

**Good**


South West Yorkshire Partnership NHS Foundation  
Trust

# Forensic inpatient/secure wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXG10	Fieldhead Hospital	Priestley ward	WK1 3SP
RXG10	Fieldhead Hospital	Appleton ward	WK1 3SP
RXG10	Fieldhead Hospital	Johnson ward	WK1 3SP
RXG10	Fieldhead Hospital	Chippendale ward	WK1 3SP
RXG10	Fieldhead Hospital	Waterton ward	WK1 3SP
RXG10	Fieldhead Hospital	Bronte ward	WK1 3SP
RXG10	Fieldhead Hospital	Hepworth ward	WK1 3SP
RXG10	Fieldhead Hospital	Sandal ward	WK1 3SP
RXG10	Fieldhead Hospital	Newhaven ward	WK1 3SP
RXG10	Fieldhead Hospital	Thornhill ward	WK1 3SP
RXG10	Fieldhead Hospital	Ryburn ward	WK1 3SP

# Summary of findings

This report describes our judgement of the quality of care provided within this core service by South West Yorkshire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by South West Yorkshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of South West Yorkshire Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated forensic inpatient secure wards as good overall because:

- Following our inspection in March 2016, we rated the services as good for caring and responsive. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.
  - During this most recent inspection, we found that the services had addressed the issues that had caused us to rate safe and well-led as requires improvement following the March 2016 inspection.
  - Forensic inpatient secure wards were now meeting Regulations 12, 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
  - We reviewed the actions we said the trust should take to improve, all of which had been addressed.
- However, whilst we found that the trust had met the breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 at the inspection in March 2016 in relation to the trust ensuring that positive behaviour support plans or equivalent are implemented for all patients with learning disability or autism, we found the trust were not adhering to the best interests checklists as defined by the Mental Capacity Act. Mental capacity assessments were not recorded in patients notes and best interest decisions were not documented. Staff did not understand the processes necessary to clearly document capacity issues. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

# Summary of findings

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

### Are services safe?

We changed our rating of safe to good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the March 2016 inspection.
- The nursing staff levels on each ward matched the number of nurses required to facilitate adequate nursing care. This meant that patient's leave, physical health appointments and ward based activities were less likely to be cancelled due to the lack of staff.
- Whilst the temperature in the clinic rooms remained too high and exceeded the recommended level for the safe storage of medicines, steps had been taken to prevent medicines from becoming less effective. Air conditioning was due to be installed.
- Immediate life support training had been made mandatory for all relevant staff. Compliance was recorded centrally and senior managers had oversight.

Good



### Are services effective?

We kept our rating of effective to requires improvement because:

- Mental capacity assessments were not documented in patients notes. Staff were unable to demonstrate how the best interests checklist had been adhered to. Staff lacked the knowledge and awareness regarding the processes of completing and documenting mental capacity information.
- In March 2016, two wards compliance with appraisals was 50% and 46%. At this inspection, appraisal rates for the last 12 months were 63% overall, which was not in line with trust policy.

However,

- We found that the trust had made good progress to ensure those who met the criteria for challenging behaviour had positive behavioural support plans in place. This was in keeping with guidance from NHS England (Transforming care for people with learning disabilities, 2015).
- Mental Health Act and Mental Capacity Act training was now mandatory for staff. The training being delivered was consistent throughout the service. At the time of inspection compliance with this training was low. Staff lacked knowledge of how to implement mental capacity assessments and decision making within the trusts systems and processes.

Requires improvement



# Summary of findings

- Patients were receiving 25 hours a week of meaningful activities as recommended by NHS England. This meant that patients were reaching their potential for recovery and rehabilitation in a timely way.
- At the last inspection we recommended the trust should ensure the care and treatment of patients in long-term segregation meets the standards set out in the Mental Health Act code of practice. The trust had developed a guidance document which was cascaded to all relevant staff.
- At the last inspection in March 2016 we recommended the trust should ensure that staff inform patients of their rights and record this in patient notes at regular intervals as set out in the MHA code of practice. A recent Mental Health Act visit and patient responses during this inspection confirmed that this had improved.
- At the last inspection in March 2016 we recommended the trust should ensure that access to patient records is available for all relevant staff in order for staff to provide safe patient care. At this inspection, the trust had taken steps to ensure all relevant staff had access to records.

## Are services caring?

At the last inspection in March 2016, we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



## Are services responsive to people's needs?

At the last inspection in March 2016, we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



- However, at the last inspection in March 2016, we recommended that the trust should ensure the food provision is of good quality. At this inspection, we found that food options, including healthy alternatives, were being discussed with patients in catering meetings and community meetings, and patients suggestions being acted upon where possible. Information was fed back to patients via a “you said, we did” notice.

## Are services well-led?

We changed our rating of well-led to good because:

- The service had addressed the issues that had caused us to rate well-led as requires improvement following the March 2016 inspection.

Good



# Summary of findings

- A new system had been introduced to ensure that staff were receiving regular supervision as described in the trust supervision policy. Information was collected at trust level and was accessible to ward managers and senior managers. The system had only been live for two months prior to inspection but this meant that in the future the trust would be able to provide accurate data and be assured that supervision was being delivered.
- Mental Health Act, Mental Capacity Act and immediate life support training had been made mandatory for all relevant staff. Compliance data was collected centrally and available to the senior management team. This meant that the trust had oversight of staff mandatory training.
- Staffing issues were managed by the senior management team and ward managers and information collected fed in to a monthly dashboard. The trust had developed a long term strategy to tackle the issues of poor staffing throughout the service. This meant that the trust was responding to issues identified within the governance structure.



# Summary of findings

## Information about the service

Fieldhead Hospital is both the headquarters of South West Yorkshire Partnership NHS Foundation Trust and host for a range of specialist inpatient mental health and learning disability services. The hospital's location, on the outskirts of Wakefield, contains mental health wards for working age and older adults, psychiatric intensive care units and inpatient facilities for patients who have a learning disability. The site contains both low and medium secure mental health units.

The forensic and inpatient wards were situated at Fieldhead Hospital Wakefield. We visited all eleven wards in the medium secure service at Newton Lodge and the low secure service at the Bretton Centre. Gaskell ward was being used temporarily by the acute inpatient service as a PICU ward.

The medium secure wards were situated at Newton Lodge and these were;

- Priestley ward, 17 beds, all male active recovery ward.
- Appleton ward, eight beds, all male admission and assessment for patients with learning disabilities.
- Johnson ward, 15 beds, female women's mental illness pathway.
- Chippendale ward, 12 beds learning disability recovery pathway.
- Waterton ward, 16 beds, male enhanced recovery.
- Bronte ward, seven beds, male mental illness pathway admission and PICU.

- Hepworth ward, 15 beds male, acute mental illness pathway.
- Gaskell ward was being used by another service and not inspected.

The low secure wards were situated at the Bretton Centre at Fieldhead hospital and these were:

- Sandal ward, 16 beds, all male admissions and assessment.
- Newhaven ward, 16 beds, all male learning disabilities pathway.
- Thornhill ward, 15 beds, all male.
- Ryburn ward, seven beds, all male, pre discharge pathway.

When the CQC inspected the trust in March 2016, we found that the trust had breached regulations. We issued the trust with four requirement notices for forensic inpatient secure wards. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014: person centred care
- Regulation 12 HSCA (RA) Regulations 2014: safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014: good governance

Regulation 18 HSCA (RA) Regulations 2014: staffing

## Our inspection team

Our inspection team was led by:

**Team leader:** Kate Gorse-Brightmore, Inspection Manager, Care Quality Commission.

The team that inspected the forensic inpatient/secure wards comprised of two CQC inspectors, a specialist advisor and an expert by experience. The specialist advisor was a nurse. An expert by experience is a person with personal experience of using the service.

# Summary of findings

## Why we carried out this inspection

We undertook this inspection to find out whether South West Yorkshire Partnership NHS Foundation Trust had made improvements to their forensic inpatient/secure wards since our last comprehensive inspection of the trust on 7-11 March 2016.

When we last inspected the trust in March 2016, we rated forensic inpatient/secure wards as **requires improvement** overall. We rated the core service as requires improvement for safe, effective, and well-led and as good for caring and responsive.

Following that inspection we told the trust that it must take the following actions to improve forensic inpatient/secure wards:

- The trust must ensure that staffing levels are appropriate to meet the needs of the patients.
- The trust must ensure that the clinic room temperature is safe for the storage of medicines.
- The trust must ensure that positive behaviour support plans are implemented for all patients with learning disability or autism.
- The trust must ensure that there are effective systems in place to record levels of staff training and supervision.
- The trust must continue with plans to improve the consistency of Mental Health Act, Mental Capacity Act and immediate life support training.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9: person centred care
- Regulation 12: safe care and treatment
- Regulation 17: good governance
- Regulation 18: staffing

We also told the trust that it should take the following actions to improve:

- The trust should ensure that the care and treatment of individuals in long-term segregation complies with Mental Health Act (MHA) code of practice.
- The trust should ensure that the food provision is of good quality.
- The trust should ensure that staff inform patients of their rights and record this in patient notes at regular intervals as set out in the MHA code of practice.
- The trust should ensure that consent and capacity to consent should be assessed and recorded in patient notes in accordance with the MHA code of practice.
- The trust should ensure that access to patient records is available for all relevant staff in order for staff to provide safe patient care.

## How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held about forensic inpatient/secure wards. This information suggested that the ratings of "good" for caring and responsive, that we made following our March 2016 inspection were still valid. Therefore, during this inspection, we focussed on those issues that had caused us to rate the service as requires improvement for safe, effective and well-led. We also made a few recommendations at the inspection in March 2016 that the trust should take that we followed up at this inspection.

# Summary of findings

This inspection was announced one week prior to our visit. During the inspection visit, the inspection team:

- visited all wards and observed how staff were caring for patients
- spoke with 22 patients who were using the service
- spoke with the managers or acting managers for each of the wards

- spoke with 12 other staff members; including nurses and nursing assistants

- looked at 21 treatment records of patients

looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke to 22 patients during the inspection process. Patients said staff were kind and caring towards them and that they felt their care needs were being met.

Patients told us that their leave was not usually cancelled. If leave was cancelled it was re-arranged as soon as possible. Activities went ahead as planned both on and off the ward.

## Areas for improvement

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

- The trust must ensure that all staff follow the correct procedures in line with trust policy and the Mental Capacity Act for patients who lack capacity. Assessments, best interest checklists and decisions should be clearly documented which include a rationale for any decisions made.

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

- The trust should ensure that all staff receive an annual appraisal in line with trust policy.
- The trust should ensure all staff are up to date with Mental Health Act, Mental Capacity Act and immediate life support training in line with the trust action plan.

## South West Yorkshire Partnership NHS Foundation Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Priestley ward	Fieldhead Hospital
Appleton ward	Fieldhead Hospital
Johnson ward	Fieldhead Hospital
Chippendale ward	Fieldhead Hospital
Waterton ward	Fieldhead Hospital
Hepworth ward	Fieldhead Hospital
Sandal ward	Fieldhead Hospital
Newhaven ward	Fieldhead Hospital
Thornhill ward	Fieldhead Hospital
Ryburn ward	Fieldhead Hospital
Bronte ward	Fieldhead Hospital

#### Mental Health Act responsibilities

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

# Detailed findings

We found that staff mandatory training in the Mental Health Act was low with only 9% of staff compliant in the area. However, staff had received other Mental Health Act training which was not included in this figure.

Staff demonstrated knowledge and understanding of the Mental Health Act and code of practice.

Patients were regularly informed of their rights under section 132 of the Mental Health Act. This was clearly documented in patient notes and patients confirmed this took place.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Mandatory staff training regarding the Mental Capacity Act was low with only 15% of staff compliant with this training. However, staff had received other training which was not included in this figure.

Staff lacked knowledge and understanding of how to implement in practice the principles of the Mental Capacity Act. Staff were unable to tell us how their policy relating to

the Mental Capacity Act was implemented in practice within the trusts systems and processes. Capacity assessments were not documented within the electronic care records and staff were unable to demonstrate how the best interest checklist had been adhered to for patients who lacked capacity.

# Are services safe?

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

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

## Our findings

### Safe staffing

During the March 2016 inspection, we found that there was not enough nursing staff to ensure that important nursing tasks were completed. This meant that meaningful activity targets were not being met and there was a high level of bank and agency staff used who were unfamiliar with the wards. Data provided by the trust showed that the wards were regularly breaching their own targets on minimum staffing levels and there was no long-term plan to resolve staffing levels. This also impacted on patient activities and leave entitlement which were often cancelled due to the lack of staff. Patients we spoke with told us there was not enough staff and too many agency workers.

During this focussed inspection in December 2016, staff vacancy rates for the six months before the inspection had increased to 13%. An analysis of this data showed that during this six month period there were 49 vacancies. However, of these 49 vacancies, 37 staff had gained promotion or similar within the trust, eight staff left the trust, two were completing nurse training, one had retired and one had taken up union duties. The senior management team had plans in place to address the learning needs of newly promoted ward managers. Senior managers had also identified gaps in career progression for nursing assistants. A programme of specific training and band four posts had been introduced in order to increase skills, create future promotion options and ultimately staff retention.

Sickness rates had remained the same at 5%.

Shifts filled by bank staff during the six months before this inspection remained consistent with the previous year's data at 3705, compared with 3668 last year. Agency use had increased with 2240 shifts covered by agency staff in the same six month period before this inspection. This compared with 1783 shifts covered by agency staff over 12 months last year. This was an increase of 151%. Regular agency staff were trained and had access to the electronic record system. The trust were taking action to reduce the number of agency staff used and booking regular agency staff wherever possible.

However, monthly figures showed that since June 2016, agency usage had reduced on six wards and increased slightly on four wards. The use of bank staff had increased during June, July and August but had reduced during the last three months. The senior management team were aware of these fluctuations and reviews were ongoing.

The trust had implemented a plan to over recruit staff on a rolling programme of staff recruitment. The trust held monthly recruitment events to interview and assess potential new staff. There was an emphasis on matching the correct staff to the most suitable wards and environments. The trust had made links with local colleges and universities to increase and improve student nurses' awareness of forensic mental health nursing. Nursing placements were also offered to student nurses in their second and third years of training.

The senior management team also had an overall plan to widen the pool of bank staff available to cover shifts in order to reduce agency usage. This included introducing pay enhancements for bank shifts. The aim was to attract regular staff to cover extra nursing shifts. There were plans in place to recruit staff to work primarily covering vacant nursing shifts. Nursing assistants were directly recruited to the bank staff pool. Qualified nurses were recruited to fill substantial vacant posts. A new system had been introduced to centralise the pool of bank staff. This gave ward managers a larger resource of staff available to cover nursing shifts.

Qualified nurse day time staff fill rates over the seven months before this inspection averaged at 94% across all forensic wards. Where rates were lower, we saw evidence of nursing assistant staff being used to increase staffing numbers on particular wards.

Data compliance relating to 25 hours of meaningful activity per patient per week had been 97% during August, September and October. We saw evidence of managers seeking assurance from staff for patients who had not achieved this target. Staff felt that recruitment issues were being addressed and that this was having a positive impact on staffing levels and ward activities.

# Are services safe?

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

Patients told us that section 17 leave generally went ahead as planned or was re-arranged soon after. Patients said they got enough one to one time with staff and there were enough activities both on the wards and in other areas.

A new mandatory Mental Health Act, Mental Capacity Act, and immediate life support training programme had been introduced which staff had started to complete. Staff described the training as comprehensive and relevant to their needs. Figures below showed training compliance to date:

- Mental Health Act 9%
- Mental Capacity Act 15%
- immediate life support 61%

Staff had completed previous training in the Mental Health Act and Mental Capacity Act which was not included in these figures. There was a plan in place for all relevant staff to have completed the new mandatory training modules by 31 March 2017.

## Good medicines management

During the March 2016 inspection, we found that medicines were not being stored in a safe way because,

- the temperature recorded in the clinic room regularly exceeded the maximum level
- there was no climate regulation in the clinic room

This meant that medicines were not being stored at the correct temperature to maintain their stability and effectiveness.

During the current focussed inspection, clinic room temperatures remained particularly high on Ryburn ward which had been above 25 degrees for 164 days between May and October. Other wards also recorded temperatures above 25 degrees. Clinic room temperatures had been reduced on six wards by opening windows and installing smaller fridges if appropriate. However, this had not eliminated the problem throughout the service but additional steps had been taken to prevent medicines from becoming less effective. The trust had implemented a system of short dating medication stored in Ryburn clinic room and there were plans to install air conditioning in Ryburn and Thornhill clinic rooms, beginning on 19 December 2016. Other clinic rooms were being considered for air conditioning in the future. This meant that the storage of medication would be safe for patient use.

# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

During the comprehensive inspection in March 2016, we found little evidence of positive behavioural support plans or equivalents in the records we looked at.

Positive behaviour support plans are an intrinsic part of the treatment process for patients with learning disability or autism as defined by guidance from NHS England (Transforming care for people with learning disabilities, 2015).

At the inspection in March 2016, one patient in long-term segregation with autism and challenging behaviour did not have a positive behavioural support plan in place. We told the trust that positive behaviour support plans or equivalent must be introduced where appropriate for patients with learning disability or autism and challenging behaviour. We recommended that the trust should ensure that care and treatment complies with Mental Health Act code of practice guidance regarding patients in long-term segregation.

At this December 2016 focussed inspection, we found that the trust had implemented a number of initiatives relating to positive behavioural support. Staff had received a briefing paper about positive behaviour support plans and a specific training programme was due to be introduced about the learning disability pathway in 2017. Those patients with challenging behaviour as described in national guidance all had a positive behavioural support plan in place. Positive behavioural support has been recommended in a number of policy documents and professional guidance, including NICE guidance, (NG11), challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, and Department of Health, positive and proactive care: reducing the need for restrictive interventions. Positive behavioural support is an effective way of supporting people with learning disabilities who are at risk of behaviour that challenges. It is a framework for understanding this behaviour and uses the assessment of the broad social, physical and individual context in which behaviour occurs and uses this to inform interventions.

At this December 2016 inspection, a long-term segregation guidance document had been cascaded to all relevant staff. The hospital did not have any patients in long-term segregation at the time of this inspection.

At the last inspection in March 2016, we recommended the trust should ensure that access to patient records is available for all relevant staff in order for staff to provide safe patient care. At this inspection, the trust had taken steps to ensure all relevant staff had access to records. Regular agency staff were trained and had access to the electronic record system. The trust were taking action to reduce the number of agency staff used and booking regular agency staff wherever possible.

### Skilled staff to deliver care

In March 2016, in the 12 months prior to inspection, two wards compliance with appraisals was 50% on Appleton ward and 46% on Priestley ward. The service overall had a compliance rate of 83%. At this December 2016 inspection, appraisal rates overall had fallen to 63% overall in the 12 months prior to inspection. This was not in line with trust policy. However, newly employed staff were not eligible for an appraisal at the time of inspection. This was reflected by the staff vacancy rates which had increased by 11%.

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

At the inspection in March 2016, we found that staff were not informing patients of their rights and recording this in patient notes at regular intervals as set out in the Mental Health Act code of practice. A Mental Health Act review visit had been completed in December 2016 on Ryburn ward. We found evidence of patients being informed of their rights. Patients at this inspection also confirmed they were regularly read their section 132 rights.

A new mandatory Mental Health Act training programme had been introduced which 9% of staff had completed. Staff had completed previous training in the Mental Health Act which was not included in this figure. There was a plan in place for all relevant staff to have completed the new mandatory training module by 31 March 2017. Staff we spoke to demonstrated good knowledge and understanding of the Mental Health Act.

### Good practice in applying the Mental Capacity Act

We found that staff lacked knowledge and understanding of how to implement the processes involved regarding the Mental Capacity Act. Staff were unable to tell us how their



# Are services effective?

Requires improvement 

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

policy relating to the Mental Capacity Act was implemented in practice. A review of records for people with learning disabilities where capacity was questioned failed to find how best interests decisions were being documented, staff were unable to tell us the process for this. Capacity assessments were not documented within the electronic care records and staff were unable to demonstrate how the best interest checklist had been adhered to. We looked at six care records on Appleton and Newhaven learning disability wards. Although everyone is assumed to have capacity, patients nursed in this environment are highly likely to have capacity issues. We were not able to locate any capacity assessments or any evidence of the best interest checklist being followed. There was no information explaining the nature of the decision, how the patient

lacked capacity or if capacity would be regained. The notes did not explain why or how decisions were made, who was involved or what information was used to support the patient.

A new mandatory Mental Capacity Act training programme had been introduced which 15% of staff had completed. Staff had completed previous training in the Mental Capacity Act which was not included in this figure. There was a plan in place for all relevant staff to have completed the new mandatory training module by 31 March 2017. There was also a plan in place to share good practice from other wards where capacity assessments and the best interest checklist had been documented well.

# Are services caring?

Good 

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

## Our findings

At the last inspection in March 2016, we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# Are services responsive to people's needs?

Good 

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

## Our findings

At the last inspection in March 2016, we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating. We also found that action that the trust should take to improve had been acted upon.

### **The facilities promote recovery, comfort, dignity and confidentiality**

At the inspection in March 2016 inspection, a high proportion of patients complained about the quality of the food. We recommended that the trust should ensure that the food provision is of good quality.

At this inspection in December 2016, food options were being discussed with patients in catering meetings and

patients' suggestions being acted upon where possible. Information was fed back to patients via a "you said, we did" notice. Alternative food had been trialled by patients and changes made in response to patient feedback. Patients had requested communal cooking sessions, which had been facilitated by staff. Patients were engaging in steak nights, where they cooked for themselves, instead of ordering takeaways. Other theme nights were also taking place at patients' requests and were due to continue. Additional options for supper had been requested and provided. Where patients had more recently raised issues about the quality of some of the meals and portion sizes in community meetings, the trust had provided feedback to patients that menus were assessed by dieticians for a healthy balanced meal. Patients were also offered healthy snacks as an alternative to larger portions.

# Are services well-led?

Good 

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

## Our findings

### Good governance

We found that during the March 2016 comprehensive inspection, there were no effective systems in place to ensure that all staff were up to date with Mental Health Act, Mental Capacity Act or immediate life support training. This meant that the trust could not be assured that staff had received the necessary training.

There were no effective systems in place to record staff supervision rates within the service. This meant that the senior management team did not have oversight of staff supervision levels.

Shifts were not always covered by the correct amount of staff and this was highlighted by the trust's safe staffing return system. This meant that the senior management team were aware of the staffing issues on each ward but there did not appear to be a long term plan to resolve the problems.

The lack of staff supervision and low staffing levels were included on the trust's risk register. However, there was no long term action plan to address these issues.

During this focussed inspection, we found that a new system had been introduced to ensure that staff were receiving regular supervision as described in the trust supervision policy. This was an electronic centralised recording system that logged each staff member's supervision information. Information was recorded by ward managers or equivalent following each supervision session or when the ward manager had evidence of supervision taking place. Information was collected at trust level and was accessible to ward managers and senior managers. The system had only been live for two months prior to inspection and at the time of the inspection, the supervision recording system could only record the amount of minutes of supervision each staff member had accrued. The trust were aware and there were plans to improve the recording system to suit the needs of the service. This meant that in the future the trust would be able to provide accurate data and be assured that supervision was being delivered.

In addition, a passport supervision scheme had been introduced to support staff and managers with supervision recording. This was still being embedded across the service and staff were being supported by the trust to understand the importance of using the passports and the new system for accurate supervision recording.

Mental Health Act, Mental Capacity Act and immediate life support training had been made mandatory for all relevant staff. There was a plan in place for all relevant staff to have received up to date training in the Mental Health Act, Mental Capacity Act and immediate life support by 31 March 2017. Compliance data was collected centrally and available to the senior management team. This meant that the trust had oversight of staff mandatory training.

Staffing issues were managed by the senior management team and ward managers and information collected fed in to a monthly dashboard. The trust had developed a long term strategy to tackle the issues of poor staffing throughout the service. These included:

- increasing links with local universities and raising the profile of the service
- offering more student nurse placements
- introducing a rolling programme of recruitment to avoid gaps in vacant posts
- a plan to over-recruit due to the high turnover of staff
- introducing more career progression opportunities for staff
- a centralised pool of bank staff who could be deployed anywhere within the service
- a higher rate of pay for bank shifts
- encouraging agency staff to join the bank pool
- a plan to improve support to those new to ward manager or equivalent posts.

This meant that the trust was responding to issues identified within the governance structure.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983  Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p><b>How the regulation was not being met;</b></p> <p>Staff did not have the knowledge or understanding to implement the correct processes in line with the Mental Capacity Act.</p> <ul style="list-style-type: none"><li>• The best interests checklist was not being followed.</li><li>• Staff were not able to demonstrate how mental capacity should be documented.</li></ul> <p>This meant that patients were not enabled or supported to make, or participate in making, decisions relating to their care or treatment to the maximum extent possible.</p> <p>This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>