

# Lancashire Care NHS Foundation Trust

## Inspection report

Sceptre Point  
Sceptre Way, Walton Summit  
Preston  
Lancashire  
PR5 6AW  
Tel: 01772695300  
www.lancashirecare.nhs.uk

Date of inspection visit: 8 Jan to 21 Feb 2018  
Date of publication: 23/05/2018

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

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

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

# Summary of findings

## Background to the trust

Lancashire Care NHS Foundation Trust was established in April 2002 and authorised as a Foundation Trust in December 2007. The trust employs 7,500 people and has an annual income of over £330 million.

The geography covered by the trust includes both rural and urban areas. There are significant social and health differences in the localities within the trusts' catchment area which range from relative affluent areas to some of the most economically deprived areas in the country. Seven of the local authorities within Lancashire are amongst the 50 most deprived areas in the country.

The trust provides a wide range of specialist mental and physical health services to a population of approximately 1.4 million people within Lancashire. The trust has 26 registered locations which provide inpatient and community mental health services, community health services, adult social care services, dental services, eating disorder services, improving access to psychological therapies services and prison healthcare services. The trust has 555 inpatient beds across 40 wards, 18 of which are children's mental health beds. The trust also has 4621 outpatient clinics a week and 5630 community clinics a week.

The trust works with nine clinical commissioning groups including NHS England that commission all specialist services.

We carried out our first comprehensive inspection of the trust in April 2015. The trust was issued with 22 requirement notices and rated as 'requires improvement' for safe, responsive, well led and 'good' for effective and caring which resulted in an overall trust rating of 'requires improvement'. We re-inspected the trust in September 2016 and rated the trust as 'good' for effective, responsive, caring and well led and 'requires improvement' for safe which resulted in an overall rating of 'good'. The trust was issued with eight requirement notices.

CQC inspected the healthcare service that the trust provides to HMP Liverpool in July 2016 and issued with two requirement notices. We re-inspected the prison healthcare service in September 2017 and issued three requirement notices.

We undertook a focussed inspection in December 2017 on the section 136 health based places of safety suites in response to concerns identified during a Mental Health Act monitoring visit. We issued the trust with one requirement notice following this inspection in relation to a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment).

## Overall summary

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

## What this trust does

Lancashire Care NHS Foundation Trust is a provider of mental health, community health, adult social care, primary care, community dental services, community health inpatient services and prison healthcare.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

# Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

The five core services we inspected as part of our continual checks on the safety and quality of healthcare services were:

- acute wards for adults of working age and psychiatric intensive care units
- forensic inpatient / secure wards
- child and adolescent mental health wards
- mental health crisis services and health based places of safety
- community health inpatient services

The trust provides the following 10 core or additional services which we did not inspect:

- community-based mental health services for adults of working age
- wards for older people with mental health problems
- community-based mental health services for older people
- specialist community mental health services for children and young people
- community mental health services for people with a learning disability or autism
- community health services for adults
- community health (sexual services)
- community health services for children, young people and families
- learning disability supported living
- community dental services

All these core services have previously been inspected and rated as part of our comprehensive inspection programme with the exception of community dental services.

Where services were not complying with regulations during previous inspections and we have not inspected on this occasion, we have reviewed the actions taken by the trust as part of our on-going monitoring of the trust.

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

## What we found

### Overall trust

# Summary of findings

Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating. Our rating of the trust went down. We rated it as requires improvement because:

- We rated three of the trust's core services that we re-inspected as requires improvement overall. We rated safe and effective as requires improvement overall and well-led at trust level as requires improvement. In rating the trust, we took into account the previous ratings of the core services not inspected this time.
- The trust continued to experience significant challenges recruiting and retaining staff in some core services. This resulted in a reliance on the use of agency and bank staff to ensure patients were kept safe. Managers and matrons worked clinical shifts. They reported this had impacted on their ability to ensure that staff accessed appraisals, supervision and mandatory training in line with trust policy on some wards. Compliance rates were particularly low on some wards. This had not improved since our last inspection.
- Staff did not always monitor patients following the use of rapid tranquilisation on the acute and psychiatric intensive care wards. This had not improved since our last inspection.
- The trust did not have a robust mechanism in place to capture compliance with supervision. This meant that the trust did not have adequate oversight of this and there was a reliance on managers reporting compliance.
- On the child and adolescent ward, staff did not always have time to spend with all patients due to high levels of staff observation required for some patients. Activities did not always take place. Staff did not always interact proactively and positively with patients. There were delays in repairing broken doors which negatively impacted on the environment. Staff did not review all adverse incidents and debriefs and lessons learnt did not always take place. Staff morale was low and they did not feel supported by senior managers within the trust.
- Due to high bed occupancy, staff could not always admit people detained under section 136 of the Mental Health Act within 24 hours, the time limit set out in the Mental Health Act. This occurred when patients had been assessed as needing hospital admission, but there were no beds available.
- The crisis support units were intended to accommodate patients for up to 23 hours. However; patients who required admission were sometimes held in the unit for several days and nights because there was no bed available on an admission ward. This resulted in patients having to sleep in a reclining chair because the crisis support units did not have beds.

However:

- We rated caring and responsive as good overall.
- The trust's visions and values were embedded across the trust.
- Board members had good oversight and understanding of the key priorities, risks and challenges faced by the trust and actions in place to mitigate these.
- There was a robust and realistic strategy for achieving the priorities and developing good quality, sustainable care which had been developed with external stakeholders.
- The trust ensured that cost improvement plans did not compromise patient care.
- Risks identified on the board assurance framework and corporate risk register reflected those we found in core services.
- Patients were generally positive about the care and treatment they received from staff.
- The quality of risk assessments and care plans was of a good standard overall.

# Summary of findings

- Staff were open and transparent in reporting safeguarding issues and incidents.
- Complaints and incidents were investigated by a dedicated team. Reports were of a good standard and there were systems in place to share learning.
- The trust met the fit and proper person's requirements.
- Staff had access to performance dashboards to monitor progress and improve service provision. The trust had a robust audit programme in place.
- Medicines management, infection control management and monitoring of the Mental Health Act was good across the trust.
- Despite the challenges staff faced due to the increased acuity of patients, staffing issues and increased demand for beds in some core services, staff remained committed and motivated to providing the best care possible and improving services for patients.
- Staff felt supported by their immediate and local senior managers and matrons.

## Are services safe?

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

- We rated six of the 13 core services as requires improvement for safe. This includes the previous ratings of four core services that we did not re-inspect on this occasion. We did not have sufficient evidence to rate one core service for safe during this inspection.
- Staff did not always monitor patients following the use of rapid tranquilisation on the acute and psychiatric intensive care wards. This had not improved since our last inspection.
- Compliance with essential training was low in some core services. This had not improved sufficiently since our last inspection.
- Staffing levels and increased acuity meant there was a high reliance on bank and agency staff on some wards which could impact negatively on patient care.
- On the child and adolescent ward, staff did not review all adverse incidents. Debriefs and lessons learnt following incidents were not routinely occurring. There were also some blanket restrictions in place and a number of environmental issues which impacted on patient care.
- Staff had mixed understanding of the duty of candour and their individual responsibilities in relation to this on some acute wards.

However:

- There was good medication management on the wards. Electronic prescribing was in place and pharmacy support was available to staff.
- Staff complied with good infection prevention and control principles.
- Overall, ward environments and equipment were clean and well maintained.
- All wards complied with guidance on eliminating mixed sex accommodation.
- Staff had a good understanding of safeguarding concerns and were aware of how to report them appropriately.
- Staff had an open and transparent culture to reporting incidents.

# Summary of findings

- Overall, patient and environmental risk assessments were comprehensive and reviewed on a regular basis.

## Are services effective?

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

- We rated six of the 14 core services as requires improvement for effective. This includes three ratings of requires improvement for the core services not inspected on this occasion.
- Not all staff received supervision in line with trust policy.
- Staff appraisal rates were low in some core services.
- On the child and adolescent ward, not all staff had specialist training to work within child and adolescent mental health. Not all care plans were person centred and staff did not always follow patients support plans.
- Patients were regularly held in the 136 suites over the 24-hour time limit set out in the Mental Health Act. This occurred when patients had been assessed as needing an admission but there were no beds available. Some patients had been held in the 136 suite for several days.
- Team meetings were not routinely taking place on some wards.

However:

- There was good ongoing monitoring of physical health and effective management of patients with existing conditions. Health promotion was evident throughout the services.
- There were effective multi-disciplinary team working relationships between professionals in the services we inspected and links with external agencies.
- Services provided care and treatment based on national guidance and best practice.
- Staff used audits and dashboards to monitor and improve services provided.
- Staff took account of patients' religious, cultural and specific preferences in the planning of care.
- Overall, there was good adherence to the Mental Health Act and Mental Capacity Act.
- Care records were holistic, recovery orientated and of a good standard particularly within the forensic services.

## Are services caring?

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

- We rated 13 of the core services as good and one as requires improvement. This includes nine ratings of good for the core services not inspected on this occasion.
- Staff treated patients with kindness and dignity. We observed positive interactions between staff and patients.
- Staff were motivated and dedicated to providing the best care for patients.
- Staff involved patients and carers in decisions about care and treatment. Carers had opportunities for involvement in their relative's care including attending ward rounds.
- Patients had access to independent advocacy services. Advocacy services regularly attended the wards.
- Patients and carers had opportunities to provide feedback about services.

# Summary of findings

- Patients and carers told us that staff were compassionate, committed and interested in them as individuals.
- Patients were given verbal and written information about ward facilities and routines.
- In the child and adolescent ward, patients could access a participation meeting that was independently chaired. The feedback of this meeting was provided to the service to resolve any issues discussed.

However:

- On the child and adolescent ward, although we observed some positive interactions of care between staff and patients, we also observed some negative interactions and staff did not always refer to patients in a respectful manner. Patients reported staff did not always spend quality time with them and they did not always develop their care plans together with staff.

## Are services responsive?

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

- We rated 12 of the core services as good and two as requires improvement. This includes nine ratings of good for the core services not inspected on this occasion.
- Staff ensured that patient's cultural, religious and dietary needs were being met.
- Services were equipped to meet the needs of patients with physical disabilities.
- Staff were able to access translation services. Information for patients was available in a range of formats.
- Discharge planning was considered from admission and in review meetings on most wards. Delayed discharges and out of area placements were monitored and managed within the acute wards.
- There were effective processes in place to manage and learn from complaints which staff followed.
- Within the community health in-patient service, staff had developed an acute frailty service for the elderly to meet local need.

However:

- Some patients in the 136 suites and crisis support units had to wait several days before an inpatient bed became available. The crisis support units were designed to provide short term support for patients for up to 23 hours, as an alternative to hospital admission. They did not have beds. This meant patients had to sleep in reclining chairs in communal areas whilst waiting for an inpatient bed to become available.
- Three of the acute wards had dormitory sleeping arrangements. The trust was developing plans to eliminate these. Two of the wards were due to relocate later in 2018.
- Staff on the child and adolescent wards did not always ensure patients individual needs were being met in a timely manner. Staff and patients reported the food was of a poor quality. Patients did not have direct access to snacks and drinks.

## Are services well-led?

We rated well-led as requires improvement because:

- We rated three core services as requires improvement for well led on this occasion. All core services had previously been rated as good for well led. This includes core services not inspected on this occasion.

# Summary of findings

- We rated four core services as requires improvement overall. This includes one rating of requires improvement overall for a core service not inspected on this occasion.
- The board and senior management team did not have oversight of staff supervision figures which were low in some core services. Supervision figures were not collated centrally. Senior managers were reliant on line managers to inform them of compliance rates. This had not improved since our last inspection.
- Compliance rates with appraisals and mandatory training was low on some wards. This had not improved since our last inspection.
- Staff did not always monitor patients following the use of rapid tranquilisation on the acute and psychiatric intensive care wards. This had not improved since our last inspection.
- The trust and senior management team had not taken effective action to ensure the functioning and use of the crisis support units was in line with the remit of the units and patients only remained for up to 23 hours.
- There was a lack of clarity about the roles of the service managers, lead nurses and matrons within the new operational structure.
- Ward managers and modern matrons were required to work clinical shifts which meant they did not always have sufficient time to complete their managerial responsibilities.
- Staff on the child and adolescent ward had felt disconnected and unsupported by senior managers within the trust during the transition to the new location and staff morale remained low.

However:

- The trust's vision and values were embedded and displayed in clinical areas and staff understood these.
- The trust had an established board with the appropriate range of skills, knowledge and experience to perform its role. Fit and proper person checks were in place.
- All staff demonstrated a positive culture of being open and honest.
- Board members had good oversight and understanding of the key priorities, risks and challenges faced by the trust and had identified actions to mitigate these.
- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders.
- Where cost improvements were taking place, the trust had effective systems in place to ensure they did not compromise patient care.
- There was a clear process for escalation of risks from networks to the trusts risk register via the governance structures. Risks on the board assurance framework and corporate risk register reflected those within core services.
- The trust had a structured approach to engaging with people who use services, those close to them and their representatives.
- The trust had a robust audit programme in place to monitor compliance against trust policies and best practice guidance which was managed through the trusts' audit committee governance structure with oversight from the board.
- Effective governance arrangements were in place in relation to medicines management and monitoring of the Mental Health Act.



# Summary of findings

## Ratings tables

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

## Areas for improvement

We found areas for improvement including nine breaches of legal requirements that the trust must put right. We found 23 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued five requirement notices to the trust. Our action related to eight breaches of legal requirements in three core services and one breach at provider level.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

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

### Areas for improvement

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

### Action the trust must take to improve:

#### Trust wide:

The trust must ensure that staff receive the required training for their role.

The trust must ensure that staff receive supervision in line with trust policy. Effective systems must be in place to evidence compliance.

The trust must ensure that staff receive appraisals in line with trust policy.

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

The trust must ensure that patients are monitored appropriately following the administration of rapid tranquilisation.

The trust must ensure staff are compliant with essential training requirements.

The trust must ensure staff receive supervision and that this is accurately recorded.

The trust must ensure staff receive an annual appraisal and that this is accurately recorded.

### Child and adolescent mental health wards:

The trust must ensure that clinical and management supervision is held regularly and recorded appropriately, in line with the trust's policy.

The trust must ensure there are enough staff on shift who are suitably skilled for child and adolescent mental health.

# Summary of findings

The trust must ensure that staff are trained in the specialist knowledge required for child and adolescent mental health.

The trust must ensure that patients receive appropriate support and that staff follow the support plans identified for individual patients.

The trust must ensure that environmental audits are up to date, correct and reflect all risks present.

The trust must review the allocations of observations to ensure it is safe and in line with best practice guidance.

The trust must ensure that where specific needs are identified, such as an interpreter, these are provided in a timely manner to ensure the patient is able to engage appropriately.

The trust must ensure that where bank and agency staff are used there are systems in place to make this as safe as possible and reduces the impact on patients. This includes a thorough local induction and introducing staff to patients.

The trust must ensure that staff involve patients in their care plans. Staff must ensure that they follow the care and support plans when providing care and treatment.

The trust must ensure that debriefs are held following an incident.

The trust must ensure that lessons learnt from incidents and complaints are shared with staff in an appropriate and timely manner.

The trust must ensure that restrictions put on patients are based on individual risk assessments and are not blanket restrictions.

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

The trust must ensure that patients are not held in the 136 suites for longer than 24 hours, in accordance with the Mental Health Act.

The trust must ensure that patients in the crisis support unit/mental health decision units are comfortable, and have their privacy and dignity maintained.

The trust must ensure that it has robust governance structures in place, so that it can provide a definitive list of its teams and their function within this core service; and information in relation to the teams which includes mandatory training and supervision.

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

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

The trust should ensure ward managers and modern matrons have sufficient capacity to deliver their managerial responsibilities.

The trust should ensure the smoke free policy is implemented consistently and that staff are supported to achieve this.

The trust should ensure wards have regular team meetings for staff.

The trust should ensure there is shared learning between locations and different services within the trust.

The trust should ensure patients are offered copies of their care plan and that this is recorded.

### **Child and adolescent mental health wards:**

The trust should ensure that managers within this core service are supported in being able to implement the necessary changes and training required for the service to be run at a high standard.

The trust should ensure that regular team meetings are held.

# Summary of findings

The trust should ensure that activities are taking place on the ward and that patients are encouraged to attend education where appropriate.

The trust should continue to work towards resolving the issues regarding the building, cleanliness and food.

The trust should ensure that staff have an understanding of the duty of candour and their responsibilities regarding this.

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

The trust should ensure that when patients have their capacity assessed, this is clearly and consistently documented.

The trust should ensure that the section 136 suites are reviewed regularly to ensure they are fit for purpose, and meet the requirements of the Mental Health Act and its code of practice.

The trust should ensure incidents that occur in the section 136 suites are clearly identifiable, and that this information can be monitored and analysed across all the suites to look for themes or trends, and implement learning from this.

The trust should ensure that consideration is given to the use of seclusion of people who are not inpatients, but are being held once their section 136 has lapsed.

The trust should ensure that staffing levels are kept under review, to ensure that suites are adequately staffed but do not deplete the staffing levels on the inpatient wards.

The trust should ensure that the role of crisis support units or mental health decision units is clear.

The trust should ensure that the showering facilities in the Preston crisis support unit/mental health decision unit are fit for purpose.

## **Community health inpatient services:**

The trust should continue to recruitment of the registered nurse vacancies in order to complete the staffing rota.

## **Forensic wards:**

The trust should continue to recruit into vacant nurse posts in order to ensure a full complement of staff.

The trust should ensure that clinical and management supervision is recorded appropriately, in line with the trust's policy.

The trust should consider discharge planning in line with national standards

The trust should ensure ambient clinic room temperatures do not exceed those that could affect the integrity of medicines storage.

The trust should ensure that keys are readily available to staff to ensure safe entry to seclusion rooms.

## Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

# Summary of findings

- We rated three core services as requires improvement for well led on this occasion. All core services had previously been rated as good for well led. This includes core services not inspected on this occasion.
- We rated four core services as requires improvement overall. This includes one rating of requires improvement overall for a core service not inspected on this occasion.
- The board and senior management team did not have oversight of staff supervision figures which were low in some core services. Supervision figures were not collated centrally. Senior managers were reliant on line managers to inform them of compliance rates. This had not improved since our last inspection.
- Compliance rates with appraisals and mandatory training was low on some wards. This had not improved since our last inspection.
- Staff did not always monitor patients following the use of rapid tranquilisation on the acute and psychiatric intensive care wards. This had not improved since our last inspection.
- The trust and senior management team had not taken effective action to ensure the functioning and use of the crisis support units was in line with the remit of the units and patients only remained for up to 23 hours.
- There was a lack of clarity about the roles of the service managers, lead nurses and matrons within the new operational structure.
- Ward managers and modern matrons were required to work clinical shifts which meant they did not always have sufficient time to complete their managerial responsibilities.
- Staff on the child and adolescent ward had felt disconnected and unsupported by senior managers within the trust during the transition to the new location and staff morale remained low.

However:

- The trust's vision and values were embedded and displayed in clinical areas and staff understood these.
- The trust had an established board with the appropriate range of skills, knowledge and experience to perform its role. Fit and proper person checks were in place.
- All staff demonstrated a positive culture of being open and honest.
- Board members had good oversight and understanding of the key priorities, risks and challenges faced by the trust and had identified actions to mitigate these.
- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders.
- Where cost improvements were taking place, the trust had effective systems in place to ensure they did not compromise patient care.
- There was a clear process for escalation of risks from networks to the trusts risk register via the governance structures. Risks on the board assurance framework and corporate risk register reflected those within core services.
- The trust had a structured approach to engaging with people who use services, those close to them and their representatives.
- The trust had a robust audit programme in place to monitor compliance against trust policies and best practice guidance which was managed through the trusts' audit committee governance structure with oversight from the board.

# Summary of findings

- Effective governance arrangements were in place in relation to medicines management and monitoring of the Mental Health Act.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires improvement →← May 2018	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018
Mental health	Requires improvement →← May 2018	Requires improvement ↓ May 2018	Good →← May 2018	Good →← May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
<b>Overall trust</b>	Requires improvement →← May 2018	Requires improvement ↓ May 2018	Good →← May 2018	Good →← May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017
Community health services for children and young people	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Community health inpatient services	Good →← May 2018	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018
Community Health (sexual services)	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
<b>Overall*</b>	Requires improvement →← May 2018	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018

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

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Forensic inpatient or secure wards	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
Child and adolescent mental health wards	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Wards for older people with mental health problems	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Community-based mental health services for adults of working age	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Mental health crisis services and health-based places of safety	Not rated	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Specialist community mental health services for children and young people	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2016	Good Jan 2017
Community-based mental health services for older people	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Community mental health services for people with a learning disability or autism	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
<b>Overall</b>	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018

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

## Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Learning disability supported living scheme	Requires improvement Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015



# Community health services

## Background to community health services

The trust provides the following community health core services;

- Community health inpatient services.
- Community health services for adults.
- Community health services for children, young people and families.
- Community dental services.
- Community sexual health services.

During our well led review of the trust, we inspected the following community health core services:

- Community health inpatient services.

## Summary of community health services

**Good** ● ▲

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

- Overall, the rating for community health inpatient services improved from requires improvement to good.

# Community health inpatient services

Good ● ↑

## Key facts and figures

The Longridge Community hospital is situated in the town of Longridge, eight miles from the city of Preston.

Longridge ward is a 15 bedded nurse led inpatient unit that provides step up, step down and end of life care. The unit is open 24 hours and medical cover is provided by GPs based at two surgeries in Longridge.

Out of hours medical cover is provided by a local out of hours' service. Admission criteria were that patients must be registered with a Longridge GP. Their condition must be such that treatment at home is not appropriate or that post-surgical or medical care, rehabilitation or end of life care is required.

The community hospital also hosts clinic rooms for outpatient services and the frailty service. A large physiotherapy facility and kitchen assessment facility are available on the ground floor to enable rehabilitation to progress.

During the inspection, we visited the ward over two days. We spoke with 12 staff, five patients and reviewed five sets of health care records.

## Summary of this service

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

- Staff knew how to report incidents and these were discussed at monthly team meetings.
- The staffing levels had improved since the last inspection to between 90% and 100%. Staff followed a formalised flow chart of actions to be taken if there were instances of sickness.
- Infection control and prevention audits were regularly undertaken.
- Records we saw were comprehensive, patient centred and used recognised assessment tools for monitoring pain, nutrition, hydration and skin condition.
- The service participated in National Institute for Health and Care Excellence audits such as the use of waterlow scales and end of life care.
- The service continued to have input from pharmacists, a physiotherapist, occupational therapist, integrated therapy technician and speech therapy. With the introduction of the community frailty service staff ensured there was improved joint working and more timely access to their services.
- Staff had access to training and development and there were nurse links for tissue viability, end of life care, dementia, falls and infection control. Healthcare support workers were about to enrol on the associate practitioners course which would enable them to enhance their practical skills.
- Patients were very positive about the care they received and we saw patients were treated in a professional and caring manner.
- At the last inspection management of the risk register was found to be poor. We found the risk register was now up to date, reviewed monthly and actions taken where needed.
- Patient outcomes were collected and monitored using the national hip fracture audit and national Parkinson's audit.

# Community health inpatient services

- There was good leadership at ward level and above. Staff spoke highly of their line managers and told us they felt listened to.

However:

- There were still two registered nurse vacancies to be filled. These were being advertised at the time of the inspection.
- At the last inspection some staff were unsure of their future due to a lack of direction and strategy for the service. We found the service had made inroads into developing their service and there remained six members of staff on six temporary contracts. Further work was needed to ensure these contracts were made substantive.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed their training. The overall completion rate for staff at the service was 90%.
- Staff had a good knowledge and understanding of the trust's safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. There were effective arrangements in place for safeguarding vulnerable adults
- The service controlled infection risk well. Staff used hand hygiene and infection control measures and personal protective equipment were available for staff and used appropriately.
- The service had suitable premises and equipment and looked after them well. Equipment was in good working order and had been safety tested and checked according to manufacturer's recommendations.
- Measures were in place to ensure that staff assessed and responded to patient risk. Patients were protected from risks such as falls and pressure damage and staff responded appropriately if there was deterioration in a patient's condition.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Nurse staffing had improved since our last inspection.
- Staff kept appropriate records of patients' care and treatment. Records were completed to a good standard and were available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The safety thermometer display board informed staff, patients and their relatives the service had eight months of harm free care.
- The service managed patient incidents well. Staff recognised incidents and reported them appropriately.

## Is the service effective?

Good  

# Community health inpatient services

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit and used their findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health. Provision was made for patients requiring a specialised diet or for those who had cultural and other preferences.
- Patients were cared for by appropriately qualified and trained staff. New staff and student nurses had received induction to the unit and been trained specific competencies before being able to care for patients independently.
- The service made sure that staff were competent for their role. Managers appraised staff's work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care. Staff of different kinds worked together as a team to benefit patients. Weekly multidisciplinary team meetings took place to discuss each patient.
- The service supported patients in leading a healthier lifestyle. The service displayed information about smoking cessation services and reducing alcohol consumption.

## Is the service caring?

Good ● → ←

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

- Staff provided a caring, kind and compassionate service, which involved patients in their care. We saw examples of staff being supportive and kind to patients and their relatives.
- Staff involved patients and those close to them in their care. This included through joint care planning and multidisciplinary meetings. Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

Good ● → ←

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

- Staff demonstrated an awareness of the needs of local population and developed services accordingly. This included the acute frailty service for the elderly.
- The service took account of patients' individual needs. Activities and social opportunities were arranged for patients and the service catered for patients who had additional needs such as those living with dementia.
- People could access the service when they needed it. There were no issues with access to the service or delays in discharges and transfers out of the service.

# Community health inpatient services

- The service treated concerns and complaints seriously. The service had not received any complaints recently, but when it did it investigated them and learned lessons from the results.

## Is the service well-led?

Good ● ↑

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

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke positively of the leadership structure for the service.
- We found a positive culture with staff being open, honest, and willing to share information with us on inspection.
- The trust vision was ‘to provide high quality care, in the right place, at the right time every time’ was underpinned by values of excellence and high quality care. The strategy was on display in the staff area on the ward and staff we spoke with were aware of the vision.
- The service had effective governance procedures. Risks, incidents, complaints, compliments, quality of care and staffing were discussed. Any issues were escalated to the senior management team.
- The service had effective systems for identifying risks, planning to eliminate or reduce them.
- The trust collected, analysed, managed and used information well to support all its delivery of care.
- All staff we spoke with said they felt morale was high and that they enjoyed working for the service. We observed clinical and non-clinical staff were routinely welcoming and helpful to visitors.
- The trust engaged well with patients and carers, staff and local organisations to plan and manage services. There was effective collaborative working with partner organisations.
- We found a culture of continuous improvement and service development. There was a commitment to developing staff and staff were passionate about improving services for patients.

## Areas for improvement

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

# Mental health services

## Background to mental health services

The trust provides the following mental health core services:

- acute wards for adults of working age and psychiatric intensive care units
- forensic inpatient / secure wards
- child and adolescent mental health wards
- mental health crisis services and health based places of safety
- community-based mental health services for adults of working age
- wards for older people with mental health problems
- community-based mental health services for older people
- specialist community mental health services for children and young people
- community mental health services for people with a learning disability or autism

During our well led review of the trust we inspected the following mental health core services:

- acute wards for adults of working age and psychiatric intensive care units
- forensic inpatient / secure wards
- child and adolescent mental health wards
- mental health crisis services and health based places of safety.

## Summary of mental health services

**Requires improvement**  

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

- Our rating of acute wards for adults of working age and psychiatric intensive care units went down from good overall to requires improvement
- Our rating of child and adolescent mental health wards went down from good overall to requires improvement
- Our rating of mental health crisis services and health based places of safety went down from good overall to requires improvement

However:

- Our rating for forensic inpatient / secure wards remained good.

# Summary of findings

We found areas for improvement in three of the core services we inspected this time. See Areas for improvement section above for details.

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

Requires improvement  

## Key facts and figures

Lancashire Care NHS Trust provides acute inpatient wards and psychiatric intensive care units to the population of Lancashire. The service provides care to men and women aged eighteen years and over with a mental health illness. Services are provided to patients who are admitted informally and patients who were compulsorily detained under the Mental Health Act. The service is based across 17 wards at five different locations. These are:

The Harbour – The Harbour is a purpose built mental health facility located in Blackpool. The Harbour includes four adult mental health wards and two psychiatric intensive care units. Wards based at the Harbour are:

- Churchill ward, a 18 bed male acute ward
- Orwell ward, a 18 bed male acute ward
- Shakespeare ward, a 18 bed female acute ward
- Stevenson ward, a 18 bed female acute ward
- Byron ward, an eight bed female psychiatric intensive care unit
- Keats ward, an eight bed male psychiatric intensive care unit

Burnley General hospital - Burnley General hospital houses three acute wards and one psychiatric intensive care unit. Wards based at Burnley General hospital are:

- Dunsop ward, a 20 bed female acute ward
- Edisford ward, a 14 bed female assessment ward
- Hodder ward, a 21 bed male acute ward
- Stockbeck, a six bed female psychiatric intensive care unit

The Royal Blackburn hospital - the Royal Blackburn houses three acute wards and one psychiatric intensive care unit. Wards based at the Royal Blackburn hospital are:

- Darwen ward, a 19 bed male acute ward
- Hyndburn ward, a 20 bed female acute ward
- Ribble ward, a 12 bed male assessment ward
- Calder, a six bed male psychiatric intensive care unit

The Scarisbrick inpatient unit – The Scarisbrick inpatient unit is located at Ormskirk District General hospital. The unit houses one acute ward and one psychiatric intensive care unit. Wards based at the Scarisbrick inpatient unit are:

- Scarisbrick inpatient ward, a 20 bed mixed sex acute ward
- Lathom Suite psychiatric intensive care unit, a four bed male psychiatric intensive care unit

The Orchard – the Orchard is a standalone unit based in Lancaster that houses one 18 bed mixed-sex acute ward.



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

The CQC last inspected the service in September 2016 as part of a comprehensive inspection of Lancashire Care NHS trust. The service was rated as good overall. The service was rated as requires improvement in the safe domain. The service was rated as good in the effective, caring, responsive and well led domains. We found the following breaches of regulation on the inspection:

Regulation 12 Safe care and treatment. We told the trust that they must ensure that buildings were safe for their purpose and remove the ligature risk posed by the suspended ceiling at the Burnley General hospital site.

Regulation 18 Staffing. We told the trust that they must ensure that staff have an appropriate level of training in basic life support and immediate life support.

This inspection took place between 8 and 12 January 2018. The inspection was unannounced which meant that the service had no prior notice that we would be attending. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

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

- visited all 17 wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 61 patients who were using the service, and reviewed their comments on four feedback cards
- spoke with three carers of patients who were using the service
- spoke with ward managers for all 17 wards
- spoke with 71 other staff members including modern matrons, registered nurses, healthcare support workers, occupational therapists and psychologists
- looked at the care and treatment records of 128 patients
- reviewed medication management including a sample of patients' medication administration records
- attended and observed three staff handovers, four multidisciplinary meetings and two medication rounds.
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Staff were not appropriately monitoring patients after the administration of rapid tranquilisation. There were gaps in the required observations and incomplete records.
- Staff compliance with essential training was low. Essential training was training required for specific staff roles. Overall compliance with essential training was 46%. All four courses fell below 75%.
- Staffing levels were sufficient to ensure the safety of patients. However there was insufficient staffing and leadership capacity to ensure that staff supervision, appraisal and team meetings took place regularly. Ward managers and modern matrons were required to work clinical shifts as part of their responsibilities. This reduced their capacity to perform their managerial functions. Staff prioritised patient care over completion of supervision, appraisal and team meetings.

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

- It was not clear that lessons learned from adverse incidents were effectively shared across locations and services within the trust. Staff were aware of incidents that had occurred on their own ward or within their own locality. However staff demonstrated less knowledge about incidents and learning that had happened on adult wards in other localities or from relevant incidents that had occurred in other services within the trust.
- There was inconsistent application of the trusts no smoking policy. Some wards were entirely smoke free and some permitted smoking in garden areas. We also smelt smoke and observed two patients smoking inside one ward.

However:

- The service proactively monitored and managed staffing levels to ensure patient safety. Staffing levels were reviewed daily and in twice weekly meetings. Ward managers were able to access bank and agency staff and staffing levels were adjusted to meet need. However there were shifts that operated below the expected establishment.
- Staff managed patient risk. Staff completed risk assessments on admission and updated these regularly. Risk assessments were comprehensive and included risk management plans.
- Buildings were clean and well maintained. Clinic rooms were appropriately equipped. Staff had access to emergency drugs and resuscitation equipment. Equipment and machinery were subject to regular checks and maintenance.
- There was strong medication management. Pharmacists inputted into wards on a daily basis. There was an electronic prescribing system in place which alerted staff to any prescribing that was above recommended levels or presented contraindications with other medication. Regular checks of prescribing, medication and stock levels were undertaken.
- Staff managed patients physical health needs. Physical health assessments were completed on admission. There was ongoing monitoring of physical health utilising the early warning scores system. Patients had access to specialist healthcare where required.
- There was good adherence to the Mental Health Act and the Mental Capacity Act. Appropriate documentation was complete and in place. Staff were supported by a central trust team and by Mental Health Act administrators who inputted into each ward. Patients had access to advocacy services. However notices advising informal patients of their right to leave were not on display on all wards.
- Staff delivered care in a multidisciplinary manner and in line with national guidance and best practice.
- Feedback from patients and carers was generally positive. They told us staff were compassionate and treated them with kindness and dignity. Patients and carers were involved in decisions about their care.

## Is the service safe?

**Requires improvement** ● → ←

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

- Patients did not receive appropriate monitoring following the use of rapid tranquilisation. This was identified as an area the trust should improve on at our last inspection.
- Compliance with essential training was low. Essential training was considered mandatory for medical and nursing roles. Overall compliance was 46%.
- Staffing levels remained challenging. Vacancies meant that staff were not always able to facilitate planned activities and leave. Ward managers and modern matrons were required to complete clinical shifts which meant they did not always have sufficient time to complete their managerial responsibilities.

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

However:

- Wards were clean and well maintained. Wards complied with guidance on eliminating same sex accommodation.
- Staff risk assessed patients on admission. Risk assessments were comprehensive and reviewed on a regular basis.
- Seclusion rooms were appropriate for use and complied with Mental Health Act code of practice requirements.
- There was good medication management on wards. Pharmacists inputted daily. Clinic rooms were well maintained and fully equipped. Staff had access to resuscitation equipment and emergency medicines.
- The service had procedures in place to review, investigate and learn from adverse incidents. However it was not clear how effectively lessons learnt were shared across locations or across other trust services.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff were not receiving supervision in line with trust policy. This was identified as an area the trust should improve on at our last inspection.
- Staff appraisals rates were low. Only 28% of staff had completed objectives and only 20% had been through a personal development review. This was identified as an area the trust should improve on at our last inspection.

However

- Patients had access to a multidisciplinary team to support them with their care and treatment. Staff regularly reviewed patient care in multidisciplinary meetings.
- Staff completed physical health assessments on admission. There was good ongoing monitoring of physical health and effective management of patients with existing conditions. Patients could access specialist support where required.
- Care records were of a good standard. They were up to date and comprehensive. Care records were generally personalised and holistic.
- There was good adherence to the Mental Health Act and Mental Capacity Act. Staff were supported by a centralised trust team and Mental Health Act administrators who worked on each ward. Mental Health Act documentation was of a good standard. However compliance with training in both areas was low.
- Staff carried out audits at ward and service level to assure the quality of the service.

## Is the service caring?

**Good** ● → ←

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

- Patient feedback on staff was generally positive. Patients and carers told us that staff were compassionate, committed and interested in them as individuals.

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

- Staff treated patients with kindness and dignity. We observed positive interactions between staff and patients during the inspection. Staff were respectful of patients privacy and knocked before entering patient bedrooms.
- Staff involved patients and carers in decisions about care and treatment. Carers had opportunities for involvement in their relatives care including attending ward rounds. Staff kept carers informed about their relatives.
- Patients were given an orientation and induction to the ward as part of the admission process.
- Patients had access to independent advocacy services. Advocacy services regularly attended wards.

However:

- It was not clear that patients had been offered copies of their care plans.

## Is the service responsive?

**Good** ● → ←

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

- There was a centralised bed management hub to promote the most effective use of beds. Delayed discharges and out of area placements were monitored and managed.
- Discharge planning was considered from admission and in early care programme approach meetings.
- There was access to translation services including face to face, telephone and document translation.
- There was a process to manage and learn from complaints. Patients were supported to make complaints where appropriate.
- Patients had access to a range of information on wards. However the provision of information was not consistent across all wards.
- Staff provided activities for patients on the ward. However the provision of activities was dependent upon staff capacity. There was a reduced provision at weekends.

However:

- Three wards had dormitory sleeping arrangements. However the trust was aware of these issues and was developing plans to address them. Two of the wards were due to relocate later in 2018.
- Three wards were located on the first floor and did not provide patients with direct access to outdoor space. Patients could access outdoor space if they had leave arrangements in place.

## Is the service well-led?

**Requires improvement** ● ↓

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

- At our last inspection we asked the trust to address issues around the monitoring of patients following the use of rapid tranquilisation, compliance with supervision and compliance with staff appraisals. We found these issues continued to be a problem on this inspection.

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

- Ward managers and modern matrons completed clinical shifts as part of their responsibilities. This meant that they did not always have capacity to complete supervision, appraisals and to hold regular team meetings.
- Some governance recording systems were ineffective. The trust was unable to provide accurate and comprehensive figures around staff supervision or appraisal. There was inconsistency in how these were recorded on each ward.
- Staff were not always aware of senior managers within the service or trust.

However

- Staff considered ward managers to be approachable and supportive.
- Ward managers and modern matrons had a good understanding of the challenges the service faced.
- There were risk registers at ward, network and trust level. High level risks could be escalated up to the board framework. This meant that senior managers had oversight of the risks associated with the service.
- Staff morale was generally positive. Overall staff felt supported and respected. Staff worked collaboratively to meet the challenges they faced.
- Staff were aware of whistle blowing procedures and the local speak up guardian. Staff told us they would be happy to raise concerns without fear of reprisal. However two staff told us they may not raise concerns as they did not believe they would be addressed.
- Ward managers had access to performance dashboards.
- There was a suite of policies and procedures to support and guide staff.

## Areas for improvement

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

# Forensic/inpatient secure wards

Good   

## Key facts and figures

The forensic inpatient wards were part of the secure services network delivered by Lancashire Care NHS Foundation Trust. All services were based at Guild Lodge located in Longridge Lancashire.

The hospital provided three distinct services:

Male Secure Services:

- Fairsnape 8 medium secure male admission beds
- Calder ward 10 beds providing medium secure male admission and assessment
- Greenside 12 beds male medium secure care and treatment
- Marshaw 10 beds male long term medium secure
- Mallowdale 8 male medium secure beds
- Fair oak 18 beds male low secure rehabilitation
- Dutton 15 male low secure admission and assessment beds
- Fellside West 15 step down male beds (10 beds, 5 flats)

Women's Secure Services:

- Elmridge 9 medium secure beds
- Fellside East 8 low secure beds
- Forest Beck 8 step down beds

Male Secure Acquired Brain Injury Services:

- Bleasdale 9 beds male medium secure beds
- Whinfall 9 beds medium secure beds
- Langden 15 low secure beds
- The Hermitage 10 step down beds

This service was last inspected in September 2016. The overall rating at that time was good with actions the provider should take being:

- The trust should ensure that seclusion records clearly document the cleaning schedule.
- The trust should ensure that care plans clearly reflect patient views and are completed collaboratively with the patient.
- The trust should improve the quality of the recording of 25 hours a week patient activity to ensure accurate data is recorded.
- The trust should ensure that staff are always debriefed following serious incidents.

# Forensic/inpatient secure wards

- The trust should continue to address issues relating to the provision of seclusion. In particular, the privacy and dignity issues in the Dutton and Langden seclusion suite.
- The trust should ensure that there are robust systems in place to make sure clinic room temperatures do not rise above the recommended level.
- The trust should ensure there is an effective system in place to allow staff to check consent to treatment documentation prior to administering medication.

At the time of the inspection these issues had been addressed with the exception that two wards clinic room temperatures remained above the recommended temperature for medicine storage.

The inspection was unannounced and staff did not know we were coming. We inspected the service using all key lines of enquiry across all five domains (safe, effective, caring, responsive and well led).

Before the inspection visit, we reviewed information that we held about the service.

We carried out the inspection visit on the 09 and 10 January 2018. During the inspection we:

- spoke with 32 patients and five carers
- spoke with 66 staff
- reviewed 74 care records
- spoke with 32 patients and five carers
- gave patients the opportunity to complete comments cards
- spoke with 66 staff
- reviewed 74 care records
- reviewed 77 prescription charts and associated documentation
- completed a tour of the ward environment and clinic room on all wards
- spoke with ward managers, doctors and modern matrons
- spoke with the service managers
- observed a patient community meeting, a multidisciplinary team meeting and a safeguarding meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Patients using the service told us that they were treated with dignity and respect and described the staff as caring and helpful. We observed that staff took time to communicate with patients in a respectful and compassionate manner and patients were empowered to become active participants in their care.
- All patients underwent a thorough assessment of need, care plans were holistic and recovery oriented and included physical health assessments, these were completed in collaboration with the patients, progress was regularly reviewed.

# Forensic/inpatient secure wards

- Regular multidisciplinary meetings were held and attendance by outside agencies was encouraged. Families and carers were involved in this process where appropriate. Advocacy services were accessible and available to support patients.
- The hospital followed national guidelines on cleaning standards and monitoring procedures to provide and maintain a clean and appropriate environment to prevent and control healthcare associated infection. The wards were clean and tidy and there was an established cleaning regime. All clinic rooms were fully equipped. Emergency equipment was accessible to all and was maintained appropriately. Medicines were dispensed and stored securely and audits undertaken to ensure safe practice.
- The ward environments were subject to constraints in observation. These were effectively managed and risks mitigated with the use of observation and individual risk management planning. Regular environmental quality checks were conducted and patients were able to discuss and resolve environmental issues in community meetings.
- Electronic rostering was used to support staff management and staffing was reviewed regularly to ensure there was enough staff with the relevant skills to deliver safe patient care. Patients were supported by a skilled multidisciplinary team of staff which included nursing, psychiatric, psychological, occupational and dietetic support. Treatment practices were based on nationally recognised guidance.
- Any identified spiritual needs and cultural requirements were supported and families and carers groups were active in the service.
- Safeguarding processes were in place which reflected national guidance, and understood by all staff. There was a clear structure of reporting and responsibility for safeguarding adults and children. Any concerns relating to adult and child protection were communicated to the relevant protection agencies.
- Restrictive practices were reviewed regularly and patients were involved in the process. Regular patient surveys and community meetings informed improvements in patient care across the hospital.
- Staff were trained in and had a good understanding of the Mental Health Act and Mental Capacity Act. Staff followed local procedures and support was available from mental health act administrators. Patients were given information and support to ensure appropriate representation and aid understanding of their rights.
- There was an established governance structure with a defined hierarchy of reporting and decision making within the service. There were clear systems of accountability and senior managers were actively involved in the operational delivery of the service. There was a clear statement of visions and values, staff knew and understood the vision, values and strategic goals of the service.
- Staff we spoke with were positive about their roles and were positive about service development. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. They told us that they felt valued, had input into the service and were consulted and involved in service quality developments.

However:

- Most non-refrigerated medicines must be stored at less than 25°C to ensure they remain effective. Ambient room temperatures in two clinic rooms regularly exceeded this temperature.
- Key access to the seclusion room on some wards was limited and staff described some difficulty finding key holders to access these rooms.

## Is the service safe?

Good   



# Forensic/inpatient secure wards

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

- All ward areas were clean and well maintained
- Staff followed local infection control procedures.
- Electronic rostering was used to support staff management; staffing levels were reviewed daily to ensure there was enough staff with the relevant skills to deliver safe patient care.
- Appropriate security was in place in line with national guidance for medium and low secure provision.
- Alarm systems were in place to summon assistance or call for help in an emergency for patients and staff.
- There was an open and transparent culture to reporting incidents and learning from incidents. Lessons learnt from incidents were shared across teams and staff described changes to policy and practice in response to lessons learnt.
- All staff we spoke with had an understanding of duty of candour at a level appropriate to their role; staff were able to give examples of what would trigger a response under duty of candour.
- Staff had received appropriate mandatory training; compliance with staff training was monitored.
- There was good medicines management practice on the wards. Electronic prescribing was in place and pharmacy support available on site.

However:

- Keys to seclusion rooms in some areas were limited; staff told us that this could delay the opening of the seclusion room door when a patient was disturbed.
- Clinic room temperatures on two wards exceeded the requirement for ambient room temperatures for the safe storage of medications.

## Is the service effective?

Good   

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

- Care plans were of very good quality, they were personalised, holistic and recovery orientated. There was strong evidence of patient involvement and patients were given/offered copies of these documents.
- The wards followed best practice based on National Institute for Health and Care Excellence guidance when discussing treatment options and prescribing medication for patients.
- There was good access to healthcare with dedicated nurse practitioners in place to coordinate and deliver health based interventions. Health promotion was evident throughout the service, and patients had individual health action plans in place.
- Appropriate outcome measures were used to monitor patients' progress.
- The provider had an annual audit programme and staff conducted local audits in line with local procedures.
- There were weekly multidisciplinary ward rounds and regular care programme approach reviews for patients. Patients were able to access a range of treatments to support their recovery within a multi-disciplinary team approach.
- Staff were appropriately skilled for their role. Staff told us they received regular appraisal and clinical supervision.

# Forensic/inpatient secure wards

- The hospital had a policy in place to manage poor staff performance and disciplinary issues.
- Patients had access to Independent Mental Health Act advocacy services. These were advertised on wards. Staff knew how to refer patients to the service. Patients we spoke with were aware of the advocacy services available.

However:

The recording of supervision undertaken by staff proved variable. The supervision figures were not reliable as those provided by the trust were inconsistent with ward records.

## Is the service caring?

Good  → ←

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

- Patient feedback was positive. Patients considered staff caring, compassionate and interested in their wellbeing. Patients reported that staff were respectful in their manner and treated them with dignity.
- Patients told us they felt safe on the wards and were confident in the treatment they were receiving.
- Patients were oriented to the ward on their admission with welcome packs to help new patients settle into the ward environment. Patients were given verbal and written information about ward facilities and routines.
- There was evidence of good support from staff to support admission and make transition between medium, low and community services as smooth as possible.
- Patients were involved in their care and knew what was in their care plan.
- Staff listened to patients' views and responded to patient concerns. Patients and carers were able to give feedback on the quality of the service they received.
- Patients were able to access advocacy services
- There were opportunities for carers to be involved in the service with a dedicated carers forum in place.

## Is the service responsive?

Good  → ←

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

- The wards provided a range of activities and facilities to meet patients' needs. Facilities were available to ensure safe child visiting arrangements were in place and cultural and religious needs were met.
- Disabled access could be provided and equipment to support this sourced when required.
- Staff were able to access translation services and have documents translated where required.
- All staff and patients were aware of the complaints process and felt that their complaints were taken seriously and responded to in a timely manner. Themes from complaints received by the provider were discussed and actions to address concerns were recorded.
- Processes were in place to report, analyse and learn from complaints and patient feedback.

# Forensic/inpatient secure wards

However:

- Discharge planning was not evident in all patient records; discharge planning was generally evident for those patients ready to move into lower secure provision.

## Is the service well-led?

Good   

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

- There was an established governance structure with a defined hierarchy of reporting and decision making within the service. There were clear systems of accountability and senior managers were actively involved in the operational delivery of the service.
- Processes and systems of accountability were in place and performance management and quality reporting was clearly set out.
- Risks were identified and monitored. Performance issues were escalated and discussed at relevant governance forums and action taken to resolve concerns.
- There was a clear statement of visions and values, staff knew and understood the trusts vision, values and strategic goals.
- Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. They told us that they felt valued, had input into the service and were consulted and involved in service quality developments.
- The service was committed to improving the services on offer and continually improving the quality of care provided to patients with initiatives in place to improve services for women.
- There was a hospital risk register in place. Ward managers were able to escalate risks through the governance structure to be included on the risk register. The risk register was reviewed regularly.
- Staff were able to give feedback on the service and input into service development

## Areas for improvement

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

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

Requires improvement  

## Key facts and figures

The trust provided health-based places of safety for men and women at the following 136 suites:

- Burnley General Hospital (one suite)
- Ormskirk Hospital (one suite)
- Royal Blackburn Hospital (one suite)
- The Rigby Suite, at Royal Preston Hospital (two suites)
- The Harbour, in Blackpool (two suites)
- The Orchard, in Lancaster (one suite)

All suites were for people over 18 years, except The Rigby Suite which was for young people aged 19 years and under (but also took adults over 18).

The trust provided short-term support for men and women at crisis support units at:

- The Towneley Unit, Royal Blackburn Hospital (6 chairs)
- Crisis Support Unit, Arkwright Unit, Royal Preston Hospital (6 chairs).

Both services were in a transition process, and the service in the Arkwright Unit was already partly provided by another organisation. The aim of the services was to provide short-term support for up to 23 hours for men and women. This was as an alternative to admission, but up to half of the beds in each unit could be used for patients awaiting a hospital bed.

The crisis and home treatment services were going through a transition period, and the trust could not provide us with a clear list of the services provided. The services we visited, or that were confirmed by staff we spoke with were:

### East

- Blackburn and Darwen specialist triage assessment team (START) *which feeds into*
- Blackburn and Darwen home treatment team
- Hyndburn, Ribble Valley and Rossendale specialist triage assessment team (START) *and*
- Burnley and Pendle specialist triage assessment team (START) *both feed into*
- East home treatment team

### Central

- Preston specialist triage assessment team (START)
- Preston home treatment team

### Lancaster

- Lancaster and Morecambe home treatment team

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

Services were also provided in Blackpool and Ormskirk. The specialist triage assessment teams carried out an assessment of all people referred to the service, and referred them to other services if necessary, including to the home treatment teams. The assessment and treatment team carried out a similar role, but also provided short term interventions for some patients. The home treatment teams provided care and support for patients as an alternative to admission, usually for up to three months. This included visiting people in their homes, or at GP surgeries or outpatient/community team offices.

Older adults mental health community services were provided across Lancashire, but were not included in this inspection.

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

We inspected all the 136 suites, both crisis support units, and a sample of crisis/home treatment services.

Before this inspection, we reviewed information that we held about the service. During the inspection we:

- spoke with 21 staff
- spoke with 11 managers
- spoke with 2 patients
- reviewed 44 care records
- carried out a tour of all eight 136 suites across six sites
- carried out a tour of both crisis support units across two sites
- carried out a tour of the offices and interview/meeting rooms in the four assessment or home treatment services we visited (Blackburn, Burnley, Lancaster and Preston)
- observed two handovers
- looked at a range of policies, procedures and other documents relating to the running of the service.

A comprehensive inspection of mental health crisis services and health-based places of safety was last carried out by the Care Quality Commission in September 2016. Mental health crisis services and health-based places of safety were rated as good. A focussed inspection was carried out of 136 suites and health based places of safety in December 2017.

## Summary of this service

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

- Patients were regularly held in the 136 suites over the 24-hour time limit set out in the Mental Health Act. This occurred when patients had been assessed as needing inpatient admission, but there were no beds available. Some patients had been held in the 136 suite for several days.
- The crisis support units only had reclining chairs in communal areas for patients to rest or sleep in, which meant patients slept overnight in reclining chairs in communal areas. The purpose of the crisis support units was to provide short term support for patients for up to 23 hours as an alternative to hospital admission, or whilst awaiting a hospital bed. This led to some patients spending several days in a crisis support unit when there were no admission beds available.

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

- The trust was unable to provide consistent information relating to this core service. The trust was unable to provide a definitive list of teams that fitted within this core service. The information it provided did not clearly match up with sample of crisis/home treatment teams we visited as part of this inspection. The incident reporting system did not allow for routine analysis of themes and trends in the 136 suites. The trust did not report on patient feedback from the 136 suites, and was unable to provide us with reports for the friends and family test for all its crisis/home treatment teams.
- Staff involved with the crisis support units and crisis/home treatment teams were impacted to some degree by reorganisation within this core service which led to uncertainty. Staff were concerned about staffing levels, but were generally positive about the teams they worked in and local managers.

However:

- There were no waiting lists for the services provided within this core service. Patients were able to access the 136 suites, crisis/home treatment teams and crisis support units when required.
- Patients had an assessment of their needs, and a plan of care was developed in response to this. This included their mental and physical health, potential risks and social situation. Care plans were person centred and tailored to the individual. Staff were able to access patients' electronic records across the trust.
- Patients in the 136 suites had their mental capacity assessed regularly. This included patients who were held there after the section 136 had expired. The quality of the capacity assessments varied. Patients in the crisis support units and crisis/home treatment teams were presumed to have capacity to make decisions about their care and treatment. Where there were concerns that this was not the case, staff carried out a capacity assessment.
- Patients had access to information, which included how to make a complaint. Complaints were managed appropriately.
- The trust was part of a multiagency group that had developed and implemented a policy for the use of section 135 and 136 across the Lancashire area. This included the police, other NHS trusts, and the local authority.
- The facilities were generally clean and maintained. The 136 suites were generally in keeping with the standards in the Mental Health Act and its code of practice. The rooms and buildings used by patients were accessible to people using a wheelchair.

## Is the service safe?

**Not sufficient evidence to rate** ●

We did not rate safe. We did not have sufficient evidence to provide a rating for safe because:

- The trust did not provide adequate assurance that staff had received the mandatory training specified by the trust.
- The information provided by the trust about staffing was inconsistent. Bank and agency staff were used to fill gaps across this core service, and the acute wards to backfill for staff in the 136 suites.
- Incidents in the 136 suites were recorded, but could not be easily analysed for themes or trends.

However:

- The buildings and areas where patients were seen were generally clean and adequately maintained.

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

- Risk assessments were carried out of all patients who used the service. Staff developed plans from these which were reviewed and updated regularly. Patients in the crisis support units had a detailed assessment carried out during their time in the service, and before they were discharged.
- Staff identified and responded appropriately to safeguarding concerns.
- Staff had access to patients' care records. All clinical staff had access to the trust's electronic records system.
- Medication was stored and administered appropriately. Staff in the crisis support units supported patients to safely store and administer their own medication.
- The crisis/home treatment teams and the crisis support units were undergoing a transitional period, resulting in staff changes and staff felt under pressure to meet patients' needs. All but one of the 136 suites was staffed from the acute wards.
- Incidents were managed through the trust's electronic reporting system. Staff knew how to identify and report incidents, and these were reviewed and investigated by managers. Feedback following incidents was provided individually or through team meetings and trust-wide emails.

## Is the service effective?

**Requires improvement** ● ↓

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

- Patients were regularly held in the 136 suites over the 24-hour time limit set out in the Mental Health Act. This occurred when patients had been assessed as needing hospital admission, but there were no beds available. Some patients had been held in the 136 suite for several days, with the longest being over a week. The trust was not able to explain what legal authority they were holding people under. Access to hospital beds were controlled by the trust's central bed hub.
- The trust did not provide adequate assurance that staff received supervision.

However:

- The 136 suites were generally in keeping with the standards in the Mental Health Act and its code of practice. Staff were aware of recent changes to section 136 of the Mental Health Act.
- Patients had an assessment of their needs, and a plan of care was developed in response to this. This included their mental and physical health, potential risks and social situation.
- The sample of staff we spoke with told us they had access to training and supervision, and had had an appraisal.
- The trust was part of a multiagency group that had developed and implemented a policy for the use of section 135 and 136 across the Lancashire area. This included the police, other NHS trusts, and the local authority.
- Staff carried out regular assessments of patient's capacity and discussed this with them. The quality of the documentation of these assessments ranged from detailed and comprehensive to a brief reference.

## Is the service caring?

**Good** ● → ←

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

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

- Patients in the crisis/home treatment teams were involved in their assessment and care planning. These were person centred and tailored to the individual. The records included the views and wishes of the patients, and of their family and friends where appropriate.
- Patients using the crisis/home treatment teams were provided with information about their care. This included what to expect from the service, and who to contact if they had concerns.
- The feedback forms, and friends and family test information we saw was generally positive.

However:

- The trust did not report on feedback from patients who had used the 136 suites, and did not have information on the friends and family test for all the crisis/home treatment teams.
- Patients were not involved in the development of the service.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The crisis support units only had reclining chairs in communal areas for patients to rest and sleep in. The crisis support units remit was for short term support for patients for up to 23 hours, as an alternative to hospital admission, or whilst waiting for an inpatient bed. Some patients spent several days in a crisis support unit when there were no admission beds available.
- Patients in the 136 suites may have to wait for a hospital bed, which led to some patients remaining in the suites for several days. Access to hospital beds was controlled by the trust's central bed hub.

However:

- Patients were able to access the 136 suites, crisis/home treatment teams and crisis support units when required.
- Patients were triaged and assessed, and then referred to the crisis/home treatment teams if necessary. The crisis/home treatment teams had no waiting lists. The 136 suites, crisis/home treatment teams and crisis support units were available 24-hours a day. The crisis/home treatment teams provided a telephone-only service during the night.
- There were satisfactory facilities for staff and patients. The 136 suites varied across the sites, but patients had access to food and drink. The crisis/home treatment teams visited people at home, or in interview and meeting rooms in GP surgeries and outpatient departments. Patients in the crisis support units had access to food and drink, showers, and limited activities.
- The 136 suites, crisis support units, and offices of the crisis/home treatment teams were accessible to people in a wheelchair. Interpreters were provided when required. Information was available for patients, but this was not always on display. Food was available for people with dietary preferences, such as vegetarian or halal.
- Complaints were managed appropriately. Information about the trust's complaints policy was on display, and available on the trust's website.



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

## Is the service well-led?

**Requires improvement** ● ↓

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

- The trust regularly breached the Mental Health Act, by holding patients in the 136 suites beyond 24 hours when the section 136 had expired.
- The trust were unable to provide a definitive list of teams that fitted within this core service, and it did not match up with sample of crisis/home treatment teams we visited as part of this inspection. The trust was unable to provide information about this core service such as training and supervision.
- Most of the teams within this core service were affected to some degree by reorganisation or transition within the service. This resulted in some uncertainty amongst staff. This was particularly marked in the crisis support units, where the service was transitioning to a third sector provider. Staff felt under pressure to provide the service with the staff available.

However:

- Staff were aware of the trust's values.
- There was a clear management structure within the crisis/home treatment teams. The management of the 136 suites was aligned to the nearest ward, or on rotation. The management of the crisis support units was in a transition period. Managers generally felt supported in their roles, and able to raise concerns and add items to the risk register.
- Staff were generally positive about the teams they worked in and their local managers. They felt able to voice their concerns.
- Staff were able to access information about patients when they needed it.

## Areas for improvement

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

# Child and adolescent mental health wards

Requires improvement  

## Key facts and figures

The trust provided child and adolescent mental health wards from one location, The Cove in Heysham.

At the last inspection in September 2016, the trust provided this core service from two locations, The Junction in Lancaster and The Platform in Preston. The core service was rated Good across all domains at the last inspection. No regulatory breaches were identified for this core service during the September 2016 inspection.

The trust co-located its two inpatient wards into one new location at The Cove in May 2017. The Cove was an 18 bedded inpatient service for males and females aged 13-18 years. The ward was split into two areas, Pebble and Sand. Pebble had 12 beds and was intended to be used for assessment and planning. Sand side had six beds and was to be used for planned intervention. At the time of the inspection, the service had moved all patients on to Pebble side.

At the well-led inspection in February 2018, the trust confirmed that they had reduced the number of beds available to 10 after consultation with the specialist commissioner. This was to implement the recovery plan, train staff and make essential repairs to the unit.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the service using all key lines of enquiry across all five domains (safe, effective, caring, responsive and well led).

Before the inspection visit, we reviewed information that we held about the service.

We carried out an unannounced inspection visit on the 09 and 10 January 2018. During the inspection we:

- spoke with six patients and one carer of a patient
- spoke with 11 staff including registered nurses, healthcare assistants, social worker, technical instructor, consultant clinical psychologist, senior psychologist, consultant psychiatrists and a speciality doctor
- spoke with the independent advocate
- reviewed five care records
- reviewed 12 prescription charts and associated documentation
- completed a tour of the ward environment and clinic room
- spoke with two ward managers and the modern matron
- spoke with the service manager and lead nurse
- observed a participation group meeting, a multidisciplinary team handover and a care programme approach meeting
- completed a short observational framework for inspection. A short observational framework for inspection is used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves
- reviewed a variety of documents and governance information

The team included two CQC inspectors, two specialist professional advisors and one expert by experience.

# Child and adolescent mental health wards

Specialist advisors are experts in their field who we do not directly employ. An expert by experience is a person who has personal experience of using, or supporting someone, using mental health services.

## Summary of this service

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

- The service was under increased pressure at the time of inspection due to the acuity of the patients, staffing issues and the high levels of observation required. Staff spent the majority of their time on observations for certain patients. Staff had a low morale.
- Patients felt that there were not enough staff on the wards and that staff did not always have time to speak to them. Activities were not happening on the ward. Staff were not engaging with the patients when not on observations.
- There were issues with the environment that impacted on the patients and staff. There were broken door panels that had been boarded up and were awaiting repair. Staff and patients felt this did not contribute to a welcoming environment.
- The service was not holding regular debriefs or sharing lessons learnt following incidents. Supervision and appraisal figures were low.
- Staff were not always following the individual support plans of patients.
- Feedback from patients was mixed regarding involvement in their care plans. The care plans we reviewed were written in the first person but used nursing terminology throughout. This indicated it was not the patient's voice.
- We observed some negative interactions between staff and patients, where staff did not engage appropriately with the patient.
- This core service was rated as Good at the last inspection in September 2016. The trust had co-located its two locations into one location at The Cove. This had led to an impact on the quality of care staff delivered and the loss of a number of experienced staff members.

However:

- Leaders within the service were aware about the issues the service was facing. They were open and honest about these issues. The leaders had plans in place to resolve these issues and were passionate about improving the service.
- Staff were working hard to manage the issues in the service and were keen to deliver safe care under challenging circumstances. Staff felt supported by the team on a local level.
- All patients had care plans and detailed risk assessments. The care plans identified the individual needs of each patient.

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff reported that they were under increased pressure due to the levels of observation and acuity of the ward. Staff were allocated to be on observations for long periods of time.

# Child and adolescent mental health wards

- The service was reliant on bank and agency staff to manage the service safely. It was noted that the service had to use bank staff outside of the regular bank team. These staff team may not have been familiar with the patients or had a background in child and adolescent mental health.
- The environment had a number of issues. There were door panels that had been broken and not yet replaced. The service had identified a number of doors that needed replacing.
- The service was using portable heaters as heating was not adequate. The service had not completed a formal risk assessment for their use.
- Ward managers had been unable to complete the sign off process for 147 incidents at the time of inspection. It could not be confirmed that they had had appropriate oversight of these incidents.
- Debriefs were not happening regularly after incidents. Lessons learnt following incidents were not routinely being shared with the team.
- The service had blanket restrictions in place regarding access to the kitchen and outdoor spaces.
- Staff had mixed understanding of the duty of candour and their individual responsibilities in relation to this.

However:

- All care records reviewed had detailed risk assessments.
- Staff had an understanding of safeguarding concerns and were aware of how to report them appropriately.
- During the multidisciplinary team handover meeting, we observed that staff had an understanding of the safeguarding and vulnerabilities of each patient.
- Leaders within the service were aware of the environmental issues and were working to resolve them. A date had been identified for the doors to be replaced. At the well-led inspection in February 2018, the trust provided evidence that this work had been completed.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service had experienced a high turnover in staff and a significant number of staff were new to the core service. There was a risk that these staff, and bank staff being used to cover vacant shifts, did not have the specialist training to work within child and adolescent mental health. Managers recognised this to be the case. They had a plan to provide the specialist training required but had not enacted this.
- Managers were not providing staff with regular supervision and appraisal in the months prior to the inspection.
- We observed that staff did not always follow patients' support plans.
- Team meetings had only been recently re-introduced. Staff reported that nursing staff had not been able to attend these team meetings.

However:

- The service had access to a wide range of multidisciplinary team staff.
- Physical health monitoring was present in four of the five care records reviewed.

# Child and adolescent mental health wards

- During the care programme approach meeting, we observed that staff were trying to facilitate leave for the patient and ensure that any barriers to this were removed.
- There was evidence that the capacity of the patients was being reviewed and this was recorded within the patient notes.

## Is the service caring?

**Requires improvement** ● ↓

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

- We observed some negative interactions between staff and patients, where staff did not engage with the patient. We heard some interactions where patients were not spoken about in a respectful manner.
- Patients reported that there were not enough staff on the wards. Patients felt that staff did not always have time to speak with them or would choose to spend time in the office rather than engaging with them. Activities were limited on the ward.
- Patients reported that staff did not know how to control or manage certain patients on the ward. They felt boundaries were not in place for these patients.
- Feedback from patients indicated that there was mixed involvement in care plans and decisions.
- We observed some interactions where staff did not follow care and support plans for individual patients. A patient's positive behavioural support plan identified how best to communicate with and care for that individual patient, by using Picture Exchange Communication System cards. We did not observe staff using these cards when communicating with the patient.
- Care plans had been written in the first person but used nursing terminology throughout. This indicated it was not the patient's voice. Two patients interviewed stated that staff wrote the care plans and these were then shown to the patient for them to sign.

However:

- The service had strong links with the advocacy service and staff promoted this with patients.
- We observed some positive interactions of care between staff and patients where staff took the time to explain what was happening and displayed a caring attitude.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service had not provided an interpreter to a patient with hearing difficulties in a timely manner.
- Staff were not using communication cards with a patient where they had been identified in the patient's support plan.
- Staff and patients reported the food was of a poor quality and there could be a limited choice.
- Patients had to ask staff for access to snacks and hot drinks. Patients reported that staff would often provide this in a timely manner but that there were times this could be delayed if the ward was busy.

# Child and adolescent mental health wards

- Staff felt that patients were admitted out of hours without considering the acuity of the ward and impact on the quality of care that could be delivered.

However:

- There was a wide range of rooms to support care and treatment.
- Patients knew how to make a complaint. We observed that managers investigated complaints appropriately.
- Patients had access to their own lockable ensuite bedrooms and were able to personalise their rooms.
- Patients could access a participation meeting that was independently chaired. The feedback of this meeting was provided to the service to resolve any issues discussed.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The transition of the service from the two previous locations to the one new location had impacted on the quality of care that staff delivered. Staff felt that they were not able to maintain the levels of care they had previously achieved. Staff reported that they had not felt supported by the trust during the transition to the new location.
- Staff had a low morale within the service due to the pressure they were under and the level of acuity on the ward.
- We identified a number of lapses in governance. These included managers not ensuring that staff received supervision and appraisal, that staff held debrief sessions following incidents or that lessons learnt from incidents or complaints were shared amongst the team.
- Risk assessments had not been completed or updated for the use of portable heaters. There was a repeated error in the environmental risk audit.
- Staff felt disconnected from the senior management team for the organisation and did not feel supported from this level of management.

However:

- Despite the pressures that the service was under, staff were working hard to manage the situation and were passionate about their jobs.
- Leaders within the core service were open and honest about the issues the service was facing and had identified plans of how the issues could be rectified.
- Staff and leaders recognised that improvements needed to be made and displayed a passion for wanting to produce higher quality care.
- The service had a comprehensive risk register that reflected the current risks of the service. Leaders could explain how the risks were being managed or attempted to be resolved.
- Staff were supported by the team and management at a local level.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Brain Cranna, Head of Hospital Inspections, led this inspection. Four specialist advisers - a deputy director of nursing, a safeguarding adviser, and two board level advisers - supported the well led review.

The inspection team across the five core services and well led review included: two inspection managers, 12 inspectors, a Mental Health Act reviewer, a pharmacist, 12 specialist advisers, a data analyst, and two experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.