

**Good**

South West Yorkshire Partnership NHS Foundation  
Trust

# Long stay/rehabilitation mental health wards for working age adults

## Quality Report

Fieldhead  
Ouchthorpe Lane  
Wakefield  
WF1 3SP

Tel: 01924 327000

Website: [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

Date of inspection visit: 15 November 2016

Date of publication: 24/02/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXG36	Enfield Down	Enfield Down	HD9 6LL
RXG58	Lyndhurst	Lyndhurst	HX5 0QX

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the provider's services say	8

---

### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10

---

# Summary of findings

## Overall summary

### **We rated South West Yorkshire Partnership NHS Foundation Trust as good because:**

- The service had effective governance process in place which demonstrated a clear link between senior management and front line staff.
- Weekly multidisciplinary review meetings and risk review meetings were held and patients care plans and risk assessments were updated as required.
- Patients had the opportunity to speak to a consultant at least once a month or more regularly if requested.
- Patients' physical health was monitored regularly through weekly physical health and wellbeing clinics led by a band 6 nurse and the junior doctor.
- Staff had received training in the Mental Health Act and completed regular audits of patients consent to treatment records, all of which were correct and in date at the time of the inspection.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- The service held weekly risk review meetings where patient progress and incidents were discussed and risk assessments were updated as necessary. Patients' records contained up to date risk assessments and there was evidence that these were reviewed and updated within multidisciplinary meetings at least once a month.
- Patients received regular physical health checks and patients with ongoing physical conditions or patients on high dose antipsychotic medication attended a weekly physical health and wellbeing review.

Good



### Are services effective?

#### We rated effective as good because:

- The service held weekly multidisciplinary reviews attended by a psychiatrist, nurse and occupational therapist with other professionals involved in that patient's care attending as appropriate. Patients attended a minimum of one review a month and could request additional reviews throughout the month if they wanted.
- Mental Health Act training had been completed by 72% of staff and further training was planned for the remaining staff. There was evidence that staff audited patients' consent to treatment records regularly and all patients detained under the Mental Health Act had the correct paperwork on file.

Good



### Are services caring?

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

Good



### Are services responsive to people's needs?

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

Good



### Are services well-led?

#### We rated well-led as good because:

- The service had a clear management structure including a practice governance coach, who took responsibility for ensuring the service had effective governance structures in place. We

Good



# Summary of findings

saw evidence of regular meetings taking place within the governance structure which demonstrated a clear link between front line staff and senior management. Staff and managers told us they felt supported within their role and that they felt the service was more effective since the practice governance coach had been in post.

# Summary of findings

## Information about the service

South West Yorkshire Partnership Foundation Trust has two long term and rehabilitation mental health wards for adults of working age.

Enfield Down is a 31 bed rehabilitation service, commissioned by Kirklees Clinical Commissioning Group. Lyndhurst unit is a 14 bed rehabilitation service, commissioned by Calderdale Clinical Commissioning Group.

Both services are for men and women, some of whom are detained for treatment under the Mental Health Act (1983). Both services provide care, treatment and rehabilitation following an acute phase of a patient's illness. The service offers a socially inclusive approach to recovery and return to independent or supported living.

We have inspected the South West Yorkshire Partnership Foundation Trust eight times. We have only inspected these locations once, in March 2016.

## Our inspection team

The team that inspected the services provided by South West Yorkshire Partnership NHS Foundation Trust was led by Kate Gorse-Brightmore, Inspection Manager (West Yorkshire), Care Quality Commission.

The team that inspected long stay/rehabilitation mental health wards for working age adults consisted of two Care Quality Commission mental health hospital inspectors.

## Why we carried out this inspection

We undertook this inspection to find out whether South West Yorkshire Partnership NHS Foundation Trust had made improvements to their Long stay/rehabilitation mental health wards for working age adults since our last comprehensive inspection of the trust on 7 March 2016.

When we last inspected the trust in March 2016, we rated Long stay/rehabilitation mental health wards for working age adults as requires improvement overall. We rated the core service as requires improvement for Safe, requires improvement for Effective, good for Caring, good for Responsive and requires improvement for Well-led.

Following the inspection in March 2016, we told the trust that it must take the following actions to improve Long stay/rehabilitation mental health wards for working age adults:

- The trust must ensure that risk assessments are completed on admission and updated at regular intervals in addition to being updated following incidents and changes in presentation.

- The trust must ensure that patients who are prescribed high dose antipsychotic medication are subject to physical health monitoring including electrocardiograms in line with national guidance.
- The trust must ensure that patients have regular multidisciplinary review meetings to ensure timely and appropriate review of care and treatment.
- The trust must ensure that the leadership team ensures that governance structures are in place to monitor and improve the service.
- The trust must ensure that request for second opinion doctors are made in a timely manner.
- The trust must ensure T2 and T3 certificates are completed accurately and reviewed for errors.
- The trust must ensure all staff receive training in the Mental Health Act and Mental Capacity Act.

We issued the trust with five requirement notices that affected Long stay/rehabilitation mental health wards for working age adults. These related to:

# Summary of findings

- Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe Care and Treatment
- Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person Centred Care
- Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance
- Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing

- Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Need for consent

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

- The trust should ensure that there is adequate space in the clinic room to carry out physical health examinations and care.
- The trust should ensure that there are systems in place for patients to summon assistance

## How we carried out this inspection

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

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

Before the most recent inspection, we reviewed information that we held about long stay/rehabilitation mental health wards for working age adults. This information suggested that the ratings of 'good' for Caring and Responsive that we made following our March 2016 inspection were still valid. Therefore, during this inspection, we assessed whether the trust had made improvements to the specific concerns we identified during our last inspection.

During the inspection visit, the inspection team:

- visited both of the wards at the two locations.
- spoke with four patients who were using the service
- spoke with the managers for each of the ward
- spoke with seven other staff members; including doctors and nurses
- spoke with the practice governance coach with responsibility for these services
- Looked at 11 treatment records of patients.
- carried out a check of the medication records on both wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke to four patients during our visit. Patients were aware of their risk assessment and confirmed they had

regular reviews with the care team where they discussed their medication and care plan. Patients had all received a level of physical health monitoring and were able to access ongoing monitoring in weekly sessions if required.



## South West Yorkshire Partnership NHS Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Enfield Down	Enfield Down
Lyndhurst	Lyndhurst

#### Mental Health Act responsibilities

Mental Health Act training had been mandatory since April 2016. The trust provided evidence that 72% of the long stay/rehabilitation staff had attended training in the Mental Health Act. The remaining 23% of staff were due to attend training over the coming months.

There was a separate file containing copies of patients' Mental Health Act paperwork including the T2 consent to

treatment forms. We reviewed the records for the patients detained under the Mental Health Act; all had the correct documentation in place. Staff completed regular audits Mental health Act documentation and a check list was in place to ensure consistency.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

We did not specifically review the services' compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards during this inspection.

# Are services safe?

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

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

## Our findings

### Assessing and managing risk to patients and staff

The service used the Sainsbury risk assessment tool. The tool consisted of a level one assessment, which included an initial risk assessment and risk management plan. In addition, a level two assessment which produced a more detailed risk assessment and management plan. All patients had the level one assessment completed during an initial assessment. The level two assessment was completed over a longer period and was the main risk assessment used to detail a patient's current risk issues.

The service held weekly risk review meetings where staff reviewed any incidents which had occurred over the last week alongside patients' risk assessment and care plans. We reviewed eleven patient records. All the records we reviewed contained both a level one and level two risk assessment. We saw evidence of risk assessments being reviewed following incidents and clear cross-referencing to the trust's incident recording system within the risk assessments. However, one record at Lyndhurst had a level two assessment which was last reviewed in February 2014. The level one assessment had been reviewed in both October and November 2016 by staff at Lyndhurst. We were told that the patients' care coordinator was generally

responsible for updating the level two assessment. Although, if there had been any significant changes in a patient's risk that staff at Lyndhurst would update the level two record if the care coordinator had not done so.

We reviewed 22 medication records including one patient who was prescribed high dose antipsychotic medication. We saw evidence of 'as and when required' medication (PRN) being reviewed regularly within multidisciplinary reviews and changes made if necessary including one instance where a patient had been prescribed a regular dose of medication after regularly requesting as and when required medication to help manage anxiety in the evening.

Medication records demonstrated clear links to any relevant physical health monitoring required for individual patients. The service held weekly physical health and wellbeing clinics led by a band 6 nurse and the specialist doctor to monitor patients' physical health.

The records of the patient who was prescribed a high dose of antipsychotic medication clearly demonstrated the rationale for the high dosage and the physical health checks required to ensure the patient's wellbeing was monitored effectively. These included electrocardiographs, temperature, blood pressure pulse and blood tests. All the checks were in place and monitored by the junior doctor.

# Are services effective?

Good 

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

## Our findings

### **Multi-disciplinary and inter-agency team work**

Multidisciplinary meetings were held weekly at Enfield Down and twice weekly at Lyndhurst ensuring that all patients had a multidisciplinary review at least once a month. We saw evidence that multidisciplinary reviews were recorded in patient notes including reviewing previous actions and progress. Staff discussed medication, including use of as and when required medication, at multidisciplinary meetings and kept records of this. We were told multidisciplinary reviews were attended by the psychiatrist, nurse and occupational therapist as a minimum with input from psychology or other professionals as required. This was reflected in the records of multidisciplinary meetings we reviewed within the patients' records. Staff told us that the patient's family and advocates also regularly attended reviews and that care coordinators were invited to all multidisciplinary reviews. The latter mainly attended when a patient was progressing towards discharge.

Patients were able to request a multidisciplinary review between their planned reviews if they required; this was evident within the patients' records we reviewed, with some patients having reviews more frequently.

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

Mental Health Act training had been mandatory since April 2016. The trust provided evidence that 72% of the long stay/rehabilitation staff had attended training in the Mental Health Act which included an update on the Code of Practice following the 2015 review of this guidance. A further 17% of staff were booked on to sessions which were planned over the coming months and dates had recently been released for 2017 which the remaining 11 percent of staff would attend.

Five of the staff we spoke to had attended training in the Mental Health Act. One of the staff who had not received the training was aware new dates had been planned and was due to attend in the future.

We reviewed 22 medication records of which eleven patients were receiving treatment under the Mental Health Act. There was a separate file containing copies of patients' Mental Health Act paperwork including the consent to treatment forms. We reviewed the consent to treatment records for the eleven patients detained under a section; all had the correct documentation in place. Staff completed regular audits of the consent to treatment records at both Enfield Down and Lyndhurst and a check list was in place for staff to use whilst checking the records to ensure consistency.

# Are services caring?

Good 

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

## Our findings

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

# Are services responsive to people's needs?

Good 

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

## Our findings

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

# Are services well-led?

Good 

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

## Our findings

### Good governance

The service was managed by a general manager, a clinical lead and a practice governance coach. The trust referred to them as a management 'trio'. The practice governance coach had been in post since May 2016. They had implemented an effective governance structure which included:

- weekly 'trio' meetings,
- monthly business line meetings with the deputy director,
- monthly service line meetings with the team managers, and
- a weekly telephone conference with the 'trio' and the team managers for Enfield Down and Lyndhurst.

The practice governance coach described how these meetings were interlinked and how information flowed between the meetings. The managers we spoke to could describe the governance structure and told us how they felt the structure had benefitted the service and provided more support to the teams by ensuring there was a flow of information. This was reflected in the minutes of meetings we reviewed.

We reviewed minutes from the monthly 'trio' meetings, service line meetings, staff meetings and the weekly inpatient team telephone conference calls. The minutes we reviewed demonstrated meetings had representation from the appropriate managers, were held regularly and had established a flow of information between senior managers and the staff teams.