters, a tool to cut through the material used for ligatures, were at each location.

Each of the wards had a medicines cupboard located within the staff office or in a clinic room. There were safe and effective medication management processes in place at each location. The trust pharmacist undertook routine audits of all medications. We reviewed the last four from each location and could see that there had been improvements in the appropriate storage of medications. In particular, the trust had moved appropriate medication storage cupboards from the kitchen to the staff offices. It also installed appropriate hand washing facilities.

Each location had access to a range of emergency equipment via a ‘grab bag’ and an automated external defibrillator. The location of these was clearly marked and

Requires improvement

Are services safe?

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

all staff we spoke to, including agency staff, knew where to access them in an emergency. Nursing staff undertook daily checks to ensure all the emergency equipment was in place and in date. The trust provided immediate life support training which covered cardiopulmonary resuscitation, simple airway management, and safe defibrillation using an automated external defibrillator (AED). The purpose of this is to enable staff to manage patients in cardiac arrest until arrival of the emergency services. However, only 58% of the staff had attended the provided training. This is below the trust target of 80%. In the event of an emergency, the staff accessed emergency services by dialling 999. Fire evacuation plans were in place at all locations and there was evidence of regular fire drills. Fire procedures included personal emergency evacuation plans to communicate special arrangements for safe evacuation in the event of fire for individuals where required.

Safe staffing

Vacancies had improved since the original data provided by the trust up to the end of April 2015. The trust had already recruited to several posts and were waiting for new staff to start. In the meantime, attempts were made to cover shifts using bank and agency staff. Ward managers were managing sickness and absence in line with the trust policy.

The trust provided the following data about staffing. Data for 1 and 2 North Lodge and the Daisy Bank houses were presented collectively as Lancaster service. Vacancies are shown in brackets alongside the numbers of staff in post. Some services had over the required number of staff in post

As of 8 August 2015 the following data was provided:

Staffing Establishment (WTE):

2 Pendle Drive qualified nurses 3 nursing assistants 8.3 (1)

2 West Drive qualified nurses 8 (1.2) nursing assistants 23 (1)

56 & 58 Mitton Road qualified nurses 3 nursing assistants 9.5 (1.4)

IPC - Lancaster qualified nurses 0 nursing assistants 6 (0.2)

IPC - Moor Cottage qualified nurses 1 (1.5) nursing assistants (4.7)

IPC - North Lodge qualified nurses 2 nursing assistants 10 (5.8)

IPC - Pendle Drive qualified nurses 2 (0.5) nursing assistants 9

IPC – Ravenswood qualified nurses 1.5 nursing assistants 9.5

IPC - Scott House (Flat D) qualified nurses 3 nursing assistants 13.8

IPC - Scott House (Flat E) qualified nurses 1.5 (0.4) nursing assistants 8.6

IPC - South Lodge qualified nurses 2 (1) nursing assistants 8.5 (0.3)

IPC - Trentville qualified nurses 2 (2) nursing assistants 5.5 (0.8)

Lancaster Service qualified nurses 6 (1) nursing assistants 26.4 (3.5)

Scott House qualified nurses 9 nursing assistants 17.7 (1)

Woodlands qualified nurses 1 nursing assistants 10 (1)

3 West Drive qualified nurses 9 (3) nursing assistants 18.7 (5)

Ravenswood qualified nurses 3 (1) nursing assistants 8.4 (1.2)

Use of bank or agency staff month of July 2015:

2 Pendle Drive 312 shifts filled 107 shifts unfilled

2 West Drive 341shifts filled 107 shifts unfilled

56 & 58 Mitton Road 676shifts filled 163 shifts unfilled

IPC - Lancaster 0

IPC - Moor Cottage 520 shifts filled 78 shifts unfilled

IPC - North Lodge 371 shifts filled 101 shifts unfilled

IPC - Pendle Drive 271 shifts filled 82 shifts unfilled

IPC – Ravenswood 0 0

IPC - Scott House (Flat D) 765 shifts filled 619 shifts unfilled

IPC - Scott House (Flat E) 190 shifts filled 103 shifts unfilled

IPC - South Lodge 32 shifts filled 14 shifts unfilled

IPC - Trentville 651shifts filled 171 shifts unfilled

Requires improvement

Are services safe?

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

Lancaster Service 354 shifts filled 80 shifts unfilled

Scott House 524 shifts filled 357 shifts unfilled

Woodlands 457 shifts filled 98 shifts unfilled

3 West Drive 629 shifts filled 95 shifts unfilled

Ravenswood 226 shifts filled 30 shifts unfilled

The independent packages of care were the priority for ensuring full complement of staff on duty. Where possible the trust avoided the use of agency workers and attempted to fill the required shifts with bank nurses. Calderstones' nursing staff made up 75% of the bank. Where necessary, the trust aimed to block book the same agency staff so that patients could become familiar with them.

The trust recruited agency staff from an NHS-endorsed agency. Agency staff had undertaken training in core areas before working on the wards. This training includes management of violence and aggression, working within mental health and learning disability services, basic life support and safeguarding. Agency workers told us they were encouraged and supported to continue attending training to ensure skills and knowledge improved. We reviewed six agency staff induction checklists and could see the ward lead ensured staff not familiar with the environments had important information before starting their shifts. Agency staff that we spoke to had worked on the wards for up to four years.

Senior nursing staff made decisions about redeploying staff from across the wards that were based in small houses within the community. These wards were clustered together and were within a few doors of each other. Staff told us that, often, managers at Mitton Road moved staff from there to higher risk clinical areas. Three patients told us that staff often rescheduled planned activities due to this. Staff told us they would prioritise and rarely cancel health-related appointments, support to attend work, and phased time spent at future placements.

Each ward had a shift leader who was in charge and communicated specific tasks and interventions to the other staff on the shift. At Scott House and Daisy Bank, this included overseeing the main wards as well as the independent packages of care. At Daisy Bank and North Lodge, the shift leaders managed the staff within the properties and liaised with the band 7 qualified nurse who provided senior cover over all of the wards. The qualified nurse based at Mitton Road, provided qualified nurse input into two other houses within the local community. They attended those wards to undertake specific interventions including administration of medicines.

Senior staff decided at handover which wards staff would work on. At Mitton Road, North Lodge and Daisy Bank there was not always a qualified nurse on the premises. The qualified band 5 or band 6 nurses at Mitten Road were based in one of the wards and provided support across a number of the houses. These houses were walking distances from each other. The qualified nurses attended each of the houses to undertake specific interventions or to dispense medicines and provide support to the non-qualified staff. At Daisy Bank and North Lodge the qualified nurse provided cover from an office base to each of the houses and the team manager provided support also. A qualified nurse on call covered at night from their own home. Unqualified staff based on the wards rang the on call nurse for advice and support if this was required. Where there were independent packages of care there were four staff working overnight. We recommended qualified nurse staffing at night should be reviewed during the last CQC inspection. Daisy Bank was in the process of recruiting two additional band 5 nurses in order to provide qualified nurse cover on the wards at night. The trust was monitoring these vacancies via weekly safe staffing reports. Safe staffing was regularly reviewed at the trust quality risk committee.

At West Drive, there were 12 patients with six healthcare assistants and two qualified nurses to cover across the three flats. At night there was one qualified nurse and three healthcare assistants.

At Scott House, there was one qualified nurse and four healthcare assistants to cover both flats. A qualified nurse led the shift at night with one healthcare assistant in each flat. Band 7 nurses were supernumerary to these core numbers at ward level. In addition, there were staff on duty covering the independent package of care (IPC) Staffing numbers would vary dependent upon clinical need. Each IPC would have a number of healthcare assistants and qualified nurse providing a range of interventions to an individual patient. These were in addition to the core numbers on each ward.

The trust operated an electronic 'red flag' system that required all services to highlight to senior managers if there were fewer staff on duty than required. Staff had to register attendance at clinical and other areas across the trust by

Requires improvement

Are services safe?

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activating an electronic swipe card system. All staff swiped their identification cards when leaving the area. This maintained an accurate overview of staffing and the deployment of staff across the trust. The system was directly linked to human resources processes and the information provided by swiping identification cards informed staff activity and hours for the purpose of time sheets. Senior managers reviewed the system to maintain an overview of staffing. As wards submitted red flag concerns about staffing, senior managers made decisions about redeployment of staff across the wards in order to meet greatest patient demand. Staff could be redeployed across all wards both within their own locality and across the trust as required. The procedure for escalating actions dependent upon the severity of the staffing crisis were clearly detailed and included steps up to full emergency planning.

Between April and October 2015, there were 11 occasions where the trust recorded a staffing red flag. These were at West Drive and Mitton Road. On two of these occasions, it recorded cancelled community activities due to staffing. Where the trust could not rectify staffing shortages, it created a red flag staffing incident on the electronic risk system.

Each patient has a named nurse and keyworker allocated. Named nurses ensured all assessments, reviews, referrals and care plans were accurate and up to date. The trust documented individualised activities and weekly plans on a 'shared planner'. The keyworker outlined activities on the shared planner and this was used to plan to support the activities with appropriate escorts and staff availability. Nursing staff told us they access the shared planners to determine how to deploy staff across the wards. These shared planners were accessed by all staff who recorded which activities had occurred and if any had not needed to detail the reason why. There were weekly audits undertaken to review and monitor the incidence of cancelled activities.

We spoke to 34 patients, the majority of whom told us there were usually enough staff and that it was not a problem finding a staff member to spend time with on a one-to-one basis. Although sometimes these might be agency staff, they tended to know them. Patients at Scott House told us occupational therapists sometimes cancelled activities. However, records showed this had not happened for a number of weeks. Two patients at North lodge told us staff delayed or rescheduled their activities due to competing priorities. Three patients at West Drive complained that staff regularly cancelled activities. However, staff told us they offered patients an alternative or rearranged the original activity and records confirmed this.

The wards had dedicated consultant psychiatrist cover. Associate specialist and core trainee doctors supported the consultants. The trust reviewed and reduced the caseload size for each doctor in response to concerns and the doctors were happy with this. There was always access to a doctor for advice and discussion including out of hours. Aside from regular ward reviews, doctors attended the wards most days. Consultant psychiatrists provided on call cover out of hours across the trust. All patients were registered with a GP practice close to the area where the ward was based and staff reported positive relationships with the local practices.

Mandatory training completion as a combined total across all the inpatient wards when inspected in September 2015 was as follows:

- information governance90%
- fire 90%
- prevention and management of violence and aggression 79%
- infection control 89%
- food hygiene 89%
- moving and handling 87%
- equality and diversity 88%
- safeguarding 92%.

The trust target for compliance with mandatory training was 80%.

The trust did not list basic life support training as a mandatory training course. However, it provided basic life support (BLS) training to support workers and Immediate life support (ILS) training to qualified nurses and doctors. The combined total of attendance in in either of these training courses across the inpatient wards was 58%. This was below the trust target of 80%. An additional 32% staff had completed emergency first aid training but this did not include basic life support interventions or the use of the automatic defibrillator equipment.

Requires improvement

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In the areas where the use of restraint and or administration of rapid tranquilisation were higher the attendance at this training was higher than the combined average:

- The highest number of restraints with 79 incidents occurred at the IPC North Lodge. At the time of this inspection, 75% of the staff had attended either ILS or BLS training.
- The second highest number of restraints with 33, four of which were in the prone position and one of which resulted in administration of rapid tranquilisation was at IPC flat E Scott House. Twenty eight percent of the staff at the IPC at Flat E had attended ILS or BLS training.

Nursing staff carried alarms and radios. Staff could alert each other quickly in the event of problems to ensure a fast response. Staff agreed at handover who was to respond to incidents on all shifts.

Assessing and managing risk to patients and staff

We reviewed 41 care records and saw that all had an up to date risk assessment present and a completed recovery star, which staff reviewed and updated regularly. The trust had an electronic dashboard system that provided prompts and reminders that different types of assessments were due for review. These electronic alerts were available for the named nurse when they logged on the electronic clinical record. Ward and senior managers received monthly reports detailing which assessments were due and which were overdue. Team and senior managers received detailed reports of any overdue assessments. Senior managers demonstrated how they used these reports during line management supervision to ensure that all patients had timely and accurate reassessments undertaken.

The wards used a variety of risk assessment tools including the risk of sexual violence protocol, individual risk mitigation programme, the assessment of risk and manageability of individuals with developmental and intellectual limitations who offend and the historical clinical risk management-20 (HCR-20). In addition to documenting and detailing risk issues and risk management plans, staff used these risk assessment tools to monitor and evaluate progress. We saw that staff were completing risk of sexual violence profiles and these were located within the clinical records. At Scott House, staff and patients had created an individualised 'leave ladder' to represent a person's pathway toward discharge form the ward. Each rung was a target or goal toward this. Staff and patients agreed together where on the ladder they felt they were at any point.

Concerns and risks were not standard agenda items at the handovers we observed at 2 and 3 West Drive and Daisy Bank. The agenda included positive words, daily brief and allocation of tasks including where staff would be based for their shift.

The trust prevention and management of violence (PMVA) training had been prioritised for staff working in secure services and for that to be completed by end of December 2015. Through this, staff were being trained to avoid prone restraint, where patients are laid flat on the floor or a bed. Other staff were subsequently being trained in the new techniques. The trust expected that all staff would have completed the mandatory training by end March 2016.

At the time of this inspection the following wards who had not yet achieved the trust target of 80% in the PMVA training roll out:

- 1 and 2 Pendle Drive 75%
- 2 West Drive 71%
- 3 West Drive 72%
- Lancaster 76%
- Lancaster IPC 50%
- Mitton Road 62%
- Moor Cottage 69%
- Scott House 79%
- Scott House (Flat A) - IPC 58%
- Scott House (Flat E) - IPC 56%
- South Lodge 67%
- Trentville 80%
- Woodlands 75%

Calderstones was implementing a two-year programme of 'Positive and Safe'. In addition to the changes in how staff were physically restraining patients we were told there had been significant changes in response to incidents. In particular, there was a greater focus on planning to ensure patients did not begin to feel stressed, as this could lead them to react in an agitated or distressed way. Staff

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described a variety of different techniques they were routinely using to assist in keeping stress levels reduced. These were based on strategies that would work for individual patients and were varied to include encouragement to tear up paper boxes, allowing someone space to pace or run within less enclosed spaces or to vent serious aggressive urges on safe inanimate objects.

Staff used restraint, but there had been a significant reduction in its use across the trust since the previous Care Quality Commission inspection. The trust developed the 'Positive and Safe at Calderstones' programme whose aims were to reduce all types of restraint. It focussed on the use of positive behavioural support (PBS), use of the 'Safewards' model of care and monitoring, reporting and review of the effectiveness of the programme. By September 2015, 74% of all trust staff had completed the PBS awareness course. The PBS course for registered nurses had trained 30% of staff and there were a further nine courses planned after this date to train all other registered nurses. The 'Safewards' initiative had been implemented through all wards. Its aims were to reduce conflict and containment within psychiatric settings. Staff told us that they use 'soft words' and 'bad news mitigation' in order to foster relationships with patients. One ward manager told us that if they had to cancel patient leave, they told patients that it had been 'postponed' and a new date given. We heard staff using positive words about patients at handovers. Mutual help meetings followed the 'Safewards' guidelines of a round of thanks, news, suggestions and requests and offers.

Rapid tranquillisation was an identified intervention for use if required but staff only prescribed this for one patient by intra muscular injection. One patient had the use of prone restraint identified within their care plan. This was because of specific risk issues and was agreed at the multi-disciplinary team meeting. There were personal behaviour support plans for patients that detailed any types of restrictions that needed to be in place in order to manage a particular risk as well as positive strategies to ensure they maintained independence where possible.

The highest number of incidents related to those wards where the service provided individual packages of care. This reflects the complex and challenging nature of the patients. There were 321incidents of restraint across all the inpatient wards between February and July 2015. There were no episodes of seclusion. The IPC at North Lodge had the highest number of restraints with 77 incidents. Scott House Flat E IPC had the second highest number of restraints with 38, 12 were in the prone position and one of these resulted in rapid tranquillisation. During the ward round, staff reflected on the use of prone restraint, discussing what had and had not worked, and the effect on patients' behaviour.

Staff detailed various house rules that were in place. Some of the patients were detained under the Ministry of Justice restrictions. The rules in place appeared to be appropriate and reflected the restrictions in place. These included supervised and monitored access to internet and mobile phones. There were no blanket rules about accessing bedrooms, food, garden etc. Patients across each of the wards were subject to hourly observations, where staff would check upon their whereabouts and well-being. Staff would increase the frequency of this when there were concerns about the patient. The wards did not undertake blanket room searches for all patients but did these based on identified risk. For example, where a patient had a conviction for arson, staff recorded and monitored risk within their personal behaviour support plan. This included signing in and out for lighters. Staff would carry out a room search if they believed patients might have kept the lighter. There was a clear procedure for staff to follow when undertaking searches.

In some wards, the trust placed additional acrylic coverings on some windows and televisions, but not all. Staff could tell us why these additional safety precautions were in place in certain areas of the wards and provided individual risk management plans that stated what types of additional protection measures were required.

Staff at Scott House had successfully introduced the unlocking of one of the ward flats and were in the process of rolling out a phased plan to unlock the second. This was to enable patients to have greater freedom and responsibility. It meant that patients were able to leave the ward freely and to leave the main building, going into the gardens if they wish to do so. This was a change as previously patients could only leave the wards if they had a member of staff with them.

Track record on safety

Staff said patients were more involved in their communication plans, care plans and positive behaviour support plans. Patients told us they felt involved in their care plans.

Requires improvement

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Staff at the weekly multidisciplinary team meetings and clinical reviews reviewed Incidents of restraint, rapid tranquillisation and other physical interventions. We reviewed the minutes of team meetings and could see how issues, incidents and learning was shared across the teams. However, not all wards were holding regular team meetings.

There were eight safeguarding alerts relating to the wards visited as part of this inspection between March to August 2015. Staff at the monthly safeguarding assurance review and clinical management team meetings reviewed safeguarding referrals for assurance that appropriate actions had been taken. Strategies for sharing learning from these incidents were identified and attendees tasked with taking those back into their own clinical areas. Managers told us they shared these with team members through team meetings, email communication or in line management supervision. However, not all wards were holding regular supervision or team meetings. There had been investment in training and the ward staff had completed the required safeguarding training. Those who had not completed training had dates identified to attend. Staff demonstrated good knowledge of types of incident that would require a safeguarding referral. We saw evidence of appropriate actions taken in response to safeguarding concerns and action plans developed from the lessons learned. We reviewed protection plans that were in place to safeguard specific individual patients at Mitton Road and Scott House and found these to be appropriate. We noted police involvement where required. Staff told us the detail of recent safeguarding concerns and we could see by reviewing the clinical records they had taken appropriate actions.

Reporting incidents and learning from when things go wrong

Staff recorded incidents on the trust electronic risk management system and rated them from insignificant to severe. The system escalated notification of incidents to ward managers and if appropriate to senior managers, dependent upon the severity. The clinical audit department ensured appropriate investigation and follow up learning had taken place. In the event of a serious incident, with lessons learned, an action plan would be produced clearly detailing changes and developments that were required in the clinical areas.

The trust shared learning from serious incidents with staff via emails and morning meetings. Some staff told us that debriefs occurred following incidents. However, some staff told us that they did not receive debriefs following incidents. Staff told us that local debriefs would allow the teams to learn from what went wrong and enable improvements to be made.

Are services effective?

Good

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Our findings

Assessment of needs and planning of care

We examined 41 care records. All had an individual care plan in place.

Care records included a 'life story' completed by the patient, a summary of formulation completed by the responsible clinician, positive behaviour support plan, moving on plan and any creative intervention in response to untoward situations (CITRUS) physical interventions that have been identified.

The duty doctor assessed all patients on admission. This included a mental state examination and physical health check. There were physical health plans for all patients, which covered areas such as health promotion, allergies, self-care, weight, exercise and diet. Occupational therapists developed healthy eating plans and opportunities to improve physical health. Staff and patients used a weekly planner to plan activities to improve well- being.

All patients were registered with their local general practitioner and staff reported good links with GP services.

Care plans were up-to-date, personalised, holistic, and recovery oriented. Staff reviewed care plans at monthly multidisciplinary team meetings. Care plans reviewed were collaborative. Patients told us they helped with creating their care plan. We noted care plans were extremely detailed at Woodlands House and Moor Cottage. Staff offered patients copies of their care plans but patients sometimes refused these.

The service created positive behaviour support plans for all patients that included a functional assessment of behavioural triggers. Staff told us they developed strategies of managing behaviour to enable patients to reduce their challenging behaviour.

Speech and language therapists helped develop communication aids for those with difficulties in this area. They developed communication passports and included these in the care record to document non-verbal cues to communication for those with extreme communication difficulties. At North Lodge, there was use of a pictorial approach toward food and diet preparation for a patient who could not read.

There was an electronic patient record system in use. The trust had recently provided access to bank and agency staff to this system. Prior to this information was given to them as part of the daily handover meetings. The trust used an electronic dashboard to alert managers to the need for reviews of staff appraisal, performance development and mandatory training.

Best practice in treatment and care

All of the medication records we looked at followed the National Institute for Health and Care Excellence (NICE) guidance on medicines optimisation. Information such as name, date of birth, allergies, types of medication and dosages prescribed were all clearly marked and up to date. Regular medication reviews took place and patients were involved in these discussions.

NICE guidance on psychosis and schizophrenia in adults: treatment and management, recommends the use of psychological therapies. The service offered psychological therapies on all wards. Therapy included cognitive behavioural therapy, dialectical behavioural therapy and cognitive analytical therapy. Psychologists attended ward rounds and gave advice on psychological issues. They picked up individual referrals as a result. We saw evidence that psychology services were a standard part of the care and treatment on the ward at 2 West Drive.

There had been significant efforts to reduce all types of restraint including prone restraint using the Department of Health (2014) 'Positive and Proactive Care' guidance. Calderstones developed the 'Positive and Safe at Calderstones' programme in response to this document, focussing on the use of positive behavioural support (PBS), use of the 'Safewards' model of care and monitoring, reporting and review of the effectiveness of the programme. By September 2015, 74% of all Trust staff had completed the PBS awareness course. The PBS course for registered nurses had trained 30% of staff and there were a further nine courses planned after this date to train all other registered nurses. The 'Safewards' initiative had been implemented through all wards. Its aims were to reduce conflict and containment within psychiatric settings. Staff told us that they use 'soft words' and 'bad news mitigation' in order to foster relationships with patients. One ward manager told us that if they had to cancel patient leave, they told patients that it had been 'postponed' and a new date given. We heard staff using positive words about patients at handovers. Mutual help meetings followed the 'Safewards' guidelines of a round of thanks, news, suggestions and requests and offers.

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There had been a training programme in the use of creative intervention training in response to untoward situations (CITRUS). This strategy emphasises and promotes the use of non-physical interventions or the least restrictive intervention.

The service at Scott House used the 'Good Lives' model of care. This model aims to reduce the risk of re-offending amongst patients with a forensic background by helping them to lead more fulfilling lives with a focus on recovery.

Staff used Health of the Nation Outcome Scales to measure health and social functioning of patients.

There was a dedicated clinical audit department within the trust and clinical staff actively participated in the delivery of these audits. Pharmacy staff completed monthly medication audits on the wards. Other audits included antibiotic prescribing, rapid tranquillisation, food labelling and hand hygiene.

Skilled staff to deliver care

The wards consisted of a full multidisciplinary team including psychiatrists, nurses, support workers and domestic staff. Also attached to the wards were psychologists, occupational therapist and advocates. Staff could make referrals for speech and language therapy and social worker involvement. Staff received training in person centred care and described a change of culture within the trust

Calderstones were actively trying to recruit qualified nurses to the trust. Many of the staff we spoke to had been at Calderstones for several years and because of this had an in-depth knowledge of the patient group and their needs. Staff confirmed they were encouraged to attend training and to consider a range of training in addition to the core mandatory training outlined by the trust.

There was a two-week induction for all new starters. This covered subjects such as mental health, learning disability, autism, communication and first aid. The trust introduced physical interventions during induction but there had been a shift from training in restraint to least restrictive alternatives such as CITRUS. The trust also provided Care Certificates training to unqualified staff.

We found concerns around staff supervision. Clinical supervision policy stated that clinical supervision should be every six weeks for both nursing staff and support workers. Managerial supervision should be quarterly and include the six-monthly review and annual appraisal. Ward managers we spoke to were aware of the requirements for quarterly managerial supervision, but acknowledged there were time pressures in achieving this, partly due to being new to their role and still orientating themselves in the environment at 2 and 3 West Drive.

Although some staff that we spoke to reported that they had supervision within the six-week period, other staff stated that this took place every three months. One staff member reported they had not had supervision for more than two years before the arrival of the new ward manager. Psychological therapists and doctors we spoke to reported that they had supervision on a weekly basis.

We reviewed supervision notes and found that supervisors did not follow the policy. Although records documented that clinical supervision was within the stated time frame, these included signing of policies to say they had read them, which is not clinical supervision. A supervision record we looked at for a Band 5 qualified member of staff indicated that there had been one management supervision and two clinical supervisions over a 12-month period. At 2 and 3 West Drive, staff relied on handovers from colleagues for their information in relation to the organisation and patients rather than from their managers.

The percentage of non-medical staff with an appraisal as of September 2015 was 100% across all wards for Band 7 staff or above. For those staff employed as Band 6 or below, this was 98% across all wards.

Multi-disciplinary and inter-agency team work

Senior managers stated the ward managers provided clear leadership and clinical direction. Ward managers told us staff were being encouraged to contribute fully to the multidisciplinary team working and had the necessary support to continue to develop interpersonal and clinical skills.

On all wards, there were regular and effective multidisciplinary (MDT) meetings. Ward rounds took place on a weekly or fortnightly basis according to the ward. MDT meetings took place on a monthly basis. These were collaborative and included a review of the care plan, risk assessment, discussions around moving on, updates from all involved professionals and discussion with the patient on how they felt their care and treatment was progressing. The service invited all agencies to the meetings and families and carers. One carer told us that staff invited them

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to contribute, they felt listened to, and that their opinions were valued. Social work staff did not always attend ward rounds due to staff shortage in this area. Support workers were not always invited and one support worker told us that they felt it would be helpful as they had most contact with patients on a daily basis.

Staff told us that there were good links with locality teams including the community forensic team and the local safeguarding team. Care co-ordinators from a patient's home region attended the MDT to support a smooth discharge. We observed a care co-ordinator discussing plans with a patient, which showed positive joint working and information sharing.

We observed five handovers at 2 and 3 West Drive, Mitton Road, Daisy Bank and North Lodge. All of these were unannounced. A member of the night staff attended these and handed over information on all patients to day staff including the shift leader. We observed staff noting concerns regarding the previous night at two of the handovers. However, risks were not discussed at the other three handovers. Senior staff allocated tasks and activities to the team. They also organised checks and leave for the day. We heard positive words being used as part of the 'Safewards' approach.

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

All new staff had face to face Mental Health Act training as part of the induction process. Ongoing training consisted of annual on line Mental Health Act briefings for qualified staff. Of these, ten out of the fifteen wards we looked at had 100% attendance. Mitton Road and Woodlands had 67% attendance, South Lodge and 2 Pendle Drive had 50% attendance. With an average training compliance of 88%, this was above the trust target of 85%.The trust recently opened up the training to unqualified support staff.

The service provided treatment under appropriate legal authority and staff attached copies of consent to treatment forms to medication charts where applicable. An assessment of the patient's capacity to consent to treatment was in place for the most recent authorisation of medication.

Staff advised patients of their rights under section 132 at key milestones in their detention and there was evidence that staff regularly repeated these rights to patients. Staff reported that a qualified nurse reminded patients of their rights. They said this also took place after every First Tier Tribunal. Two Patients we spoke to confirmed they understood their rights under the Mental Health Act and staff had recently reminded them of their section 132 rights. There was an easy read leaflet to enable patients' understanding of their rights under the Mental Health Act.

Staff could access support and legal advice on the implementation of the Mental Health Act and its Code of Practice from the Mental Health Act office, which is centrally located at Calderstones.

All detention documents were available within the electronic patient records. This included original detention papers and section renewals. The service completed detention paperwork correctly, it was up to date and stored appropriately.

Patients could talk with the independent mental health advocates (IMHA) when needed and we observed that there were clearly displayed posters on all wards with information regarding accessing an advocate. These included pictures of the advocate and telephone numbers. IMHAs also attended ward rounds in order to give relevant advice and guidance. Patients told us that they knew how to access advocacy and staff supported them to do so. However, in some of the individualised care packages it was not always clear if staff had automatically referred patients who lacked capacity to the IMHA.

There was a comprehensive system in place for the authorising and granting of leave. Risk assessment was integral to this. However, personal information regarding the patient appeared on the "alert" section of the printed section 17 leave form. Paragraph 27.22 of the Code of Practice states that 'Copies of the authorisation should be given to the patient and to any carers, professionals and other people in the community who need to know'. We were concerned about the confidential nature of this information and it being unnecessary in the confirmation of authorised leave. We found copies of the Ministry of Justice (MoJ) authorisation and conditions of leave in the electronic patient records.

There was no evidence of blanket restrictions in place.

Good practice in applying the Mental Capacity Act

The trust provided induction training to the Mental Capacity Act (MCA). In addition, there were ongoing in house training courses in MCA and DoLS. There was 56% attendance across both courses at Scott House, Daisy Bank

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and Mitton Road. At 2 West Drive there was 17% attendance and at 3 West Drive 25% attendance. Within the service, an average training compliance of 43%, this did not meet the trust target of 85%.

Some of the support staff we spoke to had a limited understanding of the MCA. One staff member stated that their understanding was that the MCA was about treating people as an individual, no different from anybody else. Another member of staff was unaware of the principles of the Mental Capacity Act and recognised there was a lack of knowledge around the MCA. A ward manager commented that capacity was complicated and difficult because of the need to balance restricted practices such as restraint, duty of care and the MCA. There was uncertainty about who the lead person was for the MCA. However we were told that training for all unqualified members of staff was due to be started and there was ongoing training for qualified staff in this area.

There was a policy on MCA and there was a separate policy on Deprivation of Liberty Safeguards (DoLS).

Staff recorded capacity in the electronic record system and this was reviewed in the integrated care pathway treatment and care plan. We saw evidence of a capacity assessment in which discussions took place around a patient's capacity to agree or disagree with physical health interventions. Staff recorded this within the records we reviewed. At Scott House, we saw four capacity assessments. All of these were clear and well documented. There was evidence of discussion with patients in all the capacity assessments we looked at.

Where patients lacked capacity to make a particular decision there was evidence in the care notes that nursing staff and advocates encouraged them to be involved in the process around making decisions that were in their best interests.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

We completed a short observational framework for inspection (SOFI) at Moor Cottage. The patient we observed had complex needs and did not use speech to communicate. Staff were extremely responsive to their needs. The patient initiated interaction by taking a member of staff's hand and leading them to the item that they wanted. Staff responded to this with respect on the frequent occasions that this happened. Staff accepted the individual sounds and movements they made. Staff responded to the patient with warmth and reassurance, and were relaxed in their presence. The patient was a very active person and staff followed them discreetly when they left the lounge area to check their support needs, responding with respect when their needs were of a personal care nature. Staff spoke positively of their role and were genuinely concerned when the patient had been unsettled and were keen to find a possible reason, communicating with honesty and positivity to his parents who visited. There had been an incident earlier in the day and the staff involved offered reassurance to the patient's parents and continued with their care and support in a positive and nurturing way.

We observed staff caring for a patient at Scott House. The patient had an individualised care package. Staff were encouraging and accepting of their interest in water, they were enjoying time in an individually tailored water facility in the garden. Staff understood the patient's individual communication methods and responded to their gesture to indicate they had finished in the garden. Staff encouraged the patient to help with the preparation of lunch. With support, they assisted with mixing and pouring ingredients. Staff respected the patient's sensory needs, accepting one of their interactions as shaking their hand and smelling their hair. Staff displayed an in-depth knowledge of the patients likes and dislikes and methods of communication.

Within other settings, we observed staff being respectful, knocking on doors and waiting for patients to tell them to come in before entering a room. Staff were encouraging and enabling towards patients.

Patients reported staff were friendly, caring, respectful and understanding. Staff were approachable, patients felt able to talk to staff.

Staff were able to tailor their support to the individuals, using language that was accessible to people. Staff had a good understanding of patients' needs, their hobbies and interests, likes and dislikes. Staff were quiet and calm with individuals that required a quieter environment and were chatty and livelier with patients who embraced this communication.

We observed five handover meetings. Handovers started with positive words for each patient. Staff had a good knowledge of the patients, including health needs of diabetes, and ongoing safeguarding concerns relating to patients. However, not all of these handovers followed a structured format.

A person centred approach was used within the ward round we observed, asking what was going well and what was not going well. Professionals present shared an update on the individual's progress and the patient contributed their views. Staff updated the individual's care plan from the meeting with clear actions.

The involvement of people in the care that they receive

Patients said they had their tour of the ward environment upon admission. Scott House had a service profile, accessible description of the service and a DVD to describe the service to potential patients. The media group, which consisted of patients, made the DVD. They were encouraged to personalise their room, we saw evidence of patients' individual preferences, hobbies and interests being reflected in the décor of their room. Patients were keen to show us their rooms and were proud of their personalised space.

Care plans were detailed and person centred, patients all had their own copy and reported their involvement in the care planning process where their capacity allowed. At West Drive, patients had a locked storage space in their room for their care plans and other confidential documents. Patients were keen to show us their care plans and other documents including their leave ladder. At West Drive one page profiles were in place, which included what is important to the person, what is important for the person and how best to support them. Two patients had their one page profile proudly displayed on their bedroom door. Patients could describe their discharge plans and were animated about their future opportunities. One patient we spoke with was leaving that day, while others had visited their future home, to which they were due to move in the

Good

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following weeks. Patients at Mitton Road, North Lodge and Scott House had folders in their rooms containing copies of their Mental Health Act rights, their support plan and accessible information relevant to their needs including healthy eating and medication.

All patients had access to advocacy. Patients we spoke to knew the name of their advocate, reported they were approachable and could explain when they would use the advocacy service, including if they needed to make a complaint or to escalate information.

Families visited patients regularly and were involved in the ward rounds and section 117 discharge-planning meetings for patients. Staff supported individuals, including those with complex needs, to visit family. The family members that we spoke to reported being fully included in their relative's care. They attended meetings, staff consulted them for their views and opinions and were able to visit without restrictions. Family members said staff listened to them at carers meetings. Senior managers including the chief executive attended the meetings.

Patients took part in 'speak up' groups and 'mutual respect' meetings. We observed two speak up meetings. The group at Scott House met monthly. A patient chaired the meeting with the support of an occupational therapist. The minutes were accessible with photographs and symbols. Staff supported individuals to understand the minutes and agenda if they were having difficulties. The other speak up group at 3 West Drive had the specific focus of getting feedback on suggested new care plan folders. Staff listened and noted feedback. Staff encouraged people to express their opinions. The meeting was positive and patients seemed relaxed and confident in sharing their views. The person chairing the meeting asked patients if they had any other business, patients responded with the request for more access to vehicles to pursue activities and the opportunity to cook their own meals. House meetings at 1 North Lodge had meeting guidelines to ensure they were as positive and productive as possible including listening to others and only one person speaking at once. Mutual help meetings took place at the services in Lancaster, the agenda included: round of thanks, round of news, round of suggestions and a round of request and offers. A patient at 2 West Drive had made a cake for their community meeting; he reported the meetings were positive and felt comfortable contributing.

Several patients from West Drive were involved in the recruitment and selection of staff; they sat on the panel and asked candidates several questions. Prior to being involved in recruitment patients completed training on how to recruit staff.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

Bed occupancy over the six month period prior to our inspection was 100% at 15/16 Daisy Bank, 80% at 4 Daisy Bank, 81% at North Lodge, 92% at Scott House, 75% at Mitton Road, 92% at 2 West Drive and 89% at 3 West Drive.

In in the six months prior to our inspection two people had been placed at Scott House from outside the local area.

The average length of stay was 1616 days at 15/16 Daisy Bank, 1435 days at 4 Daisy bank, 5316 days at North Lodge, 571 days at Scott House, 4537 days at 2 West Drive and 2429 days at 3 West Drive. There were 16 patients discharged from the wards we visited in the 12 months prior to our inspection.

Staff did not re-fill beds when patients went on leave, as the wards we visited did not accept emergency or unplanned admissions.

Patients remained on the same ward during their admission unless there was a clinical need to move patients to a different ward. This meant that patients could develop therapeutic relationships with staff and become familiar with the environment.

Staff planned discharges and most patients had individual 'moving-on plans'. Patients and carers were involved in discharge planning and patients had the choice of location for discharge. One patient commented that he was actively involved in moving on after living at Calderstones for 20 years. Moving on plans included reason for admission, discharge area of choice, capacity, risk management plan, activities of daily living, health, finance, equality and diversity, model of care, my transition plan and impact on wellbeing. We saw information within the sections on what was important for the patient, the patient's family and the team. We observed leave ladders at Scott House that documented progress toward discharge. Senior managers told us they regularly held meetings with commissioners to discuss plans for discharge.

Wards had good links with local community services when preparing for discharge. The service held multidisciplinary team safewards meetings monthly to discuss discharge planning.

Initial data provided by the trust indicated one delayed transfer of care at Moor Cottage and one at 1 and 2 Pendle Drive.

The facilities promote recovery, comfort, dignity and confidentiality

The ward environments were clean and comfortable. The furniture across the wards was in good condition. Patients had good access to outdoor space on all wards. At Scott House, there was a range of shared rooms used for activities, as well as quiet rooms and lounges to which the patients had access.

Patients told us that the ward was comfortable and they were able to relax. There were quiet areas on all wards where patients could meet visitors. When possible patients were encouraged to spend time with visitors in the community. Most patients had access to their own mobile phone and patients could use their bedrooms to make private calls.

Patients told us that they could make hot drinks and snacks at any time.

At West Drive, the main hospital kitchen delivered food and staff stored this in a heated box prior to serving. Patients told us the food could be overcooked, undercooked, greasy or cold. Staff told us that the catering manager was due to visit the ward to talk to patients about improvements. Patients at 2 and 3 West Drive reported wanting to be involved in meal preparation as they felt it would be helpful with their plans for the future and preparation for living semi independently, as both wards were pre-discharge.

At Scott House, there were active plans that were individualised to support patients to shop and cook as part of an occupational therapy programme. We observed patients enjoying cooking food in the kitchen with the support of staff.

We found personalised bedrooms on all wards. Patients were able to keep their possessions in their bedrooms and some patients had a key to lock their bedroom. There were other secure areas available on all wards for patients to store their personal possessions.

There was a wide range of activities available including voluntary work, walking, shopping, bowling, day trips, horse riding, bingo, gardening, swimming and canoeing. Patients were encouraged to identify activities they would like to engage in. Staff told us that facilitating weekend and

Are services responsive to people's needs?

Good

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

evening activities was difficult due to minimum staffing levels. However activities were available at these times including activities that patients had requested. At West Drive, patients told us that staff sometimes cancelled activities with no explanation and there was a shortage of vehicles to facilitate community leave.

The health and social care information centre collates the data for the Patient-Led Assessments of the Care Environment programme. Results from 2015 showed patients at Scott House assessed the cleanliness at 100%, which was above the England average of 99%. They rated privacy, dignity and wellbeing at 98%, this was also above the England average of 90%. Condition, appearance and maintenance scored 98%, which was above the England average of 93%.

Lancaster services scored higher than the England average for cleanliness at 100% and condition, appearance and maintenance at 94%. However, they scored below the England average for privacy, dignity and wellbeing at 85%.

Meeting the needs of all people who use the service

There was wheelchair access on all wards. The trust had adapted bedrooms at North lodge to support patients with mobility difficulties.

Information leaflets were available in an easy read and pictorial format. Staff told us that the trust could make leaflets in other languages available when needed. We observed staff assisting patients to understand written information. There were picture posters of activities displayed on most wards. At 3 West Drive, information about activities did not include pictures making it difficult for some patients to understand.

Patients had an individual folder with information about their care. We found that one patient's folder included information about rights, healthy eating, medication and support plan.

We found information displayed for contacting advocacy services, there was a photograph of the advocate and a telephone number. Patients told us they knew how to complain and the advocate supported them. Staff told us that patients were encouraged to make complaints.

Interpreting services were available when needed to meet the needs of people who did not speak English.

All wards offered and supported patients with the choice of food they wanted to meet their dietary requirements and to meet their religious and culture needs when required.

Staff told us that they would support patients with changing their faith when needed. One patient at Scott House told us that they would like to attend church and that they had discussed this with staff at their ward round. However, they had not arranged this at the time of our inspection. The trust had previously arranged for chaplaincy but staff told us that this was no longer available. This meant that some patients did not have access to spiritual support

Listening to and learning from concerns and complaints

The trust complaints lead oversaw all concerns and complaints and ensured appropriate acknowledgement and investigation of each. The independent mental health advocate attended all of the wards on a regular basis and their contact information was on display on all of the wards. There were information leaflets or posters on display advising patients how to raise concerns and these were in an easy read format. Each of the wards held a 'speak up' meeting where patients could raise issues they wished to discuss.

There were four complaints made within the last 12 months relating to North Lodge, Scott House and 2 West Drive. There were no complaints made at Daisy Bank, Mitton Road or 3 West Drive. One complaint at North Lodge was currently under investigation. The service has upheld one complaint at Scott house. There were no complaints referred to the ombudsman in the last 12 months. The trust shared lessons learned from concerns and complaints with staff via emails and morning meetings.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

Staff were aware of the organisation's values. We found information about values displayed on the wards.

There was consistent evidence of good communication between the ward staff and senior managers in the trust, including the chief executive. We observed senior nurse managers addressing ward staff by their names on all the wards. Staff spoke positively about nursing leadership with a consistent theme that staff felt able to raise concerns. Staff told us that senior managers in the Trust had worked hard to improve care for patients.

Staff spoke positively about ward managers with a consistent theme of managers being supportive. Managers had sufficient authority to carry out their role and had access to administrative support.

Good governance

Policies were in place for staff training, supervision and appraisal. The majority of staff told us that they received regular managerial supervision. However, we found inconsistent evidence, from records and staff interviews, that clinical supervision was taking place in line with trust policy. Ward managers acknowledged time pressures in ensuring staff received clinical supervision every six weeks. There were occasions where staff received clinical and managerial supervision within one supervision session from their supervisor.

Systems were in place for incident reporting. Staff told us they reported all incidents including near misses. There was a process in place for investigating serious incidents. Staff told us that a senior manager would pair up with a member of clinical staff to undertake a review of the incident. The trust shared learning from serious incidents with staff via emails and morning meetings.

Staff were encouraged to give feedback on the services provided. However, we found that formal team meetings were not taking place regularly, apart from at Scott House. Staff did attend patient meetings to discuss improvements and we found evidence of changes taking place from feedback provided.

The trust had a system in place for staff to raise concerns. Staff were able to discuss concerns in the local team meetings, which were held weekly at Scott House and enter items onto the 'reportable issues log'. We found that staff were unclear about the process of adding items to the trust risk register. However, we found evidence that staff had escalated risks locally and the trust had added these to their risk register.

Staff could not describe the wards key performance indicators for driving improvements. The trust key performance indicators included clinical supervision, staffing levels, incident reporting and management and mandatory training. Three ward managers reported receiving monthly updates for sickness absence. The trust used 'heat maps' which were used to support the implementation of action plans to make improvements.

Leadership, morale and staff engagement

The trust provided information on staff sickness as of July 2015. The average sickness rate was 12% with the highest rates at Ravenswood IPC, Trentville IPC and South Lodge IPC. The trust had included sickness absence on their significant risk register. Bank and agency staff were used to ensure safe staffing levels. Senior managers monitored sickness absence in the weekly staffing analysis group. At this meeting, actions were agreed to reduce any impact that sickness absence had on patient care.

Staff were not pursuing any grievances and there were no allegations of bullying or harassment at the time of our inspection.

Staff knew how to use the whistleblowing process and felt able to raise concerns.

Staff spoke positively about the teams they worked in. There was a consistent theme of job satisfaction among staff. At West Drive, staff told us that morale was low due to a number of recent changes and uncertainty about job security. However, staff spoke positively about their role and demonstrated their dedication to providing high quality patient care.

Staff told us that the teams they worked in were supportive. They reported being supported by their line manager and were offered opportunities for clinical and professional development courses.

Patients spoke positively about staff. We observed staff being open and honest with patients during our visit. At 3 West Drive, one patient told us that staff did not give an explanation when they cancelled activities.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Commitment to quality improvement and innovation

The wards were not participating in any national quality improvement programmes or research opportunities. However, they did follow the safe wards approach including positive words at handovers and mutual help meetings with patients and staff.

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 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (RA) Regulations 2014 Staffing. Staff attendance at Basic Life Support training was 58% which is below the trusts' target of 80%. This was a breach of 18 (2) (a) 18.— 2.Persons employed by the service provider in the provision of a regulated activity must— a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform