Devon Partnership NHS Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units (PICUs)	Wonford House Hospital Torbay Hospital North Devon District Hospital	RWV62 RWV55 RWV12
Forensic inpatient / secure wards	Langdon Hospital Exeter Road Dawlish	RWV73
Long stay / rehabilitation mental health wards for working age adults	Wonford House Hospital	RWV62
Wards for people with learning disabilities or autism	Whipton Hospital	RWVEE
Wards for older people with mental health problems	Torbay Hospital Franklyn Hospital North Devon District Hospital	RWV55 RWV98 RWV12
Community-based mental health services for older people	Wonford House Hospital	RWV62
Community-based mental health services for adults of working age	Wonford House Hospital	RWV62
Community-based services for adults with learning disabilities	Wonford House Hospital	RWV62
Mental health crisis services and health-based places of safety	Wonford House Hospital Torbay Hospital North Devon District Hospital	RWV62 RWV55 RWV12

Summary of findings

This report describes our judgement of the quality of care at this provider. It 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.

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 services at this Provider	Requires improvement 
Are Mental Health Services safe?	**Requires improvement** 
Are Mental Health Services effective?	**Requires improvement** 
Are Mental Health Services caring?	**Good** 
Are Mental Health Services responsive?	**Good** 
Are Mental Health Services well-led?	**Good** 

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

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

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

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

Summary of findings

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Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We rated Devon Partnership NHS Trust as **requires improvements** because:

- Although the trust had made significant improvements following the last inspection we found some wards were unsafe due to features of their design and the way in which staff managed the risks that these posed. Some wards contained ligature anchor points, where patients at risk of suicide might attach a cord in attempt to strangle themselves. Staff had identified some of these ligature points but had not taken appropriate action to mitigate the risks. In other cases, staff had not identified the ligature points. We were particularly concerned about the risk of ligature points on Haytor ward and Moorland and Ocean view. The layout of some wards meant that there were parts of the ward that staff could not easily observe from the nursing office. These 'blind spots' were places where patients at risk might harm themselves without staff seeing them. The trust had identified this as a risk on Haytor ward twelve months ago but had not taken action to address the problem. The trust did have an action plan in place to address these issues, but there was not a date identified when all of the issues would be addressed.
- The difficulties that the trust had in recruiting staff had resulted in an adverse impact on patient care. In some services, 30% of posts were vacant. This was a particular problem across the forensic estate, where both staff and patients raised concerns about staffing levels. The mental health wards employed agency and bank nurses to cover a high proportion of shifts.
- Patients care plans varied in detail and quality. They were not always person centred and they lacked detail required to demonstrate an understanding of the patients' circumstances and needs.
- The quality of clinical care was not consistently high across all services. Medical and nursing staff at the Cedars, Haytor ward and in the community mental health services for older people did not assess or monitor the physical health of patients adequately. Many patients did not have easy access to psychological therapies. This was partly because some services had limited access to a psychologist. Clinical staff did not consistently use structured assessment tools to assess patients or measure outcomes of care.
- Staff did not always document patients' active involvement in their care planning and/or giving of their consent. For example, treatment escalation plans for patients on Belvedere ward were not individual and were written in a blanket way. They did not clearly set out how the decision-making process, regarding the person's capacity, was made.
- Some of the trust's services were not sufficiently accessible or responsive to patients. The mental health crisis teams did not offer a comprehensive round-the-clock service. They did not always have sufficient numbers of staff to assess new patients promptly and could not visit a patient more than twice a day. The crisis teams operated until 21.30 hours. After this time, the only crisis response was a night nurse practitioner. This nurse had other competing duties and so might not be available to pick up the phone. In the additional support unit, we found several complaints raised about the standard of food served, food was brought in from an internal caterer using a cook/freeze approach, in response to previous complaints about the food on the ward.
- There was a backlog of complaints, meaning that staff could not address themes or learning in a timely manner. Some clinical teams did not have a process in place for ensuring that staff learnt these lessons from incident or complaint investigations.

However;

- The trust continues to build on the improvement programme. There had been significant improvements made and the trust had a clear strategy for further improvement that, although in its infancy, was well considered and project managed. The seclusion rooms, highlighted as a key concern during the last inspection, had been improved by providing staff with necessary training and skills in most services.
- We found that in most core services there were risk assessments in place that were comprehensive and

holistic. Staff understood the local safeguarding procedures, and how they could raise concerns. Most services could demonstrate they used evidence based practice and followed national guidance. We observed staff across all core services providing skilled interventions in a caring and respectful way. The wards and community bases were, in the main, clean and staff checked and addressed infection control issues as necessary.

- Teams were multidisciplinary and worked collaboratively to provide care and treatment. Monthly supervisions and annual appraisals were well documented and, in the main, up to date. The trust had achieved an average of 83% compliance across the 12 mandatory core training courses.
- The inspection team recognised that the trust was well led with leadership, management and governance systems in place. Most staff felt positive about the chief executive and senior management team and felt they heard their views. We saw that the trust supports learning and promotes an open culture where staff are encouraged to participate and engage in service developments and change. Senior management had an understanding of the strengths and weaknesses of their service and the governance systems allowed them to report on this accurately.
- There was a strong culture of staff managing complex patient behaviours effectively, using restraint and medication only when needed. Staff understood de-escalation techniques, avoiding the use of physical interventions as much as possible.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Requires improvement 

We rated "safe" as **requires improvement** because:

- Some wards contained ligature anchor points, where patients at risk of suicide might attach a cord in attempt to strangle themselves. Staff had identified some of these ligature points but had not taken appropriate action to mitigate the risks. In other cases, staff had not identified the ligature points. We were particularly concerned about the risk of ligature points on Haytor ward and Moorland and Ocean view. The layout of some wards meant that there were parts of the ward that staff could not easily observe from the nursing office. These 'blind spots' were places where patients at risk might harm themselves without staff seeing them. The trust had identified this as a risk on Haytor ward twelve months ago but had not taken action to address the problem. The trust did have an action plan in place to address these issues, but there was not a date identified when all of the issues would be addressed.
- The difficulties that the trust had in recruiting staff had an adverse impact on patient care. In some services, 30% of posts were vacant. This was a particular problem across the forensic estate, where both staff and patients raised concerns about staffing levels. The mental health wards employed agency and bank nurses to cover a high proportion of shifts. Across the crisis and home based treatment teams we found that if a patient was in crisis after 21.30 hours they were only offered support by telephone helpline, which was manned by the night nurse practitioners. These staff had a range of other duties, which meant that they could not guarantee to answer the phone for the patients and offer advice.
- The extra care area at Franklyn house used for seclusion and segregation did not meet the MHA Code of Practice guidelines and was not listed in the trust policy as one of the identified sites for seclusion and segregation. Additionally, if Beech ward patients needed to use the seclusion and segregation area they could not access this shared facility in a safe way.
- The blanket restrictions in place on the forensic wards were, in the main, clinically appropriate for the secure services environment.
- Lone working procedures were not consistently applied in all teams and some teams did not have access to required alarms.

Summary of findings

- All core services had access to emergency equipment that staff checked and monitored regularly, with the exception of Belvedere ward. Ligature cutters were not easily available on Belvedere ward and access to the emergency 'grab bag' was hampered, as it was large and heavy to move.

However,

- Wards were clean and staff checked and addressed infection control issues as necessary. Cleaning schedules were in place and patients were encouraged, where possible, to contribute to high standards of cleanliness.
- Staff had a good understanding of their safeguarding responsibilities and there were systems in place to report concerns.
- There was a strong culture of staff managing complex patient behaviours effectively, using restraint and medication only when needed. Staff understood de-escalation techniques and staff and patients had the opportunity to debrief following incidents. The trust had a policy for rapid tranquillisation and staff had received the appropriate level of training in restraint with adherence of over 90%. The policy and clinical protocol was reviewed in October 2014.
- Overall, medicines were stored securely. Staff made daily records of medicine refrigerator and room temperatures and these were all within the expected temperature ranges. Audits and inspections from the pharmacy team ensured on-going monitoring and oversight was provided for the wards and teams.
- We saw that staff completed risk assessments across most core services on admission and staff updated these regularly using the risk assessment format on RiO.
- Staff we spoke with were confident about using the trust's electronic incident reporting system and managers demonstrated how they reviewed incident reporting in their teams and disseminated learning. We saw evidence of change because of incident reporting.

Are services effective?

Requires improvement

We rated "effective" as **requires improvement** because:

- The trust's physical health monitoring policy states that this monitoring should be completed weekly. However this was not carried out routinely at the Cedars, on Haytor ward, or by the crisis team.
- We found some issues regarding the use of the Mental Health Act and found that training records showed that some staff had

not had training in the Mental Health Act Code of Practice 2015 and there were no active plans in place to roll this out. Patients in learning disability wards were not having their rights, under section 132 of the MHA, explained to them. Leave authorisation forms for patients detained under the MHA did not always clearly define the conditions of leave and did not contain specific leave risk assessments.

- Psychology input was limited across most core services. However, nursing and occupational therapy staff had received additional training to deliver psychological therapies. It was not always possible to deliver this due to staffing shortages.
- Staff did not always demonstrate a clear understanding of the Mental Capacity Act and across core services obtaining informed consent was variable and not always noted in care plans. We found that some patients had their views documented clearly in their care plans. However, consent to treatment was not always recorded. Treatment Escalation Plans (TEPS) for patients on Belvedere ward were not individual and were written in a blanket way. They did not clearly set out how the decision-making process regarding the person's capacity was made.
- People's care records varied in detail and quality in all services we visited. Care plans were not always person centred and they lacked detail required to demonstrate an understanding of each individual`s circumstances and needs.
- Use of outcome measures was inconsistent across the services. Health of the Nation Outcome Scales (HoNOS) were used to assess severity of symptoms at assessment, but were not regularly used to measure effectiveness of care. However, the Mid Devon psychosis and recovery team was using HoNOS every six months to measure progress.
- We found the medical staff at the additional support unit had a good understanding of Positive Behaviour Support. However; this was not understood across the learning disabilities inpatient service by all staff or embed in care plans.

However:

- Teams included medical, nursing and therapy staff. Pharmacists attend wards and teams on a regular basis or teams had established access to community pharmacist as needed. Most teams were cohesive and spoke highly of colleagues from different professional backgrounds.
- Care was provided in with best practice in most settings and we saw staff use a range of evidence based guidance.
- Staff were appropriately trained and competent to carry out their role with a high level of adherence to mandatory and

statutory training. All new staff received a three day corporate induction and local inductions were in place. When agency staff were required, managers told us, checks were in place to ensure that they had received the required training prior to being booked to work at the hospital. Nursing assistants were supported to undertake the care certificate standards and there were a range of learning and training days for medical staff that were well attended. Monthly supervisions and annual appraisals were well documented and in the main up to date. Across the forensic service, staff had good opportunities for learning and development and showed a good understanding of the MHA and the Mental Capacity Act. They were supported to deliver effective care and treatment to patients because good systems and processes were in place.

- Patients in the learning disabilities wards had their own easy read version of their care plan. The unit had other accessible documents on display. The use of talking mats to ensure that views patients with limited communication can be captured was implemented across the unit.

Are services caring?

Good

We rated "caring" as **good** because:

- Staff we met were caring, compassionate and kind. Patient feedback was consistently positive about the way they were treated. Carers spoke positively about the kindness, compassion and responsiveness they received from all staff. Carers said they were given information about the service and were involved with the person's treatment and reviews.
- We saw patients in the majority of services being offered choices about where their appointments took place. This included community venues to support patients to access local activities as well as home visits for patients who had difficulty travelling in the county.
- There were welcome packs available for patients on wards that provided information about the ward to help the patient settle in.
- Staff were proactive in finding appropriate and innovative ways to engage patients in all services, including the use of technology for people who had communication difficulties. This enabled them to communicate through music, video and the use of pictures to ensure they contributed to their own care plans.

However:

Summary of findings

- We were concerned that in some core services, patients did not always receive copies of their care plans and we found that the care plans did not reflect the patient voice or in some instance the carers' views clearly.

Are services responsive to people's needs?

Good

We rated "responsive" as **good** because:

- We found that the trust did not meet its advertised service delivery in all areas. For example, the information leaflets produced for the crisis teams indicate they operate 24 hours a day, with telephone support available at night. None of the teams operated after 21.30 hours and all relied on night nurse practitioners to answer the phone to patients. The crisis team was only able to offer two visits per day per patient, with a limited range of interventions based on the skills of individual staff.
- In the additional support unit, there were no visual activity schedules to show patients the planned activities occurring during the week in a way they would understand. Staff on site were not engaging patients in meaningful activities during our visit. Access to indoor or outdoor recreational areas were limited and although patients had their own bedrooms, the environment was noisy throughout with no quiet areas on the wards.
- We found, in the main, food was of good nutritional standard and patients did not raise concerns about this with us. However, patients and carers in the additional support unit had complained about the food provided. Food was brought in from an internal caterer using a cook/freeze approach, in response to previous complaints about the food on the ward. The trust had responded to one person's complaint who told us they now had a weekly allowance to buy their own food. One family member we spoke to described the food as 'horrible' and expressed concerns that their family member was losing weight as a result.
- Learning from complaints varied across the teams. Complaints were discussed at clinical governance meetings. However, some members of staff told us that they were not aware specifically about any learning from complaints.

However:

- We saw examples of teams working flexibly to meet the needs of patients. Most community teams carried out home visits or in locality hubs to reduce the travel time for patients.

Summary of findings

- Trust premises were, in the main, accessible for patients. Interpreters were available and staff knew how to access the service if needed. The inspection team noted that information was available to patients and carers in a range of languages.
- The Exeter community mental health team were able to give an example of a complaint that had led to them developing a card with instructions for accessing crisis support in distress. This was specifically designed following a complaint from a patient who had found their assessment distressing.
- Across the learning disabilities service we saw easy read information available. These teams used innovative approaches, such as the use of smart pads or tablets, to encourage people who were finding it difficult to engage with services.

Are services well-led?

Good

We rated "well-led" as **good** because;

- The trust had made significant positive change since the wave 1 inspection and recognised there are still changes to be made. The board had a clear strategy for improvement that, although in its infancy, was well considered and project managed.
- Staff were able to describe the trust's vision and values. Staff felt positive about the chief executive and senior management team and told us they felt they heard their views. Staff described opportunities for engagement with senior executive team members through walk arounds and consultations.
- Robust governance arrangements enabled managers to ensure patients were being kept safe and their staff were being regularly trained, appraised and supervised. The trust had a clear structure of relevant committees and sub-committees. Across the core services, teams and wards were well managed with relevant meetings in place and clear records were kept. There were policies and procedures in place to help and guide staff in their work.
- Morale was mostly good and staff described their managers as approachable and responsive.

However;

- Although staff told us that things were greatly improved and the culture was positive, some staff groups felt that speaking out and raising concerns had no benefit as the views were not listened to or acted on. However, we were unable to corroborate this allegation. We did see that action was taken when grievances were raised.

Summary of findings

- Complaints and serious incidents had been poorly managed with themes not drawn to enable lessons learnt. This gap in learning meant that not all information was available for the board to monitor and be assured of progress or mitigation.
- The public facing published board reports did not always show safe staffing data. This data was provided to CQC on request.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Caroline Donovan, chief executive, North Staffordshire Combined Healthcare NHS Trust

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Michelle McLeavy, inspection manager, Care Quality Commission

The team included 12 CQC inspectors, a pharmacist inspector and six Mental Health Act reviewers. There were two CQC new starters requiring training and two regional managers from Monitor. All had an active role in the inspection with direct supervision provided throughout.

There were 55 specialists from a range of backgrounds with relevant experience of the core services inspected. This included consultant psychiatrists, social workers, psychologists and registered mental health nurses operating in a range of roles and at various grades.

We had seven experts by experience that had lived experience of mental health services, supported by two support staff.

Why we carried out this inspection

In February 2014, Devon Partnership NHS Trust was part of CQC wave 1 programme. We reviewed several locations provided by the trust using new methodology. The trust did not have a rating for this inspection. Following the wave programme changes were made to the methods applied during this inspection.

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information held about Devon Partnership NHS Trust and asked other organisations to share what they knew. We spoke with local stakeholders including the Trust Development Authority (TDA) and the two Clinical Commissioning Groups (CCGs).

We asked members of the public, patients and carers what they had to say about the trust. We attended two events hosted by Be Involved Devon and listened to the views of people who had used the services. Comment cards and boxes were available across the trust. The information provided from the cards is described later in the report.

All the information was collated and analysed. A data pack was created which was used to guide and inform our enquiries.

We carried out the inspection from 27 July – 9 August. At the start of the inspection the trust met with the team and provided an overview of their achievements and areas they thought needed improvement.

Summary of findings

The inspection team carried out a series of announced visits between 28 -31 July 2015 inclusive. An unannounced visit took place on 6 August 2015. Additional planned visits were made on 5-6 August 2015 to locations outside of Devon.

During the inspection, we held focus groups attended by 64 staff who worked in the trust, such as nurses, doctors, therapists and support staff. In addition, we held focus groups with the trust's non-executive directors and the shadow board of governors. We met with two multi agency working groups who were addressing specific issues raised during the previous CQC inspection; acute care pathway and psychological therapies.

We spoke with 366 staff, from a range of disciplines, while visiting the core services. We carried out structured interviews with senior and middle managers.

Across the core services, we observed how people were being cared for in 32 ward environments and applied short observation framework inspection methodology in one ward.

We reviewed 358 care and treatment records across all core services including a review of 62 prescription cards. We met with the MHA hospital managers and looked at patients' legal documentation including the records of people subject to community treatment orders.

We met with 177 people, or their family members, who currently use services. They shared their views and experiences of their involvement with the core services.

The team would like to thank all those who met and spoke with inspectors for their open and balanced views, and for sharing their experiences and their perceptions of the quality of care and treatment at the trust.

Information about the provider

Devon has a population of approximately 746,400 residents. The area covered by the trust was predominantly rural with areas of urban development along its north and south coastlines. Devon has an increasing population and a lower than average proportion of Black, Asian and minority ethnic residents. The health of people in Devon was generally better than the England average. Deprivation was lower than average, however, about 13.6% (16,800) children live in poverty. Life expectancy for both men and women was higher than the England average. Compared to the England average, Devon has a significantly higher rate of people aged 65 and over.

Devon Partnership NHS Trust is the main provider of mental health services in Devon and was formed in 2001. The trust employs more than 2500 staff and has an annual income of about £130 million.

The trust was commissioned to provide services by NHS North, East and West (NEW) Devon Clinical Commissioning Group (CCG), Torbay and South Devon CCG, Bristol CCG and NHS England specialist commissioning. The trust works in partnership with other organisations to deliver its services including Devon County Council and Torbay Unitary Authority, as well as a number of third sector organisations.

In June 2015 north, east and west Devon clinical commissioning area was identified, by NHS England, as one of three areas that are subject to a 'success regime', being recognised as an area where local health and care organisations need to work closer together to make improvements and reduce financial deficits. This did not include Torbay and South Devon commissioning area.

Devon Partnership NHS Trust has six registered locations serving people with mental health and learning disability needs from community and hospital based settings. At the time of the inspection, there were 291 inpatient beds in operation across 21 wards.The trust operates from 105 community and hospital teams.

The trust provides the following core services that were inspected:

- community based services for adults of working age
- mental health crisis services and health based places of safety
- community based services for older people
- community based services for adults with a learning disability or autism
- forensic inpatient and secure wards,
- acute wards for adults of working age
- wards for older people with mental health problems

Summary of findings

- long stay / rehabilitation wards for adults of working age
- wards for people with learning disability or autism.

In addition the trust provides the following specialist services which we did not inspect:

- perinatal mental health service
- eating disorder service
- specialist gender identity clinic
- sexual medicine clinic
- personality disorder service
- addiction services (Torbay only).

There have been 21 inspections of Devon Partnership NHS Trust since their registration with the Care Quality Commission.

We have previously issued seven compliance actions against six locations and issued enforcement action on the provider's failure to ensure that the planning and delivery of care and treatment met individual needs. These breaches have all been satisfied.

Where we found breach in the current regulations we have issued requirement notices across the core services. These can be found at the end of core service reports.

What people who use the provider's services say

Prior to the site visit we aim to work with partners and to seek the views of members of the public. We use this feedback and other data collected to guide our enquiries and investigate further during the inspection.

Ahead of the inspection we attended two events hosted by Be Involved Devon (BID) and we left comment cards across the trust. During the site visit we spoke with patients and carers in all core services.

Focus groups

- We attended two Be Involved Devon (BID) meetings, these were attended by 16 patients and three carers. These were open discussion events with no set questions or agenda. Comments made focussed on; poor discharge planning, some people said they did not know what a discharge plan was; unhappiness with the limited availability of psychological services; and the reliance on cognitive behavioural therapy to meet the needs of people with long-term mental health issues. Two people were concerned that psychiatrists had over relied on prescribing medicines without referring them to talking therapies. Carers told us that they did not feel supported by the trust, they said that transport across the county to attend appointments or visit their family members was a particular concern for them.
- Healthwatch Devon also told us they had received 45 comments about the trust's services between January 2015 and March 2015. These included, 38 negative remarks, the majority of which (18) related to patients and carers receiving poor continuity of care between hospital and community settings and during times of worker leave. The other main concerns were lack of access to psychological support services (seven) and difficulty accessing the crisis teams (four). Seven positive remarks, these included positive comments about Trident house, the Haven and The Link centre. The flexibility of approach and the facilities available were positive factors highlighted in the feedback. There were four comments of mixed/neutral content.

Comment Cards

- We reviewed 59 comment cards which showed
- 61% (36) had positive feedback that included staff were helpful and friendly, with a positive attitude. Patients felt supported and treated with dignity and respect.
- 19% (11) had negative feedback that included three comments about the Cedars regarding poor cleanliness and hygiene concerns. There was one comment about the quality of the food on Rougemont ward and two comments about the high use of bank staff.
- 20% (12) held mixed views about the services.

Patient Opinion

- There were two comments received regarding transfer of care to a place more convenient for the patient and staff attitudes.

Share your experience

Summary of findings

- There have been nine comments received at CQC share your experience from 8 June 2014 to 21 February 2015. Of these, seven were negative and two were positive.

More detail of what patients told us can be found in the core service reports.

Good practice

Acute wards for adults of working age

- The Cedars had an extensive programme delivered by occupational therapists and occupational therapy assistants, covering seven days a week between 8am – 8pm. Patients at The Cedars had access to an onsite activity centre. Occupational therapy was integrated with the nursing team, particularly on Delderfield ward.
- A "tea and cake" initiative on Delderfield ward had been developed where all staff both clinical and non-clinical, had time to discuss the week in an informal manner, which promoted a good team-working environment.
- The 'Cedars academy' was an initiative developed by ward managers on Delderfield and Coombehaven wards to allow staff space to share ideas which could improve patient care and gave them the opportunity to test some of these ideas and put them into practice.

Forensic Inpatient/secure wards

- The trust's forensic/secure inpatient wards provided an extensive and diverse programme of patient activity opportunities. These ranged from relaxation and pat dog therapy to motorcycle maintenance, crab-catching competitions, mountain biking, cricket and surfing.
- Patients at the Dewnans centre had access to an education and information technology room where "animation" classes had been run. Patients had been involved in producing a "feedback monkeys" film that had been displayed in the reception area to encourage patients and families to give feedback about the service. Patients had also been involved in producing a marketing video for volunteering campaigns.
- Strong links with the local community had been developed, which meant that patients could take part in a range of voluntary opportunities. These opportunities included working in a church-run café, working in a charity shop or on a local farm. Patients with more restricted leave opportunities could also develop work skills by undertaking placements in the hospital café or car-valeting project.
- Chaplains were employed at the service and they supported patients to meet both their traditional spiritual and therapeutic social needs. Consequently, the chaplains were able to escort patients on Section 17 leave so they could visit the shops or participate in voluntary work, as well as meet their spiritual needs in places of worship. The chaplains were a well-established part of the multidisciplinary team and the level of their support was positively acknowledged by both staff and patients.
- The service had an embedded culture of patients being allowed to demonstrate positive risk taking. Examples of positive risk taking included self-medication programmes and access to exhilarating sporting activities and the use of an electronic wrist tag which allowed patients to access areas of the hospital without relying on staff to unlock doors for them.

Long stay/rehabilitation mental health wards for working age adults

- The wards involved previous patients of the service in specific training for staff, to ensure they focussed on the user experience.

Wards for people with learning disabilities or autism

- The unit had recruited an expert by experience, who visits the unit once a fortnight to conduct quality assurance audits. The expert by experience talks to staff and patients then feeds back any issues to the board of governors.

Wards for older people with mental health problems

Summary of findings

- Staff had been successful in obtaining Kings Fund 'healing environments' funding in 2011 to create a dementia friendly environment at Belvedere, and also from the Prime Minister's dementia fund in 2014 for a sensory garden on the dementia unit.
- There was a trust-wide initiative to remove plastic bags, in conjunction with the infection control team, a regular 'plastic bag sweep' took place each day.
- The interactive white board on Beech ward was supporting patient care with a traffic light rating touch screen for each patient, to enable staff to provide more responsive and effective care. This was an easy to read board with checks, such as physical observations reminders. When not in use the screen timed out so that information was not visible. This was the only interactive white board in mental health hospitals in the country and will link directly to the care records system that the trust was implementing during August 2015.

Community based mental health services for older people

- The Devon Memory Service provided one combined appointment where people could have a brain scan and a memory assessment. The assessment was comprehensive and included the views of family or carers. At the end of the appointment, the person was given feedback and, if applicable, a diagnosis. Providing the assessment and scan at the same time allowed the memory clinics to operate within a 32 day target from referral to diagnosis, compared with the national average of 90 days. Follow up appointments were provided, after four weeks, jointly with the Alzheimer's Society for people diagnosed with Alzheimer's or vascular dementia.
- Devon Partnership NHS Trust worked effectively in partnership with the Alzheimer's Society in developing comprehensive and innovative services to people with dementia and their carers.
- Staff regularly attended memory cafes, which have been established across the county, to offer support and advice to volunteers and people attending the cafes.
- The South Devon `dementia learning community project` had won the British Medical Journal (BMJ) `dementia team 2015` award. The BMJ awards are an annual programme recognising and celebrating inspirational work done by doctors and their teams. The `dementia learning community project` was led by members of the Torbay team, to deliver training and change management sessions in care homes, to improve care and outcomes for people.
- The service was involved in a number of research projects and worked in conjunction with Exeter University to evaluate projects. The trust had been approved for some larger commercial research projects, for example, the IDEAL project, a large longitudinal study, to find out what makes it easier or more difficult for people to live well with dementia, and what can be done to help more people to live well with dementia.

Community-based mental health services for adults of working age

- The mental health and assessment team for Torbay and South West was offering out of hours clinics to enable them to see patients more quickly and this was providing patients with a wide range of appointments from which to choose.
- Staff had been issued with tablet computers to enable them to access and update patient records whilst they were out of the office. This meant that staff were able to update notes quickly and enabled patient involvement in care planning.
- The mental health assessment services in Exeter and east Devon had recently been involved in a research project facilitated by the mood disorder clinic at Exeter University.
- South Hams community mental health team were working with Partners 2 Research in a project to trial ways of providing intermediate level specialist mental health support within GP surgeries for patients with psychotic illness.
- The manager of the Torquay mental health and recovery team led the Torbay vulnerability forum. This group was set up in 2013 by the public protection unit of Devon and Cornwall Police, alongside safeguarding adults, and was designed to minimise current or future risk to vulnerable adults. The Torbay vulnerability forum enabled agencies to discuss, assess and signpost vulnerable adults to appropriate support and services.
- The wellbeing passport had been developed by north Devon community mental health teams to enable

Summary of findings

patients to monitor and improve their physical health with the help of secondary mental health services and their GP. The passport was developed in line with the national priority to improve physical wellbeing.

Community mental health services for people with learning disabilities or autism

- The Devon attention deficit hyperactivity disorder (ADHD) service recognised that people newly diagnosed might struggle post-diagnosis. They ran workshops and groups for people after their assessment and diagnosis. These workshops covered topics to help people, such as establishing and maintaining positive relationships with family, friends and partners.
- Intensive assessment and treatment teams innovatively used 'talking mats' to establish consent for treatment for people with limited communication. A 'talking mat', designed by speech and language therapists, would use specially designed picture communication symbols representing concepts and decision-making language.
- The intensive assessment and treatment service in the west used a highly person centred tool called 'Guide to a Good Day', which detailed people's preferences, communication methods, triggers to behaviours and recovery plans. This was in place for people from their initial referral and assessment.

Mental health crisis services and health-based places of safety

- In the South Hams and west Devon team there was a good example of embedded learning practice. As soon as any event or incident was identified to the team, the manager delegated a member of staff to undertake a timeline of events. This was to identify if there was a time or action that could have resulted in a different outcome for the patient. Any outcomes or learning were then shared with the team.

Areas for improvement

Action the provider MUST take to improve

Acute wards for adults of working age

- The trust must ensure that work identified as high priority on the ligature risk assessments is completed in a timely manner.
- Thetrust must ensure that action is taken to mitigate the potential risk caused by blind spots on Haytor ward and ensure that all areas of wards are included in ligature risk assessments and management plans, including cables in communal areas.

Wards for people with learning disabilities or autism

- The trust must ensure that people detained under the Mental Health Act are being read their rights under Section 132.
- The trust must make patients aware of their rights to access an independent mental health advocate by providing this information in an accessible format.
- The trust must ensure all staff are following NICE guidelines for 'challenging behaviour and learning disabilities: prevention and interventions for patients with learning disabilities whose behaviour challenges'; published: 28 May 2015. This includes guidelines on positive behaviour support.
- The trust must deliver good quality food that meets the nutritional needs and preferences of the patients.
- The trust must enable local managers to deliver a service in line with current practices specific to enabling patients with learning disabilities to become more independent.

Wards for older people with mental health problems

- The trust must ensure that secluded or segregated patients are monitored in line with the trust seclusion policy and MHA Code of practice guidelines.
- The trust must ensure that all seclusion and segregation facilities meet the MHA code of practice guidelines and include Franklyn house within the seclusion and segregation policy as an area with a room for segregation and seclusion.
- The trust must ensure that ligature cutters and emergency equipment are always accessible.

Summary of findings

- The trust must ensure that monitoring and checks of medical equipment follow a systematic plan.
- The trust must ensure that alarm and nurse call systems are regularly checked to ensure they are charged and fit for purpose.
- The trust must ensure all Treatment Escalation Plans (TEPs) are completed in full.

Community-based mental health services for older people

- The trust must ensure that people's records are complete, accessible and up to date including changes in living circumstances, personal circumstances and changes in presentation. This includes people's care plans, risk assessments and physical health assessments and on-going monitoring.
- The trust must ensure that carers and patients know how to contact someone in the event of a crisis, and provide a detailed crisis plan agreed with the patient and/or carers.

Mental health crisis services and health-based places of safety

- The trust must provide a dedicated telephone support line throughout the night for patients of crisis teams.
- The trust must ensure care plans are personalised, recovery oriented and contain crisis plans.

Action the provider SHOULD take to improve

Acute wards for adults of working age

- The trust should ensure that patients' voice is reflected better in care planning documentation.
- The trust should ensure that staffing levels on Haytor ward are maintained to a level to ensure that people's needs are met.
- The trust should ensure that on-going physical health monitoring is carried out and recorded in accordance with the trust's physical health monitoring policy and NICE guidance.

Forensic inpatients/secure wards

- The trust should ensure that there is a clear and effective policy in place for use of the patient wrist-tag tracking system.
- The trust should ensure that the extra care area and seclusion rooms at the Dewnans centre and the Seclusion room at Avon house comply with the recommendations set down in the Code of Practice 2015.
- The trust should ensure that all staff follow trust guidelines and make accurate checks before allowing patients to take their Section 17 leave.
- The trust should ensure that staff complete detained patients' Section 17 leave authorisation forms in line with the Mental Health Act Code of Practice and offer copies to patients.
- The trust should ensure that all confidential patient information is stored effectively and securely.

Long stay/rehabilitation wards for working age adults

- The trust should ensure that all patients are aware of what facilities are available and how they could use them. Examples of this were out of hours hot drinks and the complaints procedure.
- The trust should ensure all patients and relatives are aware of how to be involved in care and feedback.
- The trust should ensure patients' views on their treatment are recorded in care plans.
- The trust should review data collection concerning waiting times from referral to initial assessment, and from initial assessment to treatment and check whether these have an adverse effect on patients.

Wards for people with learning disabilities or autism

- The trust should take action to fill the qualified nurse vacancies on the unit.
- The trust should consider training requirements for the team on the MHA Code of Practice.
- The trust should engage patients in outcome focused, meaningful activities.
- The trust should delegate nurse led activities to long serving agency nurses and nursing assistants to make sure they can meet people's care and treatment needs.
- The trust should ensure there are toilet and washing facilities in the seclusion room.
- The trust should check there is adequate ventilation in the toilet facilities in the extra care area.
- The trust should make sure patients have access to quiet areas, indoor and outdoor recreational spaces on site.

Summary of findings

- The trust should ensure all the staff working at the additional support unit read and understand the trust's updated seclusion and segregation policy.

Wards for older people with mental health problems

- The trust should ensure they are meeting same sex accommodation guidelines at all times.
- The trust should ensure maintenance arrangements with South Devon Healthcare are reviewed to ensure that prompt safety checks are undertaken.
- The trust should ensure that information on white boards in ward offices are not visible to patients or ward visitors.
- The trust should ensure rapid tranquilisation is written up according to clinical need and kept under regular review.
- The trust should ensure carers are aware of available carers support.
- The trust should ensure IMCA arrangements are robust and accessible.
- The trust should review inpatient services for older people and community services to ensure that people under 65 who need older people's community services can have the same access as people over 65.
- The trust should gather and monitor evidence about the impact of bed management practices and consider leave arrangements and access for visiting carers and relatives.

Community-based mental health services for older people

- The trust should ensure that all staff are aware of lone working procedures and these are followed robustly, especially when there is no mobile phone signal available during home visits.
- The trust should ensure that all teams have an overall log of safeguarding referrals. This would allow them to monitor actions and potentially identify trends across the teams, for example, if the same care provider was involved in several concerns, and monitor feedback from the local authority.
- The trust should ensure that medical equipment is properly maintained and calibrated, particularly sphygmomanometers used for taking people's blood pressure.
- The trust should assess the safety and suitability of the environments where services are provided. The trust should ensure that the environment and furnishings where people attend appointments is appropriate, particularly for older people who have reduced mobility. The trust should ensure that premises are equipped with appropriate alarm systems.
- The trust should ensure that patients and their carers are actively provided with opportunities to be involved with decisions about the service and to give feedback about the service.
- The trust should have an effective quality assurance system to accurately monitor and record referrals and response times, in order to ensure capacity within the service and that response times are being met.

Community-based mental health services for adults of working age

- The trust should ensure all premises are clean, comfortable, in a good state of repair and free from malodour.
- The trust should ensure refrigerator temperatures are monitored and recorded to ensure medication stored in them remains useable.
- The trust should test alarms in all buildings regularly and ensure that alarms can be heard in all areas of the building to ensure a timely response.
- The trust should ensure consent to treatment is always recorded.
- The trust should review local lone working procedures to ensure all staff are safe and able to summon help when working alone.
- The trust should continue with their psychological therapies implementation plan to actively reduce the waiting times for access to therapy.

Community mental health services for people with learning disabilities and autism

- The trust should continue to actively reduce the lengthy waiting lists for people using the Devon autism and ADHD service
- The trust should ensure the lone working policy and risk assessments are effective and updated in the intensive assessment and treatment teams in Exeter and east, north and mid.
- The trust should ensure all services update and store information about people using the service safely in one shared information drive or location.

Summary of findings

- The trust should ensure all locations have access to internal shared data systems such as Daisy, ORBIT and electronic staff registers to ensure information regarding people using their services and their staff is updated and accessible.
- The trust should ensure the management team in the Exeter and east intensive assessment and treatment service file supervision and appraisal records, store them confidentially and update them in line with the service policies.
- The trust should roll out training in the new Mental Health Act Code of practice to all teams.
- The trust should ensure staff are measuring and documenting outcomes for people using the intensive assessment and treatment service in Exeter and East.

Mental health crisis services and health-based places of safety

- The trust should ensure that outcome measures and clinical audits are routinely used.
- The trust should ensure that the information leaflets for the crisis teams correctly reflect the hours of operation and services available.
- The trust should ensure a range of interventions is available within each team to provide a consistent approach.
- The trust should ensure that physical health assessments are completed for all patients if clinically indicated.
- The trust should, with its partner agencies, ensure that it is adhering to its local policy or the Mental Health Act Code of Practice in its use of police custody.

Devon Partnership NHS Trust

Detailed findings

Mental Health Act responsibilities

On 13 and 14 July Mental Health Act (MHA) reviewers carried out an admission and assessment monitoring visit. The MHA reviewers considered pathways for patients detained or likely to be detained and spoke with other providers who would be involved in this process including local authority staff, the police, ambulance and acute care services.

During the comprehensive inspection six MHA reviewers carried out monitoring visits to inpatient wards.

Availability of section 12 approved doctors

- During the 'wave 1' inspection we were concerned that there was an unacceptable length of time people had to wait for assessment by a section 12 approved doctor and there was a reliance on independent doctors to provide this service. The trust had responded to this concern by reorganising its system. From April 2015 there has been a trust wide rota including associate specialists, but excluding doctors at Langdon hospital, who provide a daytime service across the county. The trust conducted a survey several months after implementation, which showed positive change. However, access to section 12 approved doctors was still considered unsatisfactory by approved mental health professionals (AMHPs).
- The AMHP managers told us that, in their opinion, the rota was not robust enough for the size of the trust and gave several reasons including; the geographical areas assigned being too large and medical staff having competing priorities. The AMHP managers recognise that whilst the rota has at least given a named person for the day, major problems with delays and access remain and responsibility defers to the AMHP service for managing trust shortfalls. The AMHP service did not keep its own records of delays but completed incident forms that were sent to the MHA manager in the trust. The AMHP manager stated they did not do this in all cases as this occurred too often.

Mental Health Act training and the new Code of Practice

- The trust did not consider MHA training mandatory for staff. We heard that some teams had received training in the use and application of the MHA but this was not consistent. Training was provided by the MHA office who respond to inpatient unit's requests or when there are changes to practice. We understand the trust had recently reconsidered this approach and plan to deliver twoMHA courses aimed at inpatient nursing staff and clinicians working in the community. There were no plans in place to deliver training on the changes to the Code of Practice.
- On several wards we visited, there were no hard copies of the Code of Practice available. The MHA Code of Practice should be easily accessible for patients and staff. We understand that it was available on the intranet but this did not make it readily available.

Section 17 leave

- Leave was recorded electronically within care plans on RIO. We could not find separate leave forms which recorded conditions of leave and easily allow copies to be given to patients. The process for recording leave and involving patients did not meet the requirements of the Code of Practice.

Giving information about rights under section 132

Detailed findings

- There was an inconsistent adherence about rights for patients and carers. There was no evidence to demonstrate patients in the additional support unit had had their rights explained and there was no easy read material available for patients that required this.

Treatment certificates

- On several wards, for example but not exclusively Moorland View and Belvedere, treatment certificates (T2 and T3s) issued by the second opinion doctor were not with the prescription cards. On Belvedere, a section 62 urgent treatment form had been activated with the medicines but without the prescribed dosage clearly identified on the form.

A summary of MHA practice across the core services is detailed later in this report.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) training was completed by almost 98% of staff. Training for nursing staff was delivery by e-learning and updates required every three years. Medical staff received face to face training provided by the trust's legal team. However, we found varied understanding of the MCA, in particular the five statutory principles. Overall, staff in the learning disabilities service had good understanding. All staff that we spoke with were aware of the MCA and DoLS policy and knew where to locate it. Staff knew where to get advice within the trust.
- Independent mental capacity advocacy (IMCA) was available through a partnership of Age UK Devon and Living Options Devon. However, some staff were not aware of how to access IMCA services.
- The trust had made 19 Deprivations of Liberty Safeguards (DoLS) applications in six months, 20 November 2014 to 19 May 2015. DoLS applications were not being processed in a timely manner by the supervisory body. In the older people wards, we were told that patients were usually discharged before the assessment was made. We saw a copy of a letter from the local authority stating that there was a huge backlog and that they would be unable to involve a DoLS assessor for a considerable period.

A summary of MCA practice across the core services is detailed later in this report.

Requires improvement

Are services safe?

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

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Track record on safety

- Devon Partnership NHS Trust submit notifications of incidents to the National Reporting and Learning System (NRLS). A total of 1,903 incidents were reported to NRLS between 1 May 2014 and 30 April 2015. The

majority of incidents resulted in no harm (48%) or low harm (45%) to the patient. A total of 4% of incidents resulted in moderate harm and 1% resulted in severe harm. The average time taken to report incidents to NRLS was 35 days. The trust was in the bottom 25% for reporting into NRLS.

- No 'never events' had been reported by the trust between 1 May 2014 and 30 April 2015.
- There had been 68 serious incidents requiring investigation (SIRI) reported by the trust between January 2014 and February 2015. This included 36 deaths of patients known to the service. The top three incident types reported were; 19 unexpected deaths of community patients (in receipt of care), 12 suspected suicides and seven confidential information leaks. The trust provided a detailed breakdown of incidents that were reviewed in the core services reports.
- For the NHS Staff Survey 2014, which involved 287 NHS organisations in England, over 624,000 NHS staff were invited to participate using a self-completion postal questionnaire survey or electronically via email. The trust scored worse than other mental health and learning disability trusts in the following areas:
  - number of staff witnessing potentially harmful errors, near misses or incidents in the last month
  - the reporting of incidents in the last month
  - the fairness and effectiveness of incident reporting procedures
  - staff feeling secure to raise concerns about unsafe clinical practice.
- The trust has achieved their 2013/14 target to reduce the level of harm caused to older people through falls.

Learning from incidents and duty of candour

- Information from incidents was recorded centrally and there were clear information flows between clinical governance meetings to ward/team level meetings. Staff were confident about using the trust's incident reporting system. Managers demonstrated how they reviewed incident reporting in their teams and disseminated learning and we saw evidence of change because of incident reporting.
- In January 2015, Audit South West rated the overall assurance of complaints management as amber, which resulted in a change to practice. Since this time, new complaints and incidents were dealt with in a timely way. We were concerned that themes and issues from unresolved complaints and incidents were not identified and learning was therefore not being shared. We saw that there were complaints and serious incidents that were unresolved for more than two years. The duty of candour report, provided at each board meeting makes repeated reference to clearing the backlog of complaints and incidents.
- The majority of staff we spoke with understood the underlying principles of the duty of candour requirements and the relevance of this in their work but duty of candour was not part of the trust's compulsory training requirement for staff. Overall, there was a high commitment, with evidence to demonstrate, that the trust was being open with patients when things go wrong.

Safe staffing

- NHS Staff Survey 2014 revealed several areas of concern for the trust with elevated score in the following areas:
  - 32% of respondents witnessing potentially harmful errors, near misses or incidents in last month (compared to the national average of 26%)
  - 87% of respondents reporting errors, near misses or incidents witnessed in the last month (compared to the national average of 92%)
  - The trust's score for fairness and effectiveness of incident reporting procedures was 3.38 out of 5 (compared to the national average of 3.52)
  - 74% of respondents receiving job-relevant training, learning or development in the last 12 months (compared to the national average of 82%).
- Staff vacancies showed that the percentage of trust vacancies (excluding seconded staff) was 8.6% at 31 March 2015. The highest number of vacancies was across the forensic estate with 30% of trained nursing staff posts unfilled. We saw that wards were generally working to the agreed staffing levels and ward managers were able to adjust staffing levels daily to take account of varying patient needs. The vacancies across teams meant that there was a high use of bank or agency staff. We found that services used the same staff in most cases and there were systems in place to properly induct and support temporary staff.
- The trust had flagged the ratio of occupied beds to all nursing staff as a risk and they were working towards recruiting staff to fill the vacant posts. A task and finish group had been set up to look at the recruitment issues

the trust faced. The safer staffing reports were presented monthly to the board for monitoring, assurance and challenge as required. These reports were not always available on the public website.

- Caseloads were manageable across the community teams and managers had good oversight of staff caseloads. However, we were concerned that across the crisis and health based places of safety team, due to low staffing numbers, none of the teams were able to offer any more than two visits a day to a patient and none after 21.30 hours. There was no realistic alternative to hospital admission in north Devon and if they had significant concerns about a patient they would need to arrange an urgent inpatient stay. After 21.30 hours, a patient in crisis was offered telephone support, which was manned by the night nurse practitioners.
- Sickness rates across the trust were decreasing and we found that between May 2013 and May 2014, the average sickness rates at the trust were higher than the England average for all trusts. However, on 31 March 2015 for the preceding 12 month period the average sickness rate reported for this period was 5%.
- Overall, psychiatrists were accessible and some community patients said that they could contact a psychiatrist when needed. However, the trust had highlighted issues on their older people's risk register in relation to timeliness of out of hour's attendance on Beech ward and there were staffing shortages across the psychiatry team with vacancies covered by locums.
- As of 30 April 2015, the trust had achieved an average of 83% compliance across the 12 mandatory core training courses. The trust compliance target is set at 90%. Courses with attendance below 90% were fire safety, manual handling and personal safety/conflict management.

Whistleblower

- At the time of the inspection, there was one whistleblowing concern open to CQC. We were told that staff were concerned about low staff numbers within forensic/secure wards and we reviewed this further during the inspection.

Assessing and monitoring safety and risk

- We saw that risk assessments were completed on admission and updated regularly using the risk assessment format on RiO. However, the information provided by the crisis teams for support in the case of an emergency was misleading and in the event of patients requiring urgent assistance the telephone contact could at times be unavailable due to attending to other duties.
- Carers and patients in the community mental health services for older peoples did not know who to contact in the event of a crisis.
- We saw that in the community teams for adults of working age a risk management tool for patients on waiting lists was used.
- The trust had a policy relating to children visiting patients and family rooms were available to accommodate visits. Alternative venues off site could be accommodated if this was required.
- All managers knew how to access the risk register and we saw how this linked to the trust wide risks. There were policies and procedures for use of observation and searching patients.
- The trust had piloted new technology to improve the lone working procedures in the community teams. We found that current practice was not always consistent and teams did not adhere to current guidance.

Safeguarding

- One safeguarding alert had been raised with CQC for the trust since 1 May 2014. This alert was raised against Wonford house hospital. Thirty safeguarding concerns were also raised by the trust.
- Staff were clear about their safeguarding responsibilities and knew how to identify and make a safeguarding referral. They were able to identify their local safeguarding leads and knew how to seek support if they needed it. Supervision records, meeting minutes and staff handovers showed that safeguarding discussions took place and 98% of staff had received safeguarding training.
- In the learning disability ward, the team had developed easy read safeguarding procedures, reports and their risk register was available in easyread format.
- The multidisciplinary meeting attended by inspection teams had safeguarding as a standing item for discussion. However, staff across the older persons' community team said they did not always get feedback from the local authority, on actions and outcomes after raising a safeguarding alert, apart from the case being closed.

Safe and clean environments

- The patient led assessments of the care environment (PLACE) assessments gave high cleanliness scores of 99.5%, against a national average of 97.6%. We found wards were clean and infection control issues were checked and addressed as necessary. Cleaning schedules were in place and patients were encouraged, where possible, to contribute to high standards of cleanliness.
- Across the community services, the facilities were clean and tidy, although the fabric and fittings at some locations of the older adults' community teams were worn and general décor was, in some areas, poor.
- There were small bottles of hygienic hand rubs for all staff to carry and use. There were posters promoting good hygiene.
- Across the wards environmental risk assessments were undertaken regularly and actions to mitigate risk identified. The community buildings and facilities did not have environmental health and safety assessments, unless a specific concern was raised.
- A ligature anchor point is a fixture or fitting to which patients at risk of suicide might tie a cord with the intention of strangling themselves. On all wards, staff undertook regular audits of ligature anchor point audits and created plans to manage these either by removing the ligature point or by close observation of patients at risk. Some of these plans did not include dates or timescales for the actions to be completed. On Haytor ward, our inspection team identified a number of ligature point that ward staff had not. These included sinks in all bedrooms, door handles in the female corridor and television cabling in a lounge area. At North Devon District Hospital (Ocean view and Moorland view), there were television cables hanging free in the women only lounges on both wards. These risks were managed through observations, at the time of our visit all patients were on general observation levels. This meant they were checked hourly.
- A 'blind spot' is a place on a ward where patients at risk might harm themselves without staff seeing them. Most of the wards managed by the trust had few blind spots and had clear lines of sight for observing patients safely. However, this was not the case on Haytor Ward. There were some corridors where convex mirrors may have assisted staff to observe blind spots more easily. The CQC identified this as a risk at a previous inspection visit, and it had been a recommendation from a peer review visit carried out in June 2014. This problem was compounded by the fact that the nurses' station on Haytor ward had books and papers placed in a position that restricted the nurses' view of the ward corridor.
- The mental health wards complied with guidance on same-sex accommodation, female patients on Beech, Belvedere and Meadow view wards were located in rooms next to and opposite male bedrooms. The wards were full and some patients were in rooms next to patients of the opposite sex. However, each of these rooms had ensuite facilities. There were two assisted bathrooms on Belvedere and meadow view wards; these were used interchangeably so they could be designated to male or female patients.

Safe equipment

- All the core services had access to emergency equipment, which was checked and monitored regularly with the exception of Meadow view and Belvedere. In Meadow view, the oxygen and suction equipment were not recorded as being checked daily. Ligature cutters were not easily available on Belvedere ward and access to the emergency 'grab bag' was hampered as it was large and heavy to move.
- In the main, other medical equipment was available and well maintained. However, on Meadow view, blood pressure monitoring cuffs were not available in a smaller size. On Belvedere, a lack of ward equipment had been reported on the trust risk register as a high risk. The equipment used to measure blood pressure, used by the older person community team at Exeter, was not regularly maintained or calibrated.
- Wards and community teams had access to personnel safety alarms that were regularly checked. There were problems reported by some staff on Belvedere ward where there were insufficient charged alarms for all staff. The Torbay older adults' community team had the alarms obstructed by a filing cabinet.

Seclusion and segregation

- Seclusion is the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour likely to cause harm to others. In February 2014, the inspection team found that seclusion was being used without suitable arrangements in place to protect the patients. This included not correctly monitoring its use, unsafe locations and extra care areas being used

inappropriately. During this inspection, we found that the trust had a policy and monitoring systems in place. However, this was not fully understood by some staff on Franklyn house who were unable to describe the difference between the extra care area and seclusion. At Franklyn house, between Belvedere ward and Rougemont ward, the staff did not consider the extra care area as a seclusion facility. However, records showed it was used for seclusion and segregation. However, across all the other wards the staff used seclusion and segregation approprialty and understood the difference. The seclusion enviroments were in the main fit for purpose.

- There were 91 incidents of seclusion across the trust in the six months from 20 November 2014 to 19 May 2015. The highest number of seclusion incidents was in the forensic secure services on Ashcombe ward, at the Dewnans Centre.
- We found the locations were in the main fit for purpose with the exception of North Devon District Hospital, the extra care area had been significantly damaged in an incident seven months prior. Repairs had been undertaken and we were informed these were ongoing. The inspection team found several areas of concern in this area including unsuitability of the door width, and a blind spot in the corner of the toilet area. We also found the coverings for the lights and smoke alarm were made of plastic and could be reached.
- In the learning disability ward, the extra care area had been in use by another patient for approximately three months. This meant that patients using the seclusion room had no toilet and washing facilities available to them without having to break seclusion.

Restraint and rapid tranquilisation

- In February 2014, the trust had not met its target of the number of staff with complete and up to date restraint training. During inspection, we found the trust had addressed this and over 90% of staff had undertaken the appropriate training.
- Between 20 November 2014 and 19 May 2015, 314 incidents of restraint were recorded. Of those, 13 incidents involved the service user being restrained in the prone position, which is nationally recognised as carrying additional risk. The trust reported use of rapid tranquilisation had increased over a three month period, January to March 2015 from 11 times to 55 times between April to June 2015. Overall, we found staff displayed knowledge and skill in de-escalation techniques and patients spoke of staff using minimal restraint and treating them with respect and dignity if restraint had been required. When restraint and rapid tranquilisation had been used care records reviewed showed that this was documented well and risk assessments were updated.
- The trust had a policy for rapid tranquillisation. The policy and clinical protocol was reviewed in October 2014. It only included the use of injectable medicines and therefore was not in line with current guidance.

Blanket interventions

- The trust were working to reduce blanket restrictions and we found evidence to support this. We saw that searching of patients took place on an individual basis depending on risk. On the forensic wards, any restrictions applied were clinically appropriate for the setting. On the learning disability wards, patients could not access the outdoor courtyard area due to safety concerns for one patient.
- Treatment Escalation Plans (TEPS) for patients on Belvedere ward were not individual and were written in a blanket way.

Medicines Management

- We found that medicines were stored securely. Records were made of medicine refrigerator and room temperatures on a daily basis and these were all within the expected temperature ranges. Ordering, receipt, storage, administration and disposal of controlled drugs were in accordance with the Misuse of Drugs Act 1971 and its associated regulations. All in-patient units visited had a suitable cupboard to store controlled drugs.
- The contents of the emergency medicine bags were checked regularly by hospital staff. All contents were found to be in date and included the expected reversal agents as stated in the trust policy.
- The trust had a policy and procedure for the covert administration of medicines. This included how a decision would be made to administer medicines covertly and the associated legal implications. Advice was provided by the pharmacy service on how best to administer these medicines.
- Overall, medicines were managed safely and there were good governance systems in place. The medicine management policy had been reviewed in April 2015 and was supported by procedures that were all in date.

Detailed findings

Medicine incidents were reported via the trust incident reporting system. The trust had been a low reporter of incidents compared to the national average however; there had been an increase of reported incidents from April to June 2015. A medicines management dashboard was completed weekly and we saw evidence of an effective of auditing systems.

Requires improvement

Are services effective?

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.

Summary of findings

Please see summary at the beginning of this report.

Our findings

- Some care records were up to date, holistic and recovery-orientated with evidence of regular review. There were examples of care changes and updates. Care records we looked at showed that a physical examination was undertaken for the majority of patients, with notable exceptions at the Cedars and on Haytor ward. The trust's physical health monitoring policy states that physical health monitoring should be completed weekly.
- Care records showed evidence of multi-disciplinary review. Care plans of assessed needs in the older person community teams were not always person centred. They lacked the detail required to demonstrate an understanding of individual circumstances. We also found two care plans at Totnes Hospital had not been reviewed for over two years.
- Access to a psychologist has continued to be problematic. There was a trust psychological therapies implementation plan. The trust had appointed an additional 2.5 whole time equivalent psychologists who were due to start work in November 2015. Staff had been identified with existing skills who were working in the community mental health teams to deliver psychological therapies, and were provided with additional training. The psychology strategy and vision outlined plans to increase the trust's understanding and capability to deliver psychological therapies. There were no psychologists attached to any of the crisis teams and psychological interventions such as mindfulness were not routinely available within the teams. Access to psychological therapy had been varied across the forensic service due to a shortage of psychologists. Across the community mental health team for adults of working age, there were long waits for psychological therapies. There were plans to enable the delivery of dialectical behaviour therapy, cognitive behavioural therapy and family therapy within community mental health teams as part of the new integrated care pathways.

Best practice and outcomes measures for people using services

- The trust engaged in a range of national audits and local audit programmes were seen in most core services. The audit committee was chaired by a non – executive director, whose role was to oversee and report quarterly to the board through the quality and governance committee. The audit committee oversaw both clinical and nonclinical audit. A number of audits were carried out across the core services, which were used to inform practice, and we saw evidence of this being shared in team meetings. All new care pathways developed in line with the SMART recovery programme were evidence based and include outcomes measures.
- We found that some core services used a range of guidance based on best practice. Services used National Institute of Clinical Excellence (NICE) guidelines when prescribing. We saw an app on staff tablet computers that linked directly to the NICE guidelines available on the trust's DAISY website.
- Managers acknowledged that they did not formally measure outcomes and this had been identified as an area for improvement within some teams. Health of the nation outcome scales (HoNOS) were used to assess severity of symptoms at assessment but not regularly used to measure effectiveness of care. However, the Mid Devon psychosis and recovery team was using HoNOS every six months to measure progress. None of the crisis teams we visited were routinely using any outcome measures or participating in any clinical audits. They did use rating scales to assess the level of severity of the patients though HoNOS for payment by results.
- The trust's quality account highlighted the following outcomes:
  - To reduce the level of harm caused to older people in our care through falls – fully met.

Are services effective?

- To reduce the length of time that people (with higher levels of need) have to wait for psychological therapies, following their assessment (18 week target) - partially met.
- To have new, simple mechanisms in place to measure performance in relation to the 'Friends and Family' test – fully met.
- To reduce the length of time that people (with higher levels of need) have to wait for psychological therapies, following their assessment (18 week target). The trust fully met its target for the first half of the year, but failed to meet it completely in the final half. The target was fully met for the whole year in relation to priority groups such as service veterans and perinatal women. Although demand was exceeding capacity for these services, the trust continued to work closely with its commissioners to address the underlying issues to improve performance in this area of service remains a priority for 2014/15.

Staff skill

- New staff had a comprehensive induction. All new staff received a three day corporate induction and local inductions were in place. When agency staff were required, managers told us checks were in place to ensure that they received the required training prior to being booked to work at the hospital. Nursing assistants were supported to undertake the care certificate standards and there were a range of learning and training days for medical staff that were well attended.
- Supervision records were reviewed at all sites visited by the inspection teams. Staff had access to appropriate training, supervision and annual appraisals. Staff were mostly positive about training opportunities available to them beyond mandatory training. Consultant psychiatrists received supervision every three months and all other staff were receiving management and clinical supervision every four to six weeks. Overall, staff supervision had taken place for 84.8% of the workforce. The percentage of staff with personal development plans in place was 85%. In both cases, this is below the trust target of 90%. Staff performance was addressed through supervision and managers told us they felt supported to deal with these matters if required.
- However, some staff had not received all the appropriate training that could support them in working with older people. For example, Belvedere ward staff were supporting patients with challenging behaviour but had not received specialist training in understanding, preventing and managing aggression in older people. In addition, staff on Beech, Meadow view and Rougemont, had not received recent training for working with patients with dementia and other age related conditions. Staff across the additional support unit had a varied understanding of positive behaviour support for patients.
- The CQC intelligent monitoring showed no concerns from the General Medical Council survey of national training overall satisfaction. In some cases, the trust was performing better than other trusts, in regards to supervision, induction and access to educational resources.

Multi-disciplinary working

- Teams included medical, nursing and therapy staff. Pharmacists attend wards and teams on a regular basis. Some teams had established access to community pharmacists. Most teams were cohesive and spoke highly of colleagues from different professional backgrounds.
- The inspection teams attended a number of multidisciplinary team meetings (MDT), handovers, business meeting and patient contacts. We saw evidence that staff worked professionally and cooperatively across different disciplines and organisations. All wards we visited held a range of multi-disciplinary meetings including care programme approach meetings. Ward based staff, approved mental health professionals (AMHPS), clinicians from relevant crisis teams and other staff who held information relevant to patient care attended these meetings. Input was received from relevant third sector organisations if necessary. These meetings ensured that there were robust, embedded system in place and that information was shared to influence the planning and delivery of holistic care packages on discharge or for ongoing treatments.
- Multi-agency working was of mixed quality across the community team for working age adults. The South Hams team met regularly with local police, which resulted in positive working relationships. However, children and adolescent mental health services (CAMHS) were provided by a separate organisation and staff and carers told us that transitional arrangements between CAMHS and adult community mental health services

were inconsistent. All older people's wards worked with the local authority teams to ensure effective and safe discharge planning. However, on Belvedere ward, which had the highest rate of delayed discharges, there was a discharge liaison worker who linked with the local authority and other agencies across the county. Planning and discharge meetings between social services and community mental health team staff were not held regularly. Staff told us that this was particularly challenging when the patient did not live in the immediate locality as staff did not always have links with these local authorities.

- Across the crisis and home based places of safety teams we found good working relationships with the police. Regular liaison meetings took place with key agencies including the ambulance service, approved mental health professionals (AMHPs) and the trust's street triage team.

Information and Records Systems

- We saw that records were electronic, and stored securely in lockable ward offices and readily available to the multi-disciplinary team. On Haytor ward we were told some agency staff could not access the patient records.
- The trust was about to change their electronic patient records system from RiO to care notes. This was planned to take place following our site visit. The trust was providing training updates, and some staff had received one day of training for this. Managers had identified champions within their teams to facilitate the transition.
- Interactive electronic white boards were being trialled on some wards. Designed to easily provide up to date relevant patient information for staff.
- The community learning disabilities teams had two IT systems to access information. Due to the location of some services, together with delays in IT availability, some staff had limited access to RiO so were recording notes on Care First 6. This is the trust's older shared data system. This affected the safety of people using the services and continuity of care. Staff were reliant on manual workarounds and good staff communication to ensure accuracy as a temporary solution.

Consent to care and treatment including the use of the Mental Capacity Act and its application across the core services

- The trust was rated as an elevated risk on CQC intelligent monitoring system for the proportion of times that the responsible clinician recorded their assessment of a patient's capacity to consent at first treatment. We found that most staff understood consent and knew where to find the trust's policy. Across core services, obtaining informed consent was variable and not always noted in care plans. For example, we found in the older person's community mental health team that individual clinicians made decisions about whether the person should receive information. Clinic letters were not always sent to the person, we saw statements such as `not shared with the person as it may cause distress`. However, we could not find evidence of how this decision was made, or the involvement of advocates or carers.
- Of the 23 treatment escalation plans (TEPs) on Belvedere and Beech wards, we found that there were gaps in recording, particularly in relation to consent and capacity. Only six TEPs were completed in full. Plans were not always individual and did not clearly set out the decision-making process regarding the patient's capacity. Most forms did not include whether an advance decision was completed. There was also insufficient evidence on the forms to indicate that patients, carers and family members were fully consulted.
- In the intensive assessment and treatment teams 'talking mats' were used to establish consent for treatment for people with limited communication. A 'talking mat', designed by speech and language therapists, used specially designed picture communication symbols representing concepts and decision making language. There was evidence of assessment of mental capacity assessments being completed in all seven records we looked at in the long stay rehabilitation ward where. We found that staff supported people to make decisions. On Delderfield ward, we saw a good example of a multi-disciplinary assessment of capacity and a subsequent best interests meeting where a decision was made. This included ward staff, care coordinator, the police and the individual involved.
- Mental capacity assessments were not recorded in 18 out of 37 care records in the older people's community services. Across the crisis and health based places of safety core service we found there was considerable variance in how the Mental Capacity Act was applied.

With the exception of the Teignbridge team, we noted a marked lack of capacity assessments of patients who were on the team's caseload. Where assessments of capacity were undertaken they were "tick box" style without any depth or real justification as to why they had arrived at the conclusion that the person lacked or did not lack capacity.

Assessment and treatment in line with Mental Health Act

- During the week of the inspection six MHA reviewers carried out MHA monitoring visits to Belvedere, Beech wards, Additional Support unit and Moorland view. The reviewers spoke to patients and family members and scrutinised MHA documentation. These visits were reported separately.
- Across the forensic wards we found prescription cards had copies of consent to treatment forms appropriately attached. Good evidence of a full and thorough system for checking that section 132 rights were regularly discussed with patients was in place. All detention paperwork was up to date; this was held electronically and could be accessed freely by staff across the site. Section 17 leave forms were electronically completed by the responsible clinician. Ward staff checked the electronic system for up to date leave plans but also recorded patient leave on whiteboards in the offices. Patients had access to mental health review tribunals and hospital managers meetings. Certificates to consent to treatment forms or second opinion forms (T2 or T3) were attached to all prescription charts.
- Patients in learning disability wards were not having their rights under section 132 of the MHA explained to them. We found three patients were informed of their rights when detained on section 2. However, we found no evidence that they were informed of their rights when later detained on Section 3 of the MHA. When we questioned the management team about this, they replied that this was because of the lack of qualified nurses on the team and not having the resources to comply with this area of the Act. There was no information on the ward for patients about accessing an IMHA service and how to access and support engagement with the IMHA.
- On the wards for adults of working age, detention paperwork was completed correctly, was up to date and was stored appropriately. Staff had a checklist to follow when admitting detained patients which had guidance for nurses to follow. We saw on some wards, such as at North Devon District Hospital, the records of detained patients having their rights explained to them were not maintained so it could not be established that this had taken place. On Coombehaven ward, a member of staff told us that health care assistants read patients' their rights but had no training on the Mental Health Act. On Haytor ward, we saw that one patient who had been admitted informally, had a 'leave plan' which indicated that they had 'unlimited escorted leave for therapeutic activities for up to one hour, twice a day'. This plan did not explain why their leave was limited as they were admitted informally.
- At the time of our inspection no patients on any of the crisis teams caseloads were subject to the MHA. We saw information recorded on the electronic RiO system showing how long people spent in the health-based place of safety suite. This included the outcome of their assessment and plans for follow up care. Information provided by the trust as part of the accuracy process demonstrated a significant reduction in the use of police custody and a corresponding increase in the use of the health based place of safety, between Oct 2014 to the time of the inspection. This was a positive change. The police told us admission to a unit was sometimes refused because of the person smelling of alcohol, a history of aggression or insufficient staff to cover a unit. Staff working on these units confirmed this did happen but not on a regular basis. We were unable to substantiate the exact number of occasions this happened, due to a lack of records. Similarly, we were unable to substantiate whether these apparent refusals to admit were in fact soundly based judgements regarding staff or patient safety. Information provided by the trust as part of the accuracy process identified that of the times the place of safety was closed, 65% of closures were due to lack of staff. Another 15% were due to the place of safety being used as an extra bed; 12% of closures were due to staff being required for observations elsewhere and 8% were a result of the patient being assessed as being too violent for admission to the place of safety.
- Records across the older person wards confirmed that patients were presented with their rights verbally. However, in four out of five detained patients' records on Belvedere ward we could not find any evidence recorded on RiO that their rights under section 132 of the Mental Health Act had been presented in writing on

admission and re-presented in line with MHA Code of Practice guidance. Detention patient work was up to date and stored securely on electronic records on both wards. Leave authorisation forms did not always clearly define the parameters and conditions of leave. We could not find any record of specific leave risk assessments; this did not comply with MHA Code of Practice guidelines on the recording of leave.

- On the older people wards five staff we spoke with were not clear how to access and support engagement with the IMHA service, particularly for patients on Belvedere ward and Meadow view. This was supported by our review of records, we found no evidence that patients had been informed of their right to have support from the IMHA service.
- We saw some examples of regular audits to ensure that the MHA was being applied correctly. There was evidence of learning from these audits such as the revised seclusion and segregation policy, which included recommendations from MHA internal audits.
- All the medicines prescribed were in accordance with the MHA. The prescribing of high dose anti-psychotic medicines was monitored and physical health checks were in place.

Good

Are services caring?

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Dignity, respect and compassion

- Patient environment action team inspections (PLACE) data showed the trust's overall score for dignity, privacy and respect was 91%, which was higher than the England average of 87%. All locations scored higher than the England average with North Devon District Hospital with the highest at 94%.
- The Friends and Family test is used nationally to capture how patients felt about the care they received. The results were displayed in services so that patients and relatives could see them. The Friends and Family Test showed that 40.8% of respondents would be extremely likely or likely to recommend the trust as a place to receive care against the national average of 41%. The data showed 36.7% of staff were extremely likely or likely to recommend the trust as a place of work; the national average was 37%.
- We undertook the Short Observational Framework for Inspection (SOFI) tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves across some wards. We witnessed numerous interactions between patients and staff, staff demonstrated an awareness of the environment the patient was in and were able to adapt their care accordingly. In the health based places of safety team, staff were aware of the need to protect dignity, particularly where the environment had its limitations, such as not having a separate entrance.
- The staff we spoke with across the services were passionate about their work. They spoke with, and demonstrated compassion and respect for the people they cared for. We saw that staff were skilful at de-escalating situations using effective listening skills and by responding sensitively to patients when they were distressed. They demonstrated a high level of understanding of patient needs and patient feedback was consistently positive about the way they were treated and involved in their care.
- Families told us that they had received information packs on admission to the ward. One parent informed us that when their family member was admitted, the psychiatrist explained the service, the care and treatment the person would expect to receive and discussed future planning around the person. Patients received information about their wards on admission. On some wards, such as at North Devon District Hospital, nursing staff gave patients admission folders which provided information about the ward. On other wards, such as Haytor ward and at The Cedars, patients were given leaflets with information about the ward. There was a folder on the wards at The Cedars which had additional information about the ward which was in a communal area.
- We saw many very warm and caring interactions between staff and patients and humour was used appropriately.
- The west IATT gave people a leaflet containing everyone's photographs next to their job role so that the carers can show the person who will be seeing them beforehand. These leaflets also explained what the team does in easy read format.

Involvement of people using services

- Nationally collected data for the NHS Staff Survey 2014 showed that 51% of staff agreed that feedback from patients was used to make informed decisions in their directorate/department. This was lower than the national average of 53%.
- The use of interactive technology within the learning disability teams was a positive approach that service users and carers found beneficial, as it enabled the person using the service to interact and engage in their care planning and treatment in a positive way. Patients and carers told us that this intervention had allowed them to feel more included in the care planning process.
- There were numerous ways patients and carers could provide feedback across the whole of the trust, this included carers meetings, patient community meetings,

Good

Are services caring?

and “you said we did” boards displayed in wards. Welcome packs were provided on some wards which gave details of the ward and the service, what was expected of patients and what patients could expect.

- We also saw that there were information leaflets available about drop-in groups, meetings and local community groups. Information to support patients, relatives and carers, about treatments was freely available. Patients were given information sheets to help them choose treatment options. Information was available on the Intranet for staff to print for their patients.
- In the mental health services, wards displayed leaflets and posters so that patients knew how to access both Independent Mental Health Advocacy (IMHA) and general advocacy services. We saw that staff took time to listen to patients’ concerns and queries. Where these were confidential, staff ensured patients could have privacy. In the handover, staff spoke of individual patients in a respectful and sympathetic manner.
- On some wards, patients had daily meetings and weekly community meetings. There were also patient forum meetings and patient council meetings. Patients were active in attending these meetings and minutes of meetings showed that patients were confident to raise issues with staff.
- Mental health assessment teams gave patients a welcome pack that included a range of useful information about the service and what to expect from the team.
- We observed multi-disciplinary meetings on Meadow view and a 'planning my recovery' meeting on Beech ward where carers and relatives' views were included with consent from patients. Staff explained that feedback could also be given to families after the meeting. On Beech ward there were notices inviting patients and carers to talk to the ward manager. There was also a discharge liaison officer for Belvedere ward who linked with families in planning discharge.

Good

Are services responsive to people's needs?

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

Summary of findings

Please see summary at the beginning of this report.

Our findings

Planning and delivery of services

- Following the last inspection by CQC the trust engaged with partners on two multi-agency working groups. These groups had representation from patients and carers and aimed to work collaboratively to address the shortfall in service provision.
- The trust had made positive progress and formulated a joint strategy to improve waiting times and access to psychology. Although there were still gaps in provision and availability across the core services during the week of inspection, the multi-agency group had approved the psychological therapy strategy and a roll out of additional resource was underway.
- The data reported for delayed transfer of care showed that between July 2014 to March 2015 that the trust were mainly below the England national average, they experienced a peak delay in October 2014. Reasons cited for delays were "public funding" and "awaiting nursing home placement".

Diversity of needs

- Devon had an increasing population and a lower than average proportion of Black, Asian and minority ethnic residents. Staff could access interpreters for patients and their families whose first language was not English. For example, staff at North Devon community hospital had used the interpreting service to speak with the family members of a patient who was based overseas and who did not speak English. Staff told us they could access information in a range of languages if needed.
- We found that the Bristol dementia partnership service had copies of the Addenbrooke's Cognitive Examination-III (ACE-III), a screening test used to assess cognitive performance in Urdu and Hindi. They also had a copy in English that was adapted to reflect social and cultural circumstances that may be familiar to people of Somali heritage.
- Langdon hospital had a multi-faith room that was in use at the time of the inspection. Patients gave examples of their cultural needs being met, such as access to culturally appropriate food and visits to local faith buildings or visits from faith leaders. Contact details for representatives from different faiths were available. The chaplains were key in facilitating this contact.
- Although there was disabled access to the building at Wonford house in Exeter, if the lift was out of use in the event of a fire, a disabled person could not easily get out of the building. However, staff mitigated against this by arranging to see their patients in GP practices, at home or in other locations if needed.

Facilities that promote recovery, comfort, dignity and confidentiality

- The trust was aware of the issues in some buildings and had a programme of work funded in part by the SMART programme, aiming to make better use of the premises. In the older peoples community mental health teams we found that the interview rooms at Crediton were shared with the adult services. The furnishings in these interview rooms were not appropriate for elderly people. The chairs were low and would have been difficult for a person with reduced mobility to get in and out of.
- During the wave one inspection we found the standard of food provided at Langdon hospital was inadequate and told the trust to address this. We found in the main food was of good nutritional standard and patients did not raise concerns about this with us. At the ASU, food was brought in from an internal caterer using a cook/freeze approach, in response to previous complaints about the food on the ward. However, patients and carers told us they still found the food to be unsatisfactory. The trust had responded to one person's complaint who told us they now had a weekly allowance to buy their own food. We found the trust's

lower score than the England average in the PLACE 2014 survey for food - 87% against the England average of 90%. Torbay Hospital had the worst score for food at 77%.

Right care at the right time

- The trust had been below the England average for follow up of patients subject to the care programme approach (CPA) during 2013-14. This has improved and the trust remained above average for the last 3 quarters that have been reported. We reviewed data on patients discharged during the first 6 months of 2015. It showed that all but three of the 151 patients who had been discharged from hospital were followed up within 7 days. In the cases of the three patients, this was due to the patients not responding to contact. In these cases, contacts were made via other services to check the patients' safety.
- We found that the high bed occupancy rates had an adverse effect on responsivity of crisis teams. They liaise every day with inpatient services and bed management team to identify and manage available beds. Staff we spoke with told us it was an ongoing issue for them and their patients, and this consistently resulted in patients requiring beds outside the trust's area. Average bed occupancy across the trust for the six months prior to March 2015 was 94%; it is generally accepted that when occupancy rates rise above 85%, this can start to adversely affect the care provided to patients and the orderly running of a ward.
- The trust was not commissioned to provide psychiatric intensive care facility (PICU) beds but we understood the trust aimed to have a PICU within the county and a business case was pending. The trust had commissioned some PICU beds from private providers near Devon. This meant that some patients were provided with the care they needed but this was far away from their local ties. Resulting in a risk that families may find it hard to visit people who were most unwell, posing a challenge to their recovery process.
- The data provided showed that all of the trust's referral pathways and targets were currently being met and we saw evidence to support this.
- The trust was in the process of a whole service re-design called SMART recovery, this focussed on providing three core elements, "Right Pathways", "Right Practice" and "Right Place". There was an ongoing rollout of the new approach. This included; the development of localised hubs, the introduction of new technology to aid flexible working and continued liaison with staff to design the new model. The trust held workshops for staff to participate in the design of the new model and had produced written information in booklet and poster formats to keep staff, patients, and carers informed about the new approaches to service delivery. However, some staff were concerned how the SMART recovery model would affect their roles and the client group.
- The wide geography and rurality of Devon meant that staff had to travel considerable distances to deliver services, which had an impact on what could be achieved. The crisis team managers told us it was not always possible to carry out a face to face assessment of new patients when the team was at full stretch. They and staff we spoke with confirmed that some assessments were completed over the phone. The development of the SMART recovery programme had the optimisation of resources at its core. The provision of varying technologies, added to the delivery of services from community hubs, was intended to reduce travel time for staff and increase their time spent with patients.
- With the exception of the Bristol team, we found that the ward for older people with dementia who experience mental health crises outside of office hours, had no access to the trust's mental health crisis team. People with dementia contacted social services' emergency duty team or `Devon doctors` - the out of hours GP service. The Bristol dementia partnership worked with Bristol Community Health, which provided a rapid response service for people requiring admission or discharge from an acute hospital. Conversely, people with functional mental health issues, for example depression, could contact the trust's mental health crisis team. There was also a night nurse practitioner based at the general hospitals for anyone presenting with mental health crisis.
- We saw examples of teams working flexibly to meet the needs of patients. In the older person's mental health community team one person who was registered with a GP in one locality, but stayed with a family member in a different locality, could access the consultant from the family member's locality for appointments. This reduced the travel time to appointments for this person and their family. Most community teams carried out home visits or met in locality hubs to reduce the travel time for patients.

Good

Are services responsive to people's needs?

- The Bristol mental health crisis service undertook out of hours assessments if required. The approach aimed to assess and treat patients, who have a physical problem as well as behaviours associated with dementia, within their own homes.

Learning from concerns and complaints

- The trust had been flagged as a risk for the number of complaints fully and partially upheld between April 2013 to 31 March 2014. In the previous 12 months, 372 complaints had been made. Of these, 35% had been upheld and one had been referred to the Parliamentary and Health Service Ombudsman (PHSO). No complaints had been escalated to the PHSO in the four months leading up to the inspection.
- Complaints were handled by the trust's patient advice and liaison service (PALS). We saw some good examples of complaints being handled thoroughly, responsively and sensitively. Managers in community teams told us they always tried to first resolve complaints at a local level and that they were having training in handling complaints. We saw some good practice, for example the Teignbridge team was sending a PALS leaflet with every first appointment letter. We also saw good systems of administration of complaints at Exeter, and South West Devon and Torbay. However, the administration of complaints was very slow. One carer told us they had complained two years ago and only received a reply three or four months ago. There was a backlog of complaints that were being addressed; additional resources had been allocated to resolve these. At the time of inspection the trust was dealing with all new complaints within their policy's timeframes.
- During our site visit, and in our conversations with patients, we found there was a clear understanding of how to make a complaint or raise a concern. We saw formal and informal routes to making complaints or raising concerns. In the additional support unit there was no recorded formal complaints in the last 12 months but they had used comments books for patients to raise concerns. We found six complaints in these comments books, each with an action detailed by the team.
- Complaints were discussed at clinical governance meetings across the services. This meant that there was scope for learning from complaints to be shared. However, some members of staff told us that they were not aware of any specific learning from complaints and not all staff we spoke with were aware of the outcomes or actions arising from complaints within their teams. However, the trust provided a monthly bulletin 'learning form experience' bulletin, which gave staff key learning from all incidents, audits, complaints and root cause analysis.

Good

Are services well-led?

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.

Summary of findings

Please see summary at the beginning of this report.

Our findings

Vision, values and strategy

- The SMART recovery programme is the trust's 5-year strategy, which sets out a disinvestment/reinvestment programme aimed at clinical service improvements. Its aim is to release resources by; increasing productivity, making best use of the workforce, reducing significant travel costs, making better use of technology, site rationalisation and an out of area patient repatriation programme. Work to achieve this aim was already underway with workshops planned in August and September 2015 and key changes set to take place in January 2016. The trust had invested heavily in promoting and championing the SMART recovery programme with the workforce, service users and partners. The programme was underpinned by three aims:
  - right pathways
  - right practice
  - right place.
- We heard from staff that they contributed to the development of the vison and values, and each ward had displayed the refreshed trust's vision and values 'daisy' poster. However, there was some confusion about this with some staff referring to the previous vision statement. We saw evidence of the teams upholding the values and one member of staff told us about their lived experience on an inpatient service and that they had been supported in applying for the post as a member of staff. The trust's vision was 'an inclusive society where the importance of mental health and wellbeing is universally understood and valued'. Their aim was to:
  - deliver consistently high quality care and treatment
  - ensure services are driven by the voices of people who use them
  - build a reputation as a recognised centre of excellence and expertise
  - attract and retain talented people and create a great place to work, with a shared sense of pride and ambition
  - challenge discrimination and stigma and champion recovery, inclusion and wellbeing
  - be an efficient, thriving and successful organisation with a sustainable future.
- All non-executive members take active roles in committees and 'walk arounds' in clinical areas. The trust chair explained that here had been a change of emphasis in board meetings to ensure a balance in reviewing operational delivery and considering strategic focus.

Good governance

- The trust board of directors and non–executive directors were accountable for the running of the trust and providing the overall strategic leadership. The trust had four committees which reported directly to the board:
  - Quality and Safety committee
  - Audit committee
  - Finance and Performance committee
  - Nominations and Remuneration committee.
- There was a board assurance framework in place to hold the executive team to account and monitor progress against the strategic objectives and operational delivery. South West Audit, Internal Audit, Counter Fraud and Consultancy Services were able to provide assurance in May 2015 that the trust has implemented a sound system of internal control surrounding its assurance framework and risk management processes, and these were working effectively.
- The trust had an electronic governance system, which was praised by staff for ease of use. The system monitored and reported on team performance, including; governance workbooks created from the reporting systems this included detailed plans, actions and management information that was derived from 34 key deliverables, and core standards for each service.

These enabled the clinical directors and operational mangers to drill into the detail of areas that have been assessed red, amber or green (RAG rated) for necessary action. The workbooks form the agenda for each directorate's governance board. These boards aim to ensure that directorates deliver high quality, safe, timely, personalised and recovery focussed care within a sustainable financial envelope. Each board had representation from executive directors who provided coaching, challenge and sought assurance from the directorate managers. Three of the four directorates were able to offer the board only limited assurance of their performance against the key deliverables required. The issues were known and had been made clear to the inspection team. All non-executive members were aligned to key committees as full members or attendees.

- Overall, governance at local team level was good. There were clear lines of accountability across the core services and staff were aware who they had to report to. Team meetings were held locally and where staff were not present, notes were made available. The trust had recently refreshed its governance process, an approach that was described as being in its infancy. All executive directors interviewed acknowledged they could do better in seeking and gaining assurance. However, they all felt that the new approach would achieve this.
- The 2014 NHS staff survey results, for the number of staff who felt there was good communication between senior management and staff, showed the trust scored lower than the national average (the national average being 30% and the trust scoring 24%). We saw examples of how the trust had addressed this and had a range of bulletins in place to provide staff with learning, feedback and guidance on a range of topics.
- There were some gaps and improvements required to ensure that information provided can drive positive change. Historically, serious incidents were not well managed with long delays and no evidence of learning cascaded for teams and across directorates. The trust's board minutes did not show evidence of themes collated, nor reported to the board through current reporting systems. However, all incidents were now reported to the director of nursing on a daily basis for sign off and review. Equally, previous themes from complaints were not collected, resulting in no gathering of any trust wide or systemic issues. During the inspection, there was some confusion about the action required to address the backlog of open complaints. We were not fully satisfied that action had been taken to resolve this.
- We were concerned that safer staffing reports that were received by the quality and safety committee on a monthly basis, were not available on published board papers and we did not see evidence that the board had received information required for assurance and challenge regarding safer staff. Safer staffing detail should be available for patients and carers to view.

Leadership and culture

- The trust executive team were a newly formed board with several appointments made over the past two years, including the chief executive in 2014. Since this time, they had appointed two substantive positions, a director of nursing and a director of operations. As well as extended the medical director's position to a full time post from a previous job share role. In addition, the team had a director of compliance, director of finance and a director of research and development. The executive post for workforce and organisational development was occupied by an interim lead. At the time of the inspection, the leadership structures were being considered and the chief executive recognised some gaps in skills and expertise within the executive team and was clear about the action required to address the shortfalls. The non-executive team were also relatively new, with the arrival of the chair in 2013, and all other appointments have been made since that time. The skills and experience within the non-executive team varied and were complementary. The leadership demonstrated they understood the importance of a positive culture. They were committed to ensuring that the trust's vison and values were embedded at all levels, and we saw that this work was underway. We concluded that they were developing a cohesive team that shared a common purpose.
- The executive team have worked hard to make changes, having recognised that the NHS staff survey results for 2014 were not positive. There was an estimated 38% of staff responding to the survey and the trust were worse than the national average with 13 of the questions scoring in the worst 20% of all mental health/learning disability trusts;

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- 26% experienced harassment, bullying or abuse from staff in last 12 months compared to the national average of 21%.
- 48% suffered work-related stress in last 12 months compared to the national average of 42%
- 24% reported good communication between senior management and staff compared to the national average of 30%.
- The trust's score for staff job satisfaction was 3.61 out of 5 compared to the national average of 3.67.
- The trust's score for staff recommending the trust as a place to work or receive treatment was 3.20 out of 5 compared to the national average of 3.57.

- During our inspection, we saw evidence that the trust was engaging with staff and their views were being taken into consideration when formulating strategic and operational plans. This included undertaking events and consultations with staff from all disciplines. Staff side representatives, the trade unions, and the professional bodies, described a change in attitude by the executive team and proactive engagement at an earlier stage of developments. Providing written and regular communications to update on proposed changes and actions as part of SMART recovery was widely praised by staff. However, some staff felt that the pace of change was too rapid and other staff told us they did not have enough information about the changes.
- There was unanimous support and praise for the chief executive and most staff felt that the executive team were visible and approachable. Executive team members regularly undertake walk arounds and staff told us these were a useful opportunity to talk with senior staff. Some staff felt they had less opportunity to speak with directorate managers. Mostly, staff told us that things were greatly improved and the culture was positive. The newly appointed nurse director and medical director had been widely praised by staff and external partners. We heard the recent nursing conference had been appreciated and staff spoke positively and excitedly about developments for the nursing directorate.
- We heard from some staff who felt that speaking out and raising concerns had no benefit as their views were not listened to or acted on. We were unable to corroborate this allegation and saw that action had been taken when grievances were raised. Some junior doctors were concerned about the lack of support they receive out of hours and that this was not addressed. The lack of adequate resource for crisis care and staffing shortages were considered to be a major contributor. They felt this was the reason staff had left the training programme in recent months. However, we could not corroborate this view.
- Managers told us, and we saw evidence that, poor staff performance was being addressed. Managers felt they had authority to act and had support from senior leaders and human resource colleague to manage this effectively.
- All board members discussed the desire to ensure that patient experience was central to delivery. The chair and chief executive spoke positively of the contribution of key individuals who helped embed the Lived Experience Advisory Panel (LEAP) across the trust. Each board meeting started with a patient story as a reminder of the purpose of the trust and this was considered central to the focus of the meeting.
- The trust offers a range of leadership training programmes for staff from band 5 onwards. These courses were provided in partnership with external providers. Senior managers attend aspiring leaders programme and the national programme. Records showed 80% of managers had some leadership training. Provision for leadership teams and change management training was provided by internal staff and runs over six days. This programme had been running for three years and the trust was a finalist at the Health Service Journal Patient Safety Awards 2014.
- The trust had a dedicated telephone line to the chief executive's office so that staff could leave comments or messages. The chair described how the non - executive ward rounds and lead roles held by non-executives helped to keep the team connected to services and staff teams.

Engaging with the public and with people who use services

- The third priority in the trust's quality accounts aimed to improve the experience of people using services. This was to be done by the development of a culture that places a high value on compassion and listening, and to introduce the listening into action programme across the trust. The trust had introduced this programme and there were mixed views regarding its success. Some core services gave examples of patient participation and described how patients were involved in recruitment of

staff and service redesign. However, some teams said there were limited processes in place for consultation with patients and carers regarding service provision. We saw 'You said, we did' boards where patients and staff could see the impact of feedback they had given.

- We could not easily find information about the SMART recovery programme on the public facing website, although we did find you-tube videos for patients and carers about the planned changes when searched under Devon Partnership NHS Trust. The videos were an excellent media to get messages out to the wider population about planned changes.
- All locations displayed posters and had leaflets explaining how to access the Patient Advice and Liaison Service (PALS), for use of patients or their relatives who wanted support in raising concerns. The trust's website gave details on how to make a complaint and the actions that the trust had taken because of complaints received.
- The lived experience advisory panel, managed by external partners, were seeking patient and carers' involvement, who had lived experience of mental health challenges, to influence decision-making processes across the trust.

Quality improvement, innovation and sustainability

- NHS Staff Survey 2014 showed 69% of respondents said they feel able to contribute towards improvements at work compared to the national average of 72%. Staff told us they were supported to contribute to service development and we saw Delderfield ward ran an informal 'Cedars Academy' regularly where staff at all levels were encouraged to offer suggestions to improve patient care. There was evidence to demonstrate staff were taking part in clinical audits in a meaningful way with teams learning from the audits and using them to inform developments to the service.
- The trust had a quality improvement academy that supported initiatives large and small, working alongside teams to deliver sustainable change. We saw that extensive project management, audit, and engagement in line with the trust's approach to quality improvements supported the current SMART recovery programme. The team also led participation in the south of England improving safety mental health collaborative.
- The trust had a research and development team led by an executive director. The trust promotes involvement with a range of research projects that are referenced in detail in the core service reports.
- The trust participated in the Royal College of Psychiatrists accreditation for inpatient mental health services (AIMS) programme in Delderfield and Coombehaven wards, and the long stay rehabilitation ward was considered as an 'excellent' inpatient rehabilitation unit in April 2014. The forensic service participated in the Royal College of Psychiatrists quality network for forensic mental health services, carrying out self-assessments and peer reviews with other members of the network.
- The Bristol Dementia partnership was a new model of dementia care, being developed and run in partnership with the Alzheimer`s Society. From 1 April 2015, each GP practice and person living with dementia had access to a `dementia practitioner` and `dementia navigator`. The service was still under development at the time of inspection. We saw that the South Devon `dementia learning community project` had won the British Medical Journal (BMJ) `dementia team 2015` award. The BMJ awards are an annual programme recognising and celebrating inspirational work done by doctors and their teams.
- The trust was embracing the use of technology and community staff across the trust were increasing their use of mobile devices. Beech ward was piloting an interactive whiteboard with a range of features such as touch screen that could result in more responsive and effective care.
- Budgets were devolved to directorates along with cost improvement targets. Cost improvement savings were all subject to quality impact assessment and if not considered safe, were rejected. We saw examples of proposals that were rejected by the governance team and returned to the directorate for further consideration. There was clear recognition at board level of the need for a sustainable financial plan. The SMART recovery programme aimed to address the identified inefficiencies and underpin sustainable quality of service and continuous improvement. However, the current cost improvement plans were not on target to achieve the saving required. The managers we spoke with hoped the required saving would be made from the SMART recovery programme.

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- The out of area expenditure was approximately £15m. The trust aims to develop a psychiatric intensive care unit (PICU), secure service for women, inpatient rehabilitation services for men and women, and a specialist mother and baby unit. These developments will provide opportunity for reinvestment and deliver services closer to home.

Fit and Proper Person Requirement

- We interviewed the trust's chair and members of the senior leadership team regarding the implementation of the fit and proper person's test and were assured that all directors had received the appropriate clearance.
- We reviewed a random sample of executive members' personal files and found the appropriate documentation had been completed.
- The trust undertook a self-assessment and completed checklists on all board members. The interim director of workforce and organisational development reviewed personnel files and no issues of concern were identified. The completed checklists were noted in the review of the files selected by the inspection lead.