

# Leeds Community Healthcare NHS Trust

## Inspection report

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Date of inspection visit: 07 May to 15 May 2019  
Date of publication: 28/10/2019

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Leeds Community Healthcare NHS Trust was established in 2011 and first registered with CQC in March 2011. The trust has ten locations registered with CQC, five of which were previously managed by another provider. Leeds Community Healthcare NHS Trust provides community-based services in the Leeds area, and is co-terminus with the Leeds City Council footprint. The trust serves a population of approximately 868,000 and recorded a total of approximately 1,500,000 service user contacts between April 2018 and March 2019. Total referrals in 2018/19 were 220,049. It employed on average a total of 2,511 staff with an annual turnover average of about 15% between January and December 2018.

The trust was inspected in January 2017 and was rated as good overall. Sexual health and Child and Adolescent Mental Health wards were the only two core services rated as requires improvement (the rest were rated as good). Safe was the only domain rated as requires improvement overall whilst the remaining domains were rated as good.

## Overall summary

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

## What this trust does

Leeds Community Healthcare NHS Trust provides the following services:

- Child and adolescent mental health wards
- Community child and adolescent mental health services
- Community dental services
- Community health inpatient services
- Community health services for adults
- Community health services for children, young people and families
- Sexual health services

The trust serves a population of approximately 868,000 and recorded a total of approximately 1,500,000 service user contacts between April 2018 and March 2019. Total referrals in 2018/19 were 220,049. It employed on average a total of 2,511 staff with an annual turnover average of about 15% between January and December 2018.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

We inspected the following services during this inspection:

- Community sexual health services
- Community services for children, young people and families
- Community dental services
- Child and adolescent mental health ward Little Woodhouse Hall (LWH)
- Community mental health services for children and young people

The reason that community sexual health services and community services for children, young people and families were inspected was that they were rated as requires improvement overall at the last inspection conducted in February 2017. Child and adolescent mental health wards were also rated as requires improvement overall and thus were inspected again as they were last inspected in February 2017. Mental health services for children and young people and community dental services were rated as good overall at their previous inspections. However, they were both inspected again due to the time that has elapsed since their last inspections. Community dental services were last inspected in November 2014 and community mental health services for children and young people were last inspected in June 2016.

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

- Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care. The sexual health service provided by the trust was an example of this. Senior leaders had appropriate skills and experience to effectively lead the organisation. Leaders were visible and approachable. This was confirmed by staff at all levels.
- Staff felt supported, respected and valued and felt proud to work at the trust. The trust had a number of initiatives to reinforce the value of staff in the organisation.
- There were systems and process to ensure adults and children were protected against the risk of abuse. Staff recognised the signs of abuse and reported concerns in line with trust policy.
- There were systems to ensure staff had access to the right support and supervision. Staff were actively encouraged to develop and remain competent in their roles.

However:

- Leaders understood the challenges facing the trust but could not identify actions needed to address these in all cases. Progress to address the challenges at LWH was slow, lacked pace and had not changed since our last inspection despite assurances from the trust that the issue of the unsuitability of the building would be addressed. This continued to put young people using the service at risk.
- The design, layout, and furnishings of LWH did not support patients' treatment, privacy and dignity. The unsuitable nature of the building meant that patients were restricted more than necessary to keep them safe and this did not support their autonomy and privacy.

# Summary of findings

- Medication was not always managed and stored safely. Emergency medicines and resuscitation equipment did not reflect nationally recognised guidance within the dental service. Pharmacy audits were not taking place regularly in the inpatient CAMHs unit and where audits were undertaken of medication and equipment staff failed to report concerns and act on them. The clinic room was well equipped in the CAMHs service, but equipment was not clean, or calibrated and was out of date.
- Waiting times for both dental and community CAMHs services provided at the trust were excessive.
- Whilst there was a standard approach to serious incident investigations and a standard report format these were not always adhered to consistently by the staff undertaking the investigation.

## Overall trust

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

- Safe, effective, caring, responsive and well led were rated as Good
- Sexual Health services were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive and well led. This was an improvement on our last inspection.
- Children and young people's services were rated good for safe, effective, caring, responsive and well led. This was an improvement on our last inspection.
- Inpatient CAMHs services was rated good for caring, requires improvement for safe, effective and responsive. Well led was rated as inadequate This was the same overall rating as the last inspection.
- Community CAMHs services were rated good for effective and caring, requires improvement for safe, responsive and well led.
- Dental services were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection
- In rating the trust overall, we took into account the current ratings of the two services not inspected this time and the proportionality of the services to the overall business of the trust.

## Are services safe?

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

- There was an open culture in which safety concerns raised by staff and patients who use service were valued and seen as integral to learning and improvement. In the majority of services staff collected safety information and shared it with colleagues, patients and visitors. The service used information to improve the service.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff understood how to protect patients from abuse and the trust worked well with other agencies to do so
- Patients were protected from the risk of infections because in the majority of services staff followed best practice guidance.

However,

- There had been little improvement in the safety and quality of the services provided by the trust since the last inspection with regards to inpatient CAMHs.
- The inpatient CAMHs unit LWH was not entirely safe and was not fit for the purpose it was being used. The building did not meet national guidance and standards. There was no fire action plan or records that actions required had been followed up by staff.

# Summary of findings

- Staff in community CAMHs services had not ensured that clinical premises and equipment which patients used to support care were safe, well equipped, and well maintained. Staff had not assessed ligature risks in either clinical premises we inspected. Clinical equipment including emergency grab bags were not checked and we found examples of equipment which had not been portable appliance tested.
- Within the CAMHs service there was significant use of bank and agency staff which patients reported was a concern to them.
- Medication was not always managed and stored safely. Emergency medicines and resuscitation equipment did not reflect nationally recognised guidance within the dental service. Pharmacy audits were not taking place regularly in the inpatient CAMHs unit and where audits were undertaken of medication and equipment staff failed to report concerns and act on them. The clinic room was well equipped in the CAMHs service, but not all equipment was clean, calibrated or in date.
- Staff in the inpatients CAMHs service did not always follow procedures and national guidance when recording interventions with patients including; the observation of patients, and the use of seclusion, restraint and rapid tranquilisation. Not all staff knew there was a system for monitoring incidents involving the use of rapid tranquilisation
- The investigation of incidents and near misses was not done in a consistent way across the trust.

## Are services effective?

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

- The service made sure staff were competent for their roles. Training and development were a priority for the service. Staff were supported to learn and develop their skills and reported training opportunities made them feel valued and empowered.
- The majority of staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research was proactively pursued.
- There was a holistic approach to assessing, planning and delivering care and treatment to people who used services.
- The continuing development of staff skills, competence and knowledge was recognised as ensuring high quality care. Staff were supported to acquire new skills and share best practice.
- Staff, teams and services were committed to working collaboratively and wanted to develop efficient ways to deliver more joined-up care to people who used services.
- Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.

However:

- In the CAMHs inpatient services staff were not always trained in their roles and responsibilities under the Mental Health Act 1983 and in some cases where they were trained they did not use them appropriately or in line with the Mental Health Act Code of Practice.
- In the CAMHs community and inpatient services most staff had received clinical supervision in the last three months, effective systems were not in place to evidence that staff received regular ongoing supervision. Appraisal rates were consistently below target.

## Are services caring?

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

# Summary of findings

- Staff cared for patients and those close to them with compassion. During the inspection we received positive feedback from patients and those close to them. They told us that staff were friendly, professional, polite, and helpful.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients and those close to them to minimise their distress. The trust had developed leaflets and videos which aimed to ease the anxiety for patients and those close to them.

## Are services responsive?

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

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs in sexual health and children and young people's services.
- Patients receiving sexual health services could access services in a way and at a time that suited them. There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs.
- There was a proactive review of complaints. The trust treated concerns and complaints seriously, investigated them and learned lessons from the results. These were used to prevent future recurrence and as a service improvement tool.

However,

- The design, layout, and furnishings of LWH did not support patients' treatment, privacy and dignity. The unsuitable nature of the building meant that patients were restricted more than necessary to keep them safe and this did not support their autonomy and privacy.
- Waiting times had deteriorated significantly in both dental services and community CAMHs since the last inspection.
- Waiting times for dental services provided at the trust were excessive. The current waiting times from referral to assessment was 24 and 25.6 weeks for adults and children respectively. The waiting times from assessment to general anaesthetic was 8 and 16 weeks for adults and children respectively.
- Waiting times for community CAMHs services provided by the trust were excessive. The service was not able to see non-urgent patients within an acceptable time. Trust data showed that half of the 905 patients currently on the waiting list waited more than the 12-week target for intervention and 35% of these patients waited for more than 12 weeks for reasons other than their own choice of appointments.
- Neither premises we inspected in the community CAMHs had examples of information leaflets or posters in languages other than English. Information advising patients that they could have leaflets translated was only available in English.

## Are services well-led?

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

- Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders had appropriate skills and experience to effectively lead the organisation. The Sexual Health Services provided by the Trust were an example of this
- Leaders were visible and approachable. This was confirmed by staff at all levels.

# Summary of findings

- Staff felt supported, respected and valued and felt proud to work at the trust. The trust had a number of initiatives to reinforce the value of staff in the organisation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. The vision, strategy and priorities were widely publicised across all trust locations and were valued based.

However,

- Leaders understood the challenges facing the trust but could not identify actions needed to address these in all cases. Progress to address the challenges at LWH was slow, lacked pace and there had been little change since the last inspection. This continued to put young people using the service at risk.
- The trust did not have effective systems and plans to reduce and eliminate risks effectively. The trust had known about serious risks regarding the LWH building where inpatient Child and adolescent Health services were provided and had not made enough changes to improve safety for the Children and Young People in that service
- There was a lack of robust use of MCA and MHA in inpatient CAHMs services. Records of restrictive interventions were not audited for quality and this had not been identified and addressed through the Trusts monitoring systems.
- The trust systems to learn from safety incidents were not always carried out consistently. Whilst there was a standard approach to serious incident investigations and a standard report format these were not always adhered to consistently by the staff undertaking the investigation.
- Though the trust was committed to improving services by learning from when things went well and when they went wrong. More focus was needed to make this Trust wide rather than service based to promote Improvement and innovation.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current 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 factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice across the trust.

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

## Areas for improvement

We found areas for improvement including 23 breaches of legal requirements over six regulations of the Health and Social Care Act 2014, that the trust must put right. We also found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## 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.



# Summary of findings

## Outstanding practice

### We found the following outstanding practice;

#### In Sexual Health Services

- A final year Specialty Registrar was also leading a piece of work on developing Leeds Sexual Health guidelines to produce the first in-house guidelines for the integrated service based on BASHH and FSRH national guidelines.
- The service was an early implementer of online self-testing STI kits.
- From patient feedback the service had developed the text results service to provide a brief or detailed response dependent on patient preference.
- There was a strong focus on staff education within the service, 72% of nursing and medical staff had nationally recognised competencies in sexual health and contraception. An in-house nursing development programme had also been written and was being piloted.
- Additional training had been provided for health care support workers. They were able to see patients who were asymptomatic and administer second and third vaccines.
- In 2018 the service had increased Community Sexual Reproductive Health (CSRH) training numbers from one to two training posts following discussions with School of Obstetrics and Gynaecology. Currently they were the only training posts within Yorkshire and Humber.
- The service ran a number of specialist services, for example, in-house genital dermatology and transvaginal ultrasound.
- The outreach team had strong links with a number of services and voluntary agencies to support high risk and vulnerable individuals. This included working with police prostitution and trafficking officers.
- The service was involved in a number of research projects including a comparison of two treatments for bacterial vaginosis and the European Active Surveillance (EURAS) for the safety of Coils. The service was recognised for the number of participants they managed to recruit.
- The service was working with the local acute trust to support post-natal contraception. This involved, supplying contraception on the post-natal wards via a weekly outreach clinic and working with consultants at the acute trust to fit coils during elective caesarean sections.
- There was quality improvement (QI) work to expand HIV testing to offer self-testing kits and point of care testing for never-testers in high risk groups. The service was also working with information governance staff to look at how they could become present on social media sites used by people arranging to meet up for sex.
- A clinical fellowship year had also been awarded in August 2019 to focus on two further QI projects. Reducing specimen errors through a double-check process change and using electronic forms for express men's night to further improve access and flow.

#### In Children and Young People's Services

- The HENRY initiative had been cited in publications to inform the public and staff that Leeds was the only area nationally to decrease the number of young children who were obese.
- The trust had been given the gold star rating of the UNICEF baby friendly initiative for the level of care provided to pregnant women, mothers and families in October 2017, and then re-visited earlier this year, and again accredited Gold in June 2019.



# Summary of findings

- The health visiting team had been a runner up in the health visitors' journal awards 2018 for the use of an observation tool of early attachment.
- Staff demonstrated a new initiative 'Chat Health' which young people can text school nurses for advice.
- We observed that in the ICAN team, nurses, health visitors and therapists were leading pathways which would otherwise be led by paediatricians. This was an innovative approach which had been shortlisted for the Health Service Journal Awards 2018.

## In community dental services

- Staff provided emotional support to patients to minimise their distress. The service had developed videos and leaflets which aimed to reduce children's anxiety prior to coming for their first appointment. One leaflet had been adapted specifically for patients with autism.
- As part of mouth cancer month, the service had used a "change for life" health bus to visit a local traveller site and also a local homeless charity to provide free oral cancer screenings.
- The Health Promotion team had previously visited local schools to provide training to teachers about oral health and also supplied oral health boxes to schools for the teachers so that they themselves could provide training
- We were also told about how the service had worked with the speech and language team. They had worked with them to develop communication aids to assist with patients who were non-verbal to communicate their understanding of treatments and help with the consent process

## Areas for improvement

### Action the trust MUST take to improve:

#### Trust-wide

- The trust must ensure safety incident investigations are carried out consistently and according to trust policy. (Regulation 17)

#### In Inpatient CAHMs services

- The trust must ensure that care and treatment of service users is carried out with the consent of the relevant person and in line with the Mental Health Act Code of Practice. (Regulation 11)
- The trust must ensure that the observations of patients (designed to ensure safety), are conducted accordingly and recorded accurately in line with the increased risks associated with the premises. (Regulation 12)
- The trust must ensure that blanket restrictions are audited and reviewed, and the trust has in place (and follows) a specific programme for the reduction of restrictive practice as per national guidance. (Regulation 13)
- The trust must ensure that the premises used by the service are suitable for which they are being used. (Regulation 15)
- The trust must ensure it has an action plan in place to ensure it becomes compliant with quality network standards for this service. (Regulation 15)
- The trust must ensure that the equipment used by the service is clean, calibrated, well maintained and audited. (Regulation 15)

# Summary of findings

- The trust must ensure that the service's security is adequate for the patient group and does not allow patients to leave the building or grounds without staff knowledge. (Regulation 15)
- The trust must ensure that patients have access to call alarms. (Regulation 15)
- The trust must monitor and assess the risks to patient care, treatment and delivery presented by the high use of temporary staff and have appropriate management plans in place. (Regulation 17)
- The trust must audit, monitor and assess performance and delivery of all areas of patient care and treatment including the use of restraint and seclusion, and the monitoring of medication and equipment. (Regulation 17)
- The trust must ensure that where audits are undertaken they act upon these to make improvements to safety and patient care. (Regulation 17)
- The trust must ensure that there are contingency and action plans in place relating to the provision of a new service and new building, and that timely action is taken to address risks. (Regulation 17)
- The trust must ensure that Mental Health Act review reports are acted upon and utilised as part of Mental Health Act monitoring at the trust. (Regulation 17)
- The trust must ensure that policies in place contain national guidance and direct staff in the completion of their roles. (Regulation 17)
- The trust must ensure that staff appropriately record and monitor the use of all restrictive interventions including the use of restraint and seclusion in line with the Mental Health Act Code of Practice. (Regulation 17)
- The trust must ensure that there is regular, robust audit of the use of the Mental Health Act and Mental Capacity Act. (Regulation 17)

## **In Community CAMHs Services**

- The trust must ensure that care and treatment is provided in a safe way for service users. The trust must assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks. (Regulation 12)
- The trust must ensure that the equipment used by the service for providing care or treatment to a service user is safe for such use and is used in a safe way. The trust must assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. (Regulation 12)
- The trust must ensure systems and processes are established and operated effectively to ensure compliance including assessing, monitoring and improving the quality and safety of the services provided assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. (Regulation 17)
- The trust must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed. The trust must ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18)
- The service must continue to take action to address the waiting times for non-urgent patients. (Regulation 12)

## **In Dental Services**

- The trust must continue to take action to address the waiting times for children and adults. (Regulation 12)

## **Action the trust SHOULD take to improve;**

# Summary of findings

- The trust should ensure that all serious incident investigators receive appropriate training

## **In Children and Young Peoples services**

- The trust should ensure community paediatric medical staff are up to date with mandatory and safeguarding training.
- The trust should ensure that all CYPs staff receive level 2 adult safeguarding training.
- The trust should ensure that where new members of staff are still are undergoing a preceptorship period, then this is reflected in the appraisal figures.
- The trust should continue to recruit community paediatric medical staff.
- The trust should ensure that parent held records are used routinely.
- The trust should ensure a safe means of temporary recording of information from home visits prior to putting on electronic systems if this cannot be completed in the family home.

## **In Sexual Health Services**

- The service should ensure all staff follow 'arm bare below the elbow' guidance.

## **In Inpatient CAHMs services**

- The trust should ensure that all patients have access to, and involvement in a clear, goal orientated discharge plan.
- The trust should ensure there are associated action plans for the outcomes of all fire risk assessments.

## **In Community CAMHs Services**

- The trust should ensure that all patients, and families when appropriate, receive a copy of their care plan. Care plans should be accessible, holistic, recovery orientated and reflect the full range of needs identified in assessments.
- The trust should ensure that systems operate effectively to provide assurance that staff receive regular ongoing supervision.

## **In Dental Services**

- The service should review the systems and processes in place to ensure medical emergency medicines and equipment reflect nationally recognised guidance.
- The service should review the systems and processes in place for ensuring audits of the quality of X-rays are carried out on an annual basis.

## 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.

# Summary of findings

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.

Our rating of well-led at the trust stayed the same. We rated well-led as Good because:

- Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care. Board members had a variety of different backgrounds and experiences which provided the knowledge and experience necessary to run elements of the board. Non-executive directors received a comprehensive induction package. There was a formal board leadership programme in operation.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose and shared values. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. There were systems and process in place to engage meaningfully with staff. Staff we spoke to told us the leadership team were visible, approachable and ensured staff felt valued and cared for. Staff knew the names of the leadership team and told us they saw members of the team visiting their core services and actively seeking the views and opinion of the workforce.
- All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement. We found a healthy and authentic culture of valuing staff, openness, fairness and putting the patient at the hearts of every policy, strategy and service delivered. This culture was embedded across the organisations from the floor to the board and reflected back to us in our conversations with staff at all levels. All the board members we interviewed described the importance of valuing and empowering its staff as being one of the most important components of ensuring consistent sustainable care quality and building a healthy organisational culture.
- Staff felt supported, respected and valued and felt proud to work at the trust. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had many initiatives to reinforce the value of staff in the organisation. Staff consistently told us they felt valued by their leaders and the organisation. Staff shared a great sense of pride in working for the trust. The results of the recent staff survey indicate that more staff felt that their work was being recognised and valued by the trust than previously.
- There was a governance structure to enable safe, high quality care to flourish. There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. Quality monitoring in the trust was linked to a number of wider frameworks and initiatives reflected in the recently published quality account for 2018-2019 and this included, but was not restricted to, the trust's objectives and vision, leadership and culture, performance monitoring, research and audit outcomes.
- There were systems to identify performance issues and to manage these. The trust produced a range of dashboards at all levels of the organisation to monitor performance in the full range of trust functions. There was a system of assurance meetings where managers were held to account for performance. The trust was assured of the quality of its data.
- There were internal and clinical audits to which monitored quality and patient outcomes. There were programmes of clinical audit and the trust participated in national audit programmes. The audit committee co-ordinated and scrutinised other audit activity. The trust and took part in benchmarking exercises with other similar organisations for assurance.

# Summary of findings

- The trust had systems for identifying risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. Divisional Risk registers were used effectively to identify and monitor risks. Risks were identified at departmental level and each department had its own risk register. The trust had a corporate risk register. The risks on this register were incorporated in the Board Assurance Framework document. All members of the board were well sighted on the organisation risks and the mitigations in place to manage these.
- Finances at the trust were well managed and opportunities and risks well understood. The board were well sighted on the financial performance of the organisation. The Trust's financial position was reviewed at the monthly Finance, Business & Investment Committee and the Trust Board. Financial information was submitted to NHS Improvement on a monthly basis. These are discussed with the Director of Finance through the oversight arrangements at the Trust and at Quarterly Integrated Assurance Meetings.
- Senior leaders and managers engaged with staff and listened to their views. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. Staff valued their approach and as a result felt engaged, and confident their views and feedback were valued and acted upon. Staff survey results for 2018/2019 showed signs of significant improvement with 73% of staff saying they were satisfied with support from their managers, and there was a 9% increase from the previous year of staff who felt respected and valued at work.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Arrangements ensured suitably senior staff lead on safeguarding at the trusts. The investigations we reviewed showed some good examples of collaborate multi agency working, an open and transparent process, sound judgements and recommendations. Also, the voice of the child was captured in the process with audit processes to ensure learning was embedded in practice to prevent future recurrence. Safeguarding supervision was provided by the designated nurses for children and adults safeguarding in the Clinical Commissioning Groups (CCGs). Safeguarding concerns were triangulated with complaints and patient advice and liaison services contacts, incident reporting and serious incidents to identify any concerns that would trigger a safeguarding referral. This ensured the trust identified key themes and learning for the across the organisation.
- Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents, and safeguarding incidents were reported and investigated. There was a well-established system and process to ensure learning from deaths. Reviews included all community inpatients deaths, deaths of patients with serious mental health needs and all patients with a learning disability in line with national guidance. The trust was an active member of the Leeds Mortality Network and had worked with partner organisation to implement actions arising from reviews.
- The trust quality account 2018/19 showed the trust board was committed to investing in staff, patients, and the infrastructure to innovate and improve learning. There was significant work underway and planned to focus on learning and the identification of emerging themes and trends. As part of the development of the new engagement strategy there was also work underway to look at ways service users could be included in the safety culture within the organisation. However, at the time of the inspection, not all learning from services was communicated trust-wide.
- Equality and diversity were promoted within the trust. The workforce race equality standard data (WRES) showed areas for improvement. However, the trust was in the process of developing an action plan address these areas.

However,

- Though leaders understood the challenges facing the trust. The trust could not identify actions needed to address these in all cases particularly regarding the service provided at LWH. Progress to address these since the last inspection was slow and lacked pace. Despite assurance from the Trust at the last two previous inspections LWH was still in use. Board members could clearly articulate the challenges and were consistent in their view of these. However, progress to address them continued and put young people using the service at risk.

# Summary of findings

- The CAMHS inpatient service building LWH had been identified as an extreme risk since 2016 on the trust risk register. Some work had been carried out to mitigate risks. An external assessment and report of ligature risks had been undertaken and the follow up work to address issues highlighted in the report were completed. LWH remained on the register after this because of further fundamental problems with the building. The trust had not taken enough timely action when CQC and other organisations have raised concerns about the suitability of the overall building in which this service is located over a number of years. The building continues to place patients at risk of harm and the trust has no firm plans to make changes to this prior to the new build completion in 2021.
- With regard to LWH there were significant failures in audit systems and processes which the Trust had not identified or addressed. Managers did not have oversight of key areas of performance in relation to mental healthcare. This included areas of patient care and treatment such as the use of restraint and seclusion.
- Mental Health Act review reports had not been acted upon and utilised as part of Mental Health Act monitoring at the trust. Staff did not always follow procedures and national guidance when recording interventions with patients including; the observation of patients, and the use of seclusion and restraint. Not all staff knew there was a system for monitoring incidents involving the use of rapid tranquilisation
- The trust systems to learn from complaints or safety incidents were not always carried out consistently. Communication about incidents was not always trust wide. While there was a standard approach to serious incident investigations and a standard report format these were not always adhered too consistently by the staff undertaking the investigation. Not all investigators had received investigator training. In the serious incident cases we reviewed duty of candour was delayed after the investigation started in some instances. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. It was recognised at a senior level that duty of candour process was delayed particularly regarding people receiving a written apology. The reason identified was that a culture had developed where staff felt if they offered a formal apology they were admitting liability. Training had been put in place to support staff in the execution of the duty of candour process.
- The trust recognised that there was a need to improve its organisational approach to service user engagement and experience at all stages of care delivery trust-wide. At the time of the inspection, there was no patient engagement strategy in place. An initial plan of how the strategy was to be developed was available. As part of this, the trust had commissioned Healthwatch to conduct a review of patient engagement and to ask patients, their representatives and staff 'What you need for meaningful engagement'. The review found that there was very strong senior level support to engage with patients and embed this at all staff levels across the trust. There were pockets of good practice, however, this was not consistent across all service areas and further investment was required. The new engagement strategy was due to be presented to the board in August 2019. A number of key appointments had relatively recently been made to support the development and implementation of the engagement strategy.

## 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
Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Mental health	Requires improvement ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↔ Sept 2019



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	Good ↑ Aug 2017	Good ↑ Aug 2017	Outstanding ↑ Aug 2017	Good ↑ Aug 2017	Good ↔ Aug 2017	Good ↑ Aug 2017
Community health services for children and young people	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Community health inpatient services	Good ↑ Aug 2017	Good ↔ Aug 2017	Good ↔ Aug 2017	Good ↔ Aug 2017	Good ↔ Aug 2017	Good ↔ Aug 2017
Community dental services	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Community health sexual health services	Good ↑ Sept 2019	Outstanding ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑↑ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑↑ Sept 2019

\*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
Child and adolescent mental health wards	Requires improvement ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↔ Sept 2019
Specialist community mental health services for children and young people	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019

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.

# Community health services

## Background to community health services

Leeds Community Healthcare NHS Trust provides the following services:

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

During this inspection we rated, sexual health, dental and children and young peoples services.

## Summary of community health services

**Good** ● → ←

- Sexual Health services were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive and well led. This was an improvement on our last inspection.
- Dental services were rated as good overall. The service was rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.
- Children and young people's services were rated as good overall. The service was rated good for safe, effective, caring, responsive and well led.

# Community health sexual health services

**Outstanding** ☆ ↑↑

## Key facts and figures

The sexual health service became an integrated service for contraception, sexually transmitted infection (STI) and genitourinary medicine, in 2015. The service is consultant led and provides health clinics across the city of Leeds. The service provides testing, treatment and prevention for sexually transmitted infections and all methods of contraception.

The five clinics offer appointments and walk in sessions in different areas within the city. The outreach team supported the sexual health of high-risk groups who would not normally access mainstream sexual health services, offering STI screening and education. The service also supports pharmacies that are providing free emergency hormonal contraception and GPs providing long acting reversible contraception (LARC).

Our inspection was announced at short notice to enable us to observe routine activity. At the last inspection the safe and responsive domain were rated requires improvement. The domains of effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.

During this inspection we visited the main hub and the four 'spoke' sites. We spoke with 21 patients and 29 members of staff. We observed staff delivering care and looked at seven patient records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided a holistic patient centred approach to planning and delivering care and treatment, proving high quality care. All staff were actively engaged in monitoring the effectiveness of the service to improve quality and outcomes for patients. Innovative and evidence-based techniques were used to improve the service. Staff development was a priority for the service and there was evidence of strong collaborative working.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff recognised the importance of providing emotional support, health and relationship advice and this was routinely offered to patients, families and carers.
- The service had the individual needs of patients central to the planning and delivery of care. Services were flexible and used innovative approaches to ensure the services met the needs of people needing them. There was active engagement with other agencies to support those most vulnerable to access services at the right time and there was a proactive approach to understanding the needs of those using the service. Significant work had been done and was ongoing to ensure people could access services in a timely way.

# Community health sexual health services

- Leaders were passionate about the service, this was reflected in the highly motivated staff we spoke with. Staff were proud of the service they provided and felt valued and supported. There was a focus on staff development and continuous improvement. The service was clearly focused on the needs of patients using the service, feedback was proactively sought and used to inform service development. The service engaged well with patients and there was strong evidence of collaborative working with other teams and agencies.

## Is the service safe?

Good ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training compliance had improved since the last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were robust procedures and multidisciplinary meetings in place for sharing information. Staff had training on how to recognise and report safeguarding concerns including abuse, and they knew how to apply it. Staff were appropriately training in safeguarding with high levels of training compliance.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. There was appropriate management of clinical waste and sharps disposal.
- Staff completed and updated risk assessments for each patient. There was a triage system in place which enabled the level of risk to be quickly identified and for further assessment to be undertaken.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix to meet the needs of the service.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- We observed a small number of staff who were not compliant with 'arms bare below the elbow' guidance.
- At the Reginald centre there were no panic alarms for staff to summon immediate assistance.

# Community health sexual health services

## Is the service effective?

**Outstanding** ☆ ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff were continually looking at ways to improve patient care and treatment. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care, such as the provision of online testing and a 'live chat' advice line.
- Staff monitored the effectiveness of care and treatment. The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive programme of National and local audit. Data showed sustained good outcomes for patients with targets often being exceeded. For example, there had been a sustained decline in patients with chlamydia and gonorrhoea getting a repeat infection. The percentage had reduced from 14% to 4% between April 2018 and March 2019. Opportunities to participate in benchmarking and research were proactively pursued by the service.
- The service made sure staff were competent for their roles. From discussions with staff and managers it was evident that training and development was a key priority for the service. Staff were proactively supported to learn and develop their skills and reported training opportunities made them feel valued and empowered. A structured programme of clinical supervision for staff was in place and a high percentage of nursing and medical staff had undertaken competency training in sexual health.
- All those responsible for delivering care worked together as a team to benefit patients. The sexual health service was committed to working collaboratively with other services including the voluntary sector. There was a holistic approach to the assessing, planning and implementation of care using innovative and efficient ways to deliver it.
- Staff gave patients practical support and advice to lead healthier lives. Health promotion was common practice for staff across the service who saw this as an important part of their role
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Consent was always sought and this was documented clearly on all the records we reviewed.

## Is the service caring?

**Good** ● → ←

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

- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All staff were aware of the need for patient confidentiality and ensured this was maintained at all times.
- Staff provided emotional support to patients, families and carers to minimise their distress and quickly identified when this was required. They understood patients' personal, cultural and religious needs and used this information to inform care planning.

# Community health sexual health services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Health and relationship advice was routinely offered to provide holistic care to patient's.

## Is the service responsive?

**Outstanding** ☆ ↑↑

Our rating of responsive improved. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Other organisations and the local community were integral to the planning of services to ensure their needs were met. There was also a strong focus on the public health agenda which fed into service provision.
- The service was inclusive and took account of patients' individual needs and preferences. The service was focused on meeting the individual needs of their patients. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included an understanding of people's cultural beliefs, younger adults and those who were in vulnerable circumstances or who had complex needs. Systems had been put in place such as the 'red umbrella' scheme for sex workers to ensure they had quick access to services.
- People could access the service when they needed it and received the right care in a timely way. Several issues had been identified at the previous inspection in relation to accessing services. All areas of concerns had been addressed and significantly improved. A new system had been implemented for managing walk in appointments. Data from April 2018 to March 2019 showed that the service had consistently exceeded the KPI of 75% of walk in patients being seen within 60 minutes. The improvements were evident in trust performance data and key performance indicators where national standards were met or exceeded. For example, the percentage of 'did not attend's' from August 2018 to March 2019 was between 6% and 7%, this was significantly below (better than) the National average of 15% for Sexual Health services.
- It was easy for people to give feedback and raise concerns about care received. The service actively reviewed complaints and improvements were made in response to these. Complaints were investigated, and lessons learnt were shared with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- Leaders had an inspiring shared purpose and the integrity, skills and abilities to run the service. The management team and leaders within the service were passionate about the service and clearly focused on continuous improvement. They were proactive in looking at ways of improving services. Staff at all levels were included with a significant focus on training to support a sustainable and knowledgeable workforce.

# Community health sexual health services

- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The service had a clear vision for what it wanted to achieve supported by a highly motivated management team. There was shared purpose between managers and staff to look at innovative ways to keep developing the service. There were strong collaborative relationships with a wide range of agencies and services with a common focus on improving the quality of care for the local communities.
- The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff felt respected, supported and valued. There was a clear focus on the needs of patients receiving care. We found high levels of staff engagement and subsequent high levels of staff moral within the units we visited. Staff were proud to work for the service and there was an open and inclusive culture where concerns could be raised.
- Leaders operated effective governance processes which were proactively reviewed both locally and at trust level. We found evidence of oversight and ownership and staff at all levels were clear about their roles and responsibilities.
- Leaders and teams used systems to manage performance effectively. The service collected, analysed, managed information well. Performance data was used to drive improvement and evidence the use of best practice.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The service was proactive in engaging with patient groups and used their feedback to improve and develop services. There were high levels of staff engagement.
- All staff were committed to continually learning and improving services. We were provided with several examples of innovative working. There was a strong focus on research and continuous improvement. Key to this was the supportive development of staff.

## Outstanding practice

We found areas of outstanding practice in this service. See the outstanding evidence section above.

## Areas for improvement

We found areas for improvement in this area. See the areas for improvement section above.



# Community dental services

Good   

## Key facts and figures

The community dental service provided by the trust provides treatment for children and adults who, for various reasons, cannot receive the treatment they need in a general dental practice.

Most patients have additional needs such as; physical, sensory, intellectual, mental, medical, emotional or social impairment or a combination of these factors.

Dental clinics are located across Leeds and provide a range of facilities accessible for disabled patients.

The trust mainly provides services for patients with additional needs at each site. Information about the sites and teams, which offer community dental services at this trust, is shown below:

Location / site name	Address
Armley Moor health centre	<b>95 Town Street, Leeds, LS12 3HD</b>
Beeston Hill community health centre	<b>123 Cemetery Road, Beeston, Leeds, LS11 8LH</b>
Middleton community health centre	<b>Middleton Park Avenue, Leeds, LS10 4HT</b>
Reginald centre	<b>263 Chapeltown Road, Leeds, LS7 3EX</b>
Yeadon health centre	<b>17 South View Road, Yeadon, LS19 7PS</b>

We received feedback from 12 patients and spoke with 20 members of staff.

Our inspection between 14 and 16 May 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited Armley Moor health centre, Beeston Hill community health centre and the Reginald centre. We also visited the administrative offices at St George's centre.

## Summary of this service

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

- Staff were encouraged to complete mandatory training relevant to their roles. Training rates were good. The clinics were clean, uncluttered and hygienic. Systems and processes were in place to help protect patients from abuse. There were sufficient numbers of staff to treat patients safely and effectively. The service had a good safety record and staff were familiar with the process for reporting significant events.
- The clinicians provided care, treatment and advice in line with nationally recognised guidance. Staff were competent for their roles and had regular appraisal and supervision. The staffing skill mix delivered effective care, dental hygiene therapists and extended duty dental nurses were used to assist with the increasing complexity of patient need.

# Community dental services

Multidisciplinary working was well embedded within the culture of the service. The dental team worked with the trusts learning disability team to ensure the patient journey was as smooth as possible. Staff were aware of the importance of obtaining and recording informed consent and were fully aware of the principals of the Mental Capacity Act.

- Staff treated patients with dignity and respect. Patients told us that staff were friendly, professional, polite and helpful. Staff provided emotional support to patients to enable them to receive dental treatment. The service had developed videos and leaflets to help children familiarise themselves with the dental environment prior to their first visit. Staff had sufficient time to discuss treatment and provide support to patients and made reasonable adjustments accordingly. Patients and / or their carers were fully involved in decisions about treatment.
- All clinics which we visited were fully accessible. The service had access to hoists and a wheelchair tipper. Translation services were readily available for patients whose first language is not English. Patients individual needs were attended to, to ensure they were able to receive dental treatment.
- There was a clearly defined management structure and systems in place to developed leadership. The service had a vision of what it wanted to achieve, and this was in line with the newly acquired contract. Staff morale was good across the service and they felt appreciated and supported by managers. There were governance arrangements in place to help with the smooth running of the service and manage risk. The service engaged well with staff and patients to help continually improve the service.

However:

- The current waiting times from referral to assessment was 24 and 25.6 weeks for adults and children respectively. The waiting times from assessment to general anaesthetic was 8 and 16 weeks for adults and children respectively. Staff were aware that these waiting times required improvement and they had implemented consultant led assessment clinics that were supporting reducing the waiting times. Any patient who needed urgent attention would be prioritised.
- Emergency medicines and resuscitation equipment did not reflect nationally recognised guidance. We raised this during the inspection and was also reiterated post-inspection. We were later advised that action had been taken to address the lack of buccal midazolam and masks for the self-inflating bags.
- An audit of the quality of X-rays had not been carried out since 2011.

## Is the service safe?

Good   

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.

# Community dental services

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was a process in place for when children were not brought to appointments.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.

However:

- Emergency medicines and resuscitation equipment did not reflect nationally recognised guidance. We raised this during the inspection and was also reiterated post-inspection. We were later advised that action had been taken to address the lack of buccal midazolam and masks for the self-inflating bags.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Dentists, dental hygiene therapists, nurses and other healthcare professionals supported each other to provide good care. We were provided with good examples of multidisciplinary working. These included with the trust's speech and language team where they had developed communication aids to help patients who were non-verbal communicate their understanding to help with the consent process.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff from the dental service had visited a local traveller site and also a local homeless charity to provide free oral cancer screenings. Over a three-day period, they carried out over 50 oral cancer screenings. In addition, they had also visited local schools to provide training to teachers about the importance of oral health.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff took a proactive approach to providing support to patients who lacked the capacity to make decisions about their care including making reasonable adjustments to enable them to make choices for themselves.

However:

- An audit of the quality of X-rays had not been carried out since 2011. We were told that one was currently being carried out.

# Community dental services

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. During the inspection we received feedback from 14 patients. They told us that staff were friendly, professional, polite, and helpful .
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. The service had developed videos and leaflets which aimed to reduce children's anxiety prior to coming for their first appointment. One leaflet had been adapted specifically for patients with autism.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. Reasonable adjustments had been made to each location which we visited.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The current waiting times from referral to assessment was 24 and 25.6 weeks for adults and children respectively. The waiting times from assessment to general anaesthetic was 8 and 16 weeks for adults and children respectively. Staff were aware that these waiting times required improvement and they had implemented consultant led assessment clinics that were supporting reducing the waiting times. Any patient who needed urgent attention would be prioritised.

## Is the service well-led?

Good ● → ←

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There were systems in place to help develop management skills.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work at the service and enjoyed working as a big team.

# Community dental services

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Public engagement had occurred as part of the reduction of the dental estate.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

We found areas of improvement in this service. See areas for improvement section above.

# Community health services for children and young people

Good   

## Key facts and figures

Leeds Community Healthcare Trust provides a range of community services for children, young people and families, delivered in clinic settings, community venues (including schools) and patients own homes:

- **Speech and Language Therapy** - The Leeds Children's Speech and Language Therapy service supports children and young people aged 0-19 years old who have speech, language and communication difficulties. Most pre-school children are seen in clinics and health centres and most school-age children are seen in school – whether mainstream or specialist inclusive learning centre.
- **Stammering Service** - The Stammering Team offers highly specialist speech and language therapy assessment and support for children, young people and adults who stammer.
- **Children's Nursing Service** - provides a range of nursing care to enable patients to remain in their own homes, as well as follow up for children and babies who have had complex or day surgery.
- **Health Short Breaks** - The team provides care to children with complex and health needs up to their 19th birthday. The team consists of a mix of professionals including children's and learning disability nurses and support staff who offer a specific number of hours to support families within their own homes.
- **Integrated Services for Children with Additional Needs (ICAN)** - The service is for children and young people aged 0-19 who have additional needs due to developmental delay or disorders. The Team includes a range of different health professionals including dieticians, doctors, nurses, occupational therapists, psychologists, physiotherapists, specialist health visitors and speech and language therapists. Services are delivered in clinic settings, nurseries, schools and homes, and there is close collaborative working with colleagues in education, social care and the third sector.
- **0-19 Public Health Integrated Nursing Service (PHINS)** - this service brings together Health Visitors, School Nurses, Nursery Nurses and Healthcare Support Workers working as "one team". They offer support with social, emotional and environmental issues that affect families.
- **Inclusion Nursing** - work to promote the health and well-being of children and young people with special needs attending the Specialist Inclusion Centres.

Information about the sites and teams, which offer community health services for children, young people and families at this trust, is shown below:

Location / site name	Address (if applicable)	Teams/services
Armley Moor Health Centre	<b>95 Town Street, Leeds, LS12 3HD</b>	<b>Children's Speech &amp; Language Therapy</b>
Beeston Hill Community Health Centre	<b>123 Cemetery Road, Beeston, Leeds, LS11 8LH</b>	<b>Children's Speech &amp; Language Therapy</b>

# Community health services for children and young people

East Leeds Health Centre	<b>78 Osmondthorpe Lane, Leeds, LS9 9EF</b>	<b>0-19 Public Health Integrated Nursing Team (PHINs)</b>
Halton Clinic	<b>2 Primrose Lane, Leeds, LS15 7HR</b>	<b>Children's Speech &amp; Language Therapy</b>
Hannah House	<b>Coppice Head, Rothwell, Leeds, LS26 0DX</b>	<b>Hannah House</b>
Hunset Health Centre	<b>24 Church Street, Hunslet, Leeds, LS10 2PT</b>	<ul style="list-style-type: none"> <li>• Inclusion Nursing Team</li> <li>• Leeds Children's Health Short Breaks Team</li> <li>• Continuing Care Team</li> </ul>
Kippax Health Centre	<b>Moorgate Drive, Kippax, Leeds, LS25 7QT</b>	<b>Children's Speech &amp; Language Therapy</b>
Kirkstall Health Centre	<b>15 Morris Lane, Leeds, LS5 3DB</b>	<b>0-19 Public Health Integrated Nursing Team (PHINs)</b>
Meanwood Health Centre	<b>548 Meanwood Road, Leeds, LS6 4JN</b>	<b>Children's Speech &amp; Language Therapy</b>
Merrion House	<b>Merrion Way, Leeds, LS2 8PD</b>	<b>MindMate Single Point of Access (SPA)</b>
Middleton Community Health Centre	<b>Middleton Park Avenue, Leeds, LS10 4HT</b>	<b>Children's Speech &amp; Language Therapy</b>
Morley Health Centre	<b>Corporation Street, Morley, LS27 9NB</b>	<b>Children's Speech &amp; Language Therapy</b>
Parkside Community Health Centre	<b>311 Dewsbury Road, Leeds, LS11 5LQ</b>	<b>0-19 Public Health Integrated Nursing Team (PHINs)</b>
Pudsey Health Centre	<b>18 Mulberry Street, Leeds, LS28 7XP</b>	<b>Children's Speech &amp; Language Therapy</b>
Reginald Centre	<b>263 Chapeltown Road, Leeds, LS7 3EX</b>	<ul style="list-style-type: none"> <li>• Stammering Service</li> </ul>



# Community health services for children and young people

		<ul style="list-style-type: none"> <li>• Children's Speech &amp; Language Therapy</li> <li>• 0-19 Public Health Integrated Nursing Team (PHINs)</li> <li>• Integrated services for Children with Additional Needs (ICAN)</li> </ul>
Seacroft Clinic	<b>3 Seacroft Avenue, Leeds, LS14 6PF</b>	<b>0-19 Public Health Integrated Nursing Team (PHINs)</b>
St George's Centre	<b>St George's Road, Middleton, LS10 4UZ</b>	<b>Integrated services for Children with Additional Needs (ICAN)</b>
Thornton Medical Centre	<b>15 Green Lane, Leeds, LS12 1JE</b>	<b>0-19 Public Health Integrated Nursing Team (PHINs)</b>
Wetherby Health Centre	<b>Hallfield Lane, Wetherby, LS22 6JS</b>	<b>Children's Speech &amp; Language Therapy</b>
Yeadon Health Centre	<b>17 South View Road, Yeadon, LS19 7PS</b>	<b>Children's Speech &amp; Language Therapy</b>

At our last inspection of 2017, we only inspected Hannah House; therefore the 0-19 service had no previous ratings in the current way we inspect. At that time, we gave Hannah House a rating of requires improvement.

During this inspection, we visited Hannah House, clinic areas and accompanied staff on 12 home visits. We spoke with 56 staff, 13 clinical team leaders and managers. We reviewed 25 sets of electronic records, 8 medication records, observed 4 well baby clinics and spoke with 31 parents and observed care of 26 children.

## Summary of this service

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

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Young people were treated according to national guidance, including those from the National Institute for Health and Care Excellence (NICE) and Royal College of Paediatrics and Child Health.
- Policies and procedures were based on national guidelines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The 0-19 service provided a wide range of health promotion activities for children and young people and their parents.

# Community health services for children and young people

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff cared for patients with compassion. Feedback from parents confirmed that staff treated their children well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- We observed effective leadership at a local level, team meetings were professionally managed with engagement from staff attending.
- There had been significant improvements in the areas we had previously identified as a concern at Hannah House. These included safe staffing, medicines management, evidence of competencies, safeguarding training and supervision and lack of oversight management.
- At our last inspection we had concerns about the management oversight of Hannah House. We saw that at this inspection there was an interim manager who had worked in the unit for a significant time and had put into place actions identified previously.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Community paediatric medical staff fell below trust targets for mandatory training.

## Is the service safe?

Good   

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

- There had been significant improvements at Hannah House.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff now had training on how to recognise and report abuse and they knew how to apply it. The majority of staff had completed mandatory training in safeguarding.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and maintained them well.

# Community health services for children and young people

- Staff completed and updated risk assessments for each child. They kept clear records and asked for support when necessary.
- The service knew how to manage patient safety incidents well. Staff knew how to recognise and report incidents and near misses.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

However:

- The number of community paediatric medical staff who had received mandatory training fell below trust target. These had improved in figures requested post inspection.
- There were ongoing recruitment issues with community paediatric medical staff. The trust had put in actions to mitigate this. This included the use of locum with appropriate competencies.
- Not all staff used the parent held records and we observed that some of these were not a current version. We pointed this out at the time of inspection and immediate action was taken by the trust to destroy out of date versions.
- We did not see a standard template with which staff at home visits used to record information to put on the electronic system within the 24 period. There was a risk of information getting lost in the interim period.
- There had been staffing issues with school nurses. We were informed that in the new 0-19 service there would be a transfer of competencies with health visitors to consolidate the public health specialist nurse role.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- At our last inspection we had concerns about staff competencies at Hannah House for example tracheostomy and special feeding care. At this inspection we saw that there were competency frameworks in place. In Hannah House staff now went out with community staff to enable them to complete competency frameworks if unable to do so in house.
- Across the service, all staff had specialist knowledge and the right skills to treat children, young people and their families. Staff had completed competency assessments to ensure they had the appropriate skills and knowledge to deliver care and treatment. The development of the 0-19 service meant that there was planning around health visiting and school nursing competencies to become transferable.
- We observed evidence based practice in the care that we observed by all community CYPS teams. They followed recognised and approved national guidance in accordance with governing bodies. This included the NMC (Nursing and Midwifery Council) and RCPCH (Royal College of Paediatrics and Child Health) and NICE.
- The service was accredited at level three (gold) under the UNICEF UK Baby Friendly Initiative. This meant the service had demonstrated staff supported mothers with breast feeding.

# Community health services for children and young people

- Therapy services for children with cerebral palsy was delivered in accordance with national standards (Cerebral Palsy treatment in under 25's National Institute for Health and Care Excellence (Nice 2018). Therapy and care were adapted to meet the needs of the individual. The management of the delivery of care was very inclusive of the parents and child.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They benchmarked local results with those of other services to consider learning from them and we saw evidence of effective public health work in partnership with other agencies.
- The looked after children's initial medical assessment audit demonstrated that exceptionally high-quality assessments were completed.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff told us and we saw there were enough staff across CYPS teams to meet the needs of children and families. Health visitors used a capacity weighting tool to allocate and manage their own caseloads. Managers reviewed individual staff caseloads at regular supervision.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The trust had made significant improvements at Hannah House. Staff now telephoned the families several days prior to admission to ensure the medicines information was up to date. We saw evidence of this in patient records and prescription charts.
- The trust medicines management team were more visible and responsive. We saw evidence of the medicines management team supporting the nursing staff by providing on-site training and resource documents to improve medicines knowledge.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff told us they were informed of lessons learned from incidents at their monthly team meetings.
- In accordance with the Serious Incident Framework 2015, the trust reported two serious incidents (SIs) in community services for children, young people and families, which met the reporting criteria set by NHS England from February 2018 to January 2019. We saw that appropriate action had been taken and learning was shared across the service.
- Appraisal figures for CYPS staff were variable but all staff we spoke with had received their annual personal development review and had found the process beneficial. New staff underwent a robust preceptorship programme at Hannah House, so this was not included in the appraisal figures.
- The 0-19 service provided a wide range of health promotion activities for children and young people and their parents. We saw that health visitors provided important safety advice at the new birth visit for parents, for example safe sleeping and 'don't shake the baby'.
- We saw how staff gained consent from parents before carrying out procedures on their children. Parents signed to give consent to share information with other professionals within the health records.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Community health services for children and young people

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion. Feedback from parents confirmed that staff treated their children well and with kindness. We saw that staff treated children and young people with dignity and respect.
- We saw evidence in clinics and family homes of care being delivered compassionately. Medical staff took their time with vulnerable young people to put them at ease.
- Parents told us that they felt well supported by staff and they were confident to raise concerns. We heard many examples of compassionate care by families in vulnerable circumstances.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Parents told us they felt involved in their children's care and listened to. We observed staff gave parents clear explanations and opportunities to ask questions.
- Children were involved in decisions about their care and treatment. The trust had developed an app named 'show me' to provide children with information about themselves such as positioning and communication of basic needs.

## Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- We saw that services were inclusive of all community groups
- We were told at Hannah House that the trust had now changed the allocation of nights to four from 14 in order for more young people to be able to access more days respite per child to the service. If a placement had to be cancelled because of illness then it was possible to be reallocated another time. At our previous inspection we were concerned there was no formal reallocation process.
- The trust had mitigated long waiting lists for autism assessment, this included one clinic a week which was nurse led and an additional locum doctor had been employed.
- School nurses provided drop in sessions at schools ensuring children had access to staff to discuss their individual needs.
- Health visitors offered parents a choice of appointments to suit their needs.
- Staff had access to translators for children whose first language was not English. Signing translators were also available to communicate with deaf children. Clinics were accessible to children with reduced mobility using wheelchairs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the findings, and shared these with all staff.

# Community health services for children and young people

- We were informed that health visitors planned to offer extended hour services between 8am and 8pm from September 2019, as they have found this is what people using the service want.
- Clinics to support the healthy child programme were mostly set up in suitable and accessible locations to meet people's needs.
- We saw that all environments had been adapted to be child friendly. For example at Hannah House there had been children's wall murals painted in each room.
- The trust offers a stammering service which provides highly specialist speech and language therapy assessment and support for children, young people and adults who stammer.
- Therapists and health visitors met the needs of children and young people in vulnerable circumstances by providing care in a range of venues such as local children's centres, nurseries, baby clinics as well as home visits. Staff demonstrated a good understanding of the needs of the local population where they worked.
- We saw that there was a sickle cell anaemia/thalassaemia team which supported families from diagnosis onwards.
- Staff throughout services told us that they worked in some significantly deprived areas and that the key was joint working to unpack the environmental and medical issues.
- School age children in Leeds also had the opportunity to have eye screening in school which is additional to the national child measurement programme.
- The trust was undertaking a piece of work to ensure that the service was inclusive of fathers and included those where they may be no longer living with the mother if this safe and appropriate.

## Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- We saw that the 0-19 service had improved service delivery
- We observed effective leadership at a local level, team meetings were professionally managed with engagement from staff attending. Staff told us they could raise different viewpoints in meetings and have professional debate. All staff we spoke with said their local team leaders were very good, supportive and visible.
- At our last inspection we had concerns about the management oversight of Hannah House. We saw that at this inspection there was an interim manager who had worked in the unit for a significant time and had addressed and had put into place actions areas for improvement identified at the previous inspection. The governance and oversight arrangements had improved since our last inspection, and it was clear from trust board meeting minutes that these concerns had been monitored at trust board level
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. This had been developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were enthusiastic and proud of the care they provided to children, young people and families.

# Community health services for children and young people

- The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service monitored performance with the use of performance dashboards. These monitored the number of complaints received by the service, incidents, how many people waited over 52 weeks for appointments, training compliance, sickness rates, vacancies, freedom to speak up concerns and financial position. Results from performance dashboards were shared at team meetings, so staff could influence the actions needed to make any improvements to the service and celebrate improvements in performance.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- We heard that the trust had started to work on collecting information on a template in the electronic records about 10 significant adverse childhood events. Research shows that these can impact development and in later life. Leeds is one of the first trusts nationally to undertake this work, and it is expected this will lead to early interventions with families.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- We were told that the trust had commissioned Healthwatch Leeds to undertake a review of patient engagement and involvement across the organisation. The results would form the basis of an engagement strategy.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The HENRY initiative had been cited in publications to inform the public and staff that Leeds was the only area nationally to decrease the number of young children who were obese.

## Outstanding practice

We found areas of outstanding practice in this service. See outstanding practice section above.

## Areas for improvement

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



# Mental health services

## Background to mental health services

Leeds Community Healthcare NHS Trust provides specialist community mental health services for children and young people across Leeds. The service is open to all patients under the age of 18 who are registered with a GP within the area covered by the Leeds NHS Clinical Care Commissioning Group.

The trust also provides one inpatient unit for children and young people who require inpatient mental health care. The unit is located at Little Woodhouse Hall in Leeds and provides eight beds for males and females between the ages of 13 and 18 years.

Patients using the unit may be detained under the Mental Health Act or admitted informally.

## Summary of mental health services

### Requires improvement → ←

- The child and adolescent mental health wards were rated as requires improvement. Well Led was rated as inadequate. Safe, effective and responsive were rated as requires improvement. Caring was rated as good. This was the same overall rating as the last inspection.
- The specialist community mental health services for children and young people were rated as requires improvement. Safe, responsive and well led were rated as requires improvement. Effective and caring were rated as good.

# Specialist community mental health services for children and young people

Requires improvement  

## Key facts and figures

Leeds Community Healthcare NHS Trust provides specialist community mental health services for children and young people across Leeds. The service is open to all patients under the age of 18 who are registered with a GP within the area covered by the NHS Leeds Clinical Care Commissioning Group. Patients will be accepted by the service if they have a mental health problem which meets one or more of the following criteria:

- has been persistent for six months or more (less for patients under five years old)
- when targeted emotional health services (based within other agencies) have not resolved the problem and a specialist child and adolescent mental health service's input is required
- where mental health issues have a major impact on activities of daily life over an extended period
- where the problem is more serious than a "normal reaction" to an "everyday adverse life event"
- where there is a high risk/severity (e.g. serious self-harm/attempted suicide, low BMI, psychosis)

The service operates from 9am to 5pm Monday to Friday (excluding bank holidays). The service also operates an on-call out of hours service staffed by consultant psychiatrists.

Referrals are made through a single point of access, including a limited number of self-referrals. Emergency referrals are managed directly on behalf of the whole service by one of the locality teams. The service is structured into three teams each covering an area of Leeds (East, West and South). Each team has a base location and additional access to primary care locations within the area to provide appointments. The service is also able to offer home visits although these are rare. The service also has specialist city-wide sub-teams:

- Community Outreach Team
- Transitions Team
- Eating Disorders Team
- Learning Disabilities Team
- Infant Mental Health Service

We last inspected specialist mental health services for children and young people provided by this trust in June 2016. This inspection was a focussed follow-up inspection which looked at the Safe and Responsive key questions we ask about all services. The service was rated as good in both key questions following this inspection and was rated as good overall.

Our inspection was announced with short-notice (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Prior to the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team;

- visited two locations, looked at the quality of the environment and observed how staff were caring for patients
- spoke with three patients using the service, and reviewed their comments on feedback cards

# Specialist community mental health services for children and young people

- spoke with three carers or relatives of people using the service
- spoke with four leaders of the service including the head of service, service manager, and team manager
- spoke with 13 other staff including doctors and child and adolescent mental health practitioners who were staff from a range of backgrounds including occupational therapy, psychology, and social work.
- looked at the care and treatment records of 12 patients
- attended and observed 10 meetings, assessments and therapy groups
- accompanied staff on one home visit
- reviewed a range of policies and 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 did not consistently manage safety well. Staff had not ensured that clinical premises where patients received care and clinical equipment used to support care were safe, well equipped, and well maintained. Patient risks were not assessed and managed well. Patients on waiting lists were not monitored to detect changes in risk. Not all staff had received the basic training to keep patients safe.
- The service was not consistently responsive to patients' needs. Waiting times for interventions including therapy and specific assessments exceeded agreed targets.
- The service was not consistently well-led. Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level, but performance and risk were managed well. Managers had not ensured that clinical premises and equipment were safe. Not all staff had received their mandatory training or an annual appraisal.

However:

- The service was providing effective care. Treatment and care for patients was in line with national guidance. The teams included or had access to the full range of specialists required to meet the needs of patients under their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff were caring. Staff were attentive and treated patients and families with compassion and kindness. Staff involved patients and families in making decisions about their care and in shaping the future of the service.

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff had not ensured that clinical premises where patients received care and clinical equipment used to support care were safe, well equipped, and well maintained. Staff had not assessed ligature risks in line with best practice in either clinical premises we inspected. Clinical equipment including emergency grab bags were not checked and we found examples of out of date equipment and equipment overdue portable appliance testing.

# Specialist community mental health services for children and young people

- Staff did not assess and manage risks to patients and themselves well. Risk assessments and risk management plans were not completed fully and consistently. Staff did not monitor patients on waiting lists to detect and respond to increases in level of risk.
- Whilst compliance rates had improved in the months prior to inspection, the service still did not have enough staff who had received the basic training required to keep patients safe. Not all staff were trained in resuscitation.

However:

- The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead. Staff followed good personal safety protocols.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

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

- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. The trust had revised its approach to transitions to adult services following a serious incident.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.

However:

- Whilst most staff had received clinical supervision in the last three months, effective systems were not in place to evidence that staff received regular ongoing supervision. Appraisal rates were consistently below target.
- Not all care plans were accessible, holistic, recovery orientated and reflected the full range of needs identified in assessments.

# Specialist community mental health services for children and young people

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- When appropriate, staff involved families and carers in assessment, treatment and care planning.
- Patients and parents and carers were involved in the design and delivery of the service.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service was not able to see non-urgent patients within an acceptable time. Trust data showed that half of the 905 patients currently on the waiting list waited more than the 12-week target for intervention and 35% of these patients waited for more than 12 weeks for reasons other than their own choice of appointments.
- Neither premises we inspected had examples of information leaflets or posters in languages other than English. Information advising patients that they could have leaflets translated was only available in English.

However:

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly. Staff followed up patients who missed appointments.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level and that performance and risk were not managed well.

However:

# Specialist community mental health services for children and young people

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

## Areas for improvement

We found areas for improvement in this area. See the areas for improvement section above.

# Child and adolescent mental health wards

Requires improvement   

## Key facts and figures

Leeds Community Healthcare Trust provides one inpatient unit for children and young people who require inpatient mental health care. The unit is located at Little Woodhouse Hall in Leeds and provides eight beds for males and females between the ages of 13 and 18 years.

Patients using the unit may be detained under the Mental Health Act or admitted informally.

The inspection was undertaken on 15 May 2019. The inspection was unannounced and was part of our planned inspection programme. We inspected the following key questions; safe, effective, caring, responsive and well led.

Our Mental Health Act Reviewers visited the unit in June 2018. They provided the trust with a report of their findings which included concerns relating to blanket restrictions, patients understanding their rights and patient activities. The trust had responded with a provider action statement and these concerns were reviewed during this inspection.

We previously inspected this service in January 2017. We rated the service as requires improvement overall with ratings of requires improvement in the safe and well led key questions and ratings of good in the effective, caring and responsive key questions. We found the trust to be in breach of the following regulations within the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 18; staffing. This related to the trust ensuring that all temporary bank and agency staff, completed the required mandatory training and that this is recorded and monitored appropriately.

Regulation 17; good governance. This related to the trust ensuring that systems and processes were in place and operating to ensure risks were monitored and managed.

Prior to this, we visited the service in June 2016, we did not rate the service during this focussed inspection but found the trust to be in breach of the following regulations within the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12; safe care and treatment. This related to unmitigated risks from ligature points and the cleanliness of the unit.

Regulation 10; dignity and respect. This related to same sex accommodation breaches at the unit.

We also visited the service in November 2014. We rated the service as good in all key questions but as requires improvement in the safe key question. We found the trust to be in breach of the following regulations within the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15; premises and equipment. This related to the safety and suitability of the environment.

We reviewed each of these regulatory breaches as part of this inspection.

Prior to the inspection, we reviewed all the information we held about the services and requested additional information from the trust.

During the inspection visit, the inspection team;

- visited the unit, looked at the quality of the environment and observed how staff were caring for patients
- spoke with four patients using the service, and reviewed their comments on feedback cards



# Child and adolescent mental health wards

- spoke with three carers or relatives of people using the service
- spoke with three leaders of the service including the head of service, service manager, and unit manager.
- spoke with 10 other staff including a doctor, nurses, healthcare assistants, social worker, psychologist, teachers, and the art therapist.
- looked at the care and treatment records of four patients
- reviewed the medication administration records of four patients
- attended and observed meetings and a therapy group
- reviewed a range of policies and 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 requires improvement because:

- The service was not providing consistently safe care. The unit continued to not meet national guidance and standards, and did not ensure that patients could be cared for safely at all times. Medicines and equipment were not managed safely. Restrictive interventions and observations were not recorded correctly. Staff had not recognised the implementation of blanket restrictions which were not based on individual patient risks.
- The service did not have effective processes in place to ensure good adherence to the Mental Health Act and the Mental Health Act Code of Practice. We found a recent example of a patient who had been detained without the use of the Act. Paperwork in relation to Section 17 leave from the ward was incorrect.
- The service was not providing care consistently in a way that was responsive to people's needs. Staff did not plan for discharge well. The design, layout, and furnishings of the unit did not support patients' treatment, privacy and dignity. The limitations of the unit meant that additional restrictions for patients were in place to manage safety.
- The service was not well-led. Our findings from the other key questions demonstrated that governance processes did not operate effectively at ward level and that performance and risk were not managed well. The trust had not taken enough timely action when CQC and other organisations have raised concerns about the suitability of the building in which this service is located over a number of years. The trust did not effectively monitor key areas of risk and performance in mental health care and had not ensured that policies and procedures to support good care were reflective of national guidance.

However:

- Staff were consistently caring. Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Staff involved patients in care planning and supported patients to understand and manage their care, treatment or condition. Staff involved families and carers appropriately.
- Except for adherence to the Mental Health Act, the service provided effective care. Staff assessed the physical and mental health needs of all patients and developed care plans which were personalised, holistic and reflective of identified needs. The unit team included the full range of specialists required to meet the needs of patients and staff were able to provide a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Staff worked effectively with external teams and organisations.

# Child and adolescent mental health wards

- The service had a positive culture. Staff knew the values of the trust and how these were applied in everyday practice. Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

## Is the service safe?

**Requires improvement** ● → ←

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

- The unit was not entirely safe and was not fit for the purpose it was being used. There were unmitigated environmental concerns relating to blind spots, absconson from the building and the service being isolated, which placed patients at risk of harm. The building did not meet national guidance and standards. There was no fire action plan or records that actions required had been followed up by staff. Cleaning records were not maintained appropriately.
- Some training courses were below 75% compliance prior to the inspection, and there was significant use of bank and agency staff which patients reported was a concern to them. However there had been improvements in mandatory training by the time of inspection.
- The service did not have systems and processes to safely store and administer medication. Pharmacy audits were not taking place regularly and where audits were undertaken of medication and equipment staff failed to report concerns and act on them.
- Staff did not always follow procedures and national guidance when recording interventions with patients including; the observation of patients, and the use of seclusion and restraint. Not all staff knew there was a system for monitoring incidents involving the use of rapid tranquilisation.
- There were several blanket restrictions in place on the unit, which were not reviewed or audited. The service did not take part in a reducing restrictive practice forum.
- The unit did not have a good track record on safety, there had been a number of incidents where patients had been able to harm themselves or abscond from the building.

However:

- The unit was well equipped and well furnished.
- At unit level, managers had made some environmental changes to reduce the risk presented by the building including; enhanced ligature and environmental risk assessments, the addition of some anti-ligature fixtures and fittings, the removal of the internal disabled access lift and the blocking off of an exit corridor.
- Staff completed thorough risk assessments and updated them following incidents and reviews.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The unit had a social worker and the provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff could describe times when changes were made within the service following incidents.

# Child and adolescent mental health wards

- When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement** ● ↓

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

- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice, they did not use these appropriately. We saw evidence of the use of incorrect detention of one patient and found that all the section 17 leave paperwork we reviewed was out of date or not in line with the patient's care plan.
- The trust had not ensured that they completed all actions relating to the recommendations following visits from our Mental Health Act Reviewers, for example, there continued to be a number of blanket restrictions in place.
- There was no regular, robust audit of the use of the Mental Health Act and Mental Capacity Act, despite this being a suggestion following a serious incident relating to administration in September 2018.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, and holistic.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare.
- Staff used recognised rating scales to assess and record severity and outcomes.
- The unit team included the full range of specialists required to meet the needs of patients. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The unit team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

# Child and adolescent mental health wards

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service did not meet the requirements of a modern mental health service. The design, layout, and furnishings of the unit did not support patients' treatment, privacy and dignity. Patients had restrictions on access to outside space. Patients had complaints about a lack of private space and of the building temperatures being extremes of heat and cold.
- The unsuitable nature of the building meant that patients were restricted more than necessary to keep them safe and this did not support their autonomy and privacy. Patients could not make hot drinks and snacks at any time without staff support due to restrictions in place.
- The patient care plans we reviewed did not contain evidence of clear, goal orientated discharge planning. Where this was discussed in care programme approach meetings it did not transcribe into patient care plans.

However:

- Each patient had their own bedroom which was personalised and where they could keep their personal belongings safe. Patients were able to have visitors in their rooms and carers told us that they liked this.
- Staff facilitated young people's access to high quality education throughout their time on the ward.
- Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

**Inadequate** ● ↓

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

- The delivery of quality care was not assured by the leadership, governance or culture. The trust continued to breach regulations. The trust had not taken effective action to address areas of concern from previous inspections. The trust did not have effective internal systems and processes to identify and address risks.
- Our findings from the other key questions demonstrated that governance processes did not operate effectively at ward level and that performance and risk were not managed well.
- The trust had not taken enough timely action when CQC and other organisations have raised concerns about the suitability of the building in which this service is located over several years. The building continues to place patients at risk of harm and the trust has no firm plans to make changes to this prior to the new build completion in 2021.
- The trust had poor understanding and management of risks. There were issues and significant failures in audit systems and processes. Ward level audits were either not effective at identifying these issues or action did not take place to address the issues identified at all, or in a timely way. This included the issues we identified on this inspection.

# Child and adolescent mental health wards

- Managers did not have oversight of key areas of performance in relation to mental healthcare. This included areas of patient care and treatment such as the use of rapid tranquilisation, restraint and seclusion.
- Mental Health Act review reports have not been fully acted upon and utilised as part of Mental Health Act monitoring at the trust.
- The trust did not support staff to perform their roles in line with national guidance because policies and procedures did not reflect this guidance. This included the trust supervision policy, observation policy, restraint and seclusion policy and a lack of guidance and policy relating to blanket restrictions and the monitoring of the use of rapid tranquilisation.

However:

- Unit level leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

## Areas for improvement

We found areas for improvement in this area. 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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent



# Our inspection team

Sarah Dronsfield, Head of Hospital Inspection, led this inspection. An executive reviewer, William Cunliffe, supported our inspection of well led for the trust overall. The team included one Inspection Manager, nine inspectors, two assistant inspector and eight specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.