

Derbyshire Healthcare NHS Foundation Trust

Inspection report

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Ratings

Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Our reports

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

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

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

Summary of findings

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RXM/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RXM/inspection-summary).

Background to the trust

Derbyshire Healthcare NHS Foundation Trust was formed in 2011 and became a Foundation Trust in February 2011.

The trust employs 2302 staff; serves a population of about 1.2 million people living in an area of 983 square miles; including the city of Derby. The city and rural communities have differences in affluence and deprivation. The Derby city has a predominately young population and diverse multicultural communities, whilst Derbyshire has an increasingly older population.

The trust had 271 inpatient beds across 16 wards beds. The trust had 203 community mental health clinics. The trust annual operating income is £152 million. The trust has a public membership of 6,256 people and has 28 governors.

The trust experienced increasing activity over the last 12 months prior to inspection. For example, it had 1477 inpatient admissions, 84,798 referrals, 783 attended contacts, 71,362 children treated, 48,973 adults treated, 3,170 babies born in Derby City, and 13,133 face to face follow ups for those in learning disability service.

The trust delivers community and mental health services, including those with learning disabilities, people with substance misuse needs and community children and family services.

The trust runs services from 60 sites and has eight neighbourhood teams. The trust delivers the following mental health services across Derby city and the county of Derbyshire:

- Acute wards for adults of working age
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Forensic inpatient/secure wards
- Community-based mental health services for older people
- Mental health crisis and health-based places of safety
- Community forensic team
- Community-based mental health services for adults of working age
- Community mental health services for people with a learning disability or autism
- Specialist community mental health services for children and young people

And the following Community Health Services:

Summary of findings

- Community health services for children, young people & families

Derbyshire Healthcare NHS Foundation Trust has four registered locations:

- Hartington Unit,
- London Road Community Hospital,
- Radbourne Unit
- Kingsway site trust HQ.

The trust registered with the CQC in 2011 to provide the following regulated activities:

- The treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act.
- Diagnostic and screening procedures

The nominated individual responsible for the services is Ifti Majid, chief executive officer.

There have been 16 unannounced Mental Health Act reviewer visits between August 2018 January 2020 and one seclusion and long term segregation review in November 2020.

The inspection history consists of:

- A well led review carried out in January 2016.
- A comprehensive inspection carried out in June 2016 of all core services. We found the trust did not comply with regulations 9 (person centred care), 11(need for consent), 12 (safe care and treatment), 13 (safeguarding patients from abuse and improper treatment), 15 (premises and equipment), 17(good governance) and 18(staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A focussed inspection of community services for children, young people and families was carried out in January 2017 and found the regulations had been met.
- A focussed inspection of community mental health services for people with a learning disability or autism in February 2017 and found regulations 9 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been met.
- A focussed inspection of forensic inpatient ward and wards at London Road Community Hospital carried out in December 2017 and found regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been met.
- A focussed inspection of wards for older people with mental health problems was carried out in January 2017 and we found the regulations had been met.
- We carried out another focused inspection of wards for older people with mental health problems at Cubley Court in March 2018 following concerns raised. We found regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been met.
- A comprehensive inspection was carried out in May 2018. We found the following regulations had not been met; Regulation 9 person-centred Care, Regulation 10 dignity and respect, Regulation 12 safe care and treatment, Regulation 13 safeguarding service users from abuse and improper treatment, Regulation 17 food governance, Regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) HSCA (RA) Regulations 2014.

Summary of findings

- A follow up inspection was carried out in the acute admission wards in March 2019. Regulation 9 Person-Centred Care, Regulation 10 dignity and respect, Regulation 12 safe care and treatment, Regulation 17 good Governance, Regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) HSCA (RA) Regulations 2014 had not been met.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The trust provides inpatient and community mental health services. The trust also provides community health services for children and young people, these include health visitors and school nurses.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

What we found

We inspected five complete mental health core services (one inpatient and four community). These were selected due to their previous inspection ratings or, our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

Out of ten core services, seven were rated as overall good and two services as outstanding and one as requires improvement, this includes the services we did not inspect this time. The number of domains rated requires improvement were seven in safe, one in effective, one in well led. There were two domains caring and responsive that were rated as outstanding.

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

Overall trust

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

There have been significant improvements in the ethos, culture and services in the trust since the last inspection. Staff told us the trust was more clinically led and they were more empowered.

Summary of findings

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Leaders had embedded methods of communication and engagement with staff since the last inspection.

All staff we spoke with felt positive and proud about working for the trust. Throughout the inspection staff described how teams worked well together. Staff told us the trust had come a long way to improve culture and that they were listened to and given space to make changes.

Staff knew and understood the trust vision and values and how they were applied in the work of their team.

There was a good relationship between the trust board and council of governors. The council of governors held the non-executives to account.

Governance processes operated effectively at trust and operational, performance and risk were managed well.

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

There was good systemic leadership within the local Sustainable Transformation Partnership, with board and service leaders engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service managed patient safety incidents well. When things went wrong, staff apologised and gave patients and their families honest information and suitable support.

Staff provided a range of care and treatment interventions suitable for patient groups and consistent with national guidance on best practice. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. We saw significant change in the acute admission wards.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. There was good engagement with patients and carers in the transformational plans for clinical services.

Service were easy to access. Referral criteria did not exclude patients who would have benefitted from care. Where waiting times were still a concern, people could access the service when they needed it and received the right care in a timely way. Staff followed up patients who missed appointments. Discharge was rarely delayed for other than clinical reasons.

Staff well being was a priority in the trust. Staff recognition for good work schemes were in place.

The trust was implementing a quality improvement approach, participated in audits, research and development. Lessons learnt from incidents, deaths, audits, service transformation were shared with staff.

However:

There was a long list of mandatory courses, of which 39 failed to score above 75%. Of concerns were the poor compliance figures for;- safeguarding adults and children level 3, adult basic life support, basic life support, first aid at work, suicide awareness and response, medicines management, dementia awareness, falls prevention.

Summary of findings

Ward staff did not always store and dispose of illicit substances in line with policy. There was no accessible up to date British National Formulary for staff on any of the wards.

Health-based places of safety staff did not assess and record the outcome of risk assessments clear and consistently.

Not all teams had adequate leadership to provide staff with managerial supervision, clinical guidance and support with incidents.

Are services safe?

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

Seven domains out of the 10 core services were rated as requires improvement. This includes services not inspected this time.

Risk assessments were not always completed. Staff at Erewash had not completed risk assessments before visiting all patients at home and had not completed risk management plans for all patients. Within health-based places of safety, staff practices to risk assess and record the outcomes of risk assessments were not clear.

Cleaning records were incomplete. Records were not always available to guide staff about what to clean, when to clean it and where to record when cleaning had been completed. Records for the cleaning audit for the physiotherapy team were not clear and complete.

The compliance for many mandatory courses did not achieve 75% in all core services.

There were still ongoing staffing challenges and a high number of vacancies, but we did see evidence the trust had improved the way they managed these.

Staff did not ensure that they followed the Mental Health Act Code of Practice and did not keep records of seclusion as they should have done in line with the Mental Health Act. There were blind spots in the seclusion room, which meant it was not possible for staff to see patients all the time. We saw that seclusion practice impacted on patients and that there were a number of blanket restrictions for patients in seclusion.

Within health-based places of safety, staff did not always check emergency equipment to the frequency directed by trust guidance.

- Ward staff did not always store and dispose of illicit substances in line with policy. There was no accessible up to date British National Formulary for staff on any of the wards.

However:

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the leadership team to cascade to the wider service. When things went wrong, staff apologised and gave patients and their families honest information and suitable support.

Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.

Are services effective?

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

Nine out of 10 core services were good and one required improvement. This includes services not inspected this time.

Summary of findings

Staff provided a range of care and treatment interventions suitable for patient groups and consistent with national guidance on best practice. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and were engaged in improvement.

Staff from different disciplines and agencies worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

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

Eight out of 10 core services were rated as good and two as outstanding. This includes services not inspected this time.

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Physical needs were important as mental health needs.

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had access to advocates when needed.

Staff informed and involved families and carers appropriately.

Staff ensured that people's communication needs were understood, sought best practice and learnt from it. The trust had created a website that enabled the patient or family to access information in another language this website was accessed via the patient's mobile phone via a quick response code.

However:

Patients who had been secluded did not think staff had interacted with them enough and did not think they had enough to do when they were in seclusion.

Are services responsive?

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

Eight out of 10 core services were rated as good and two as outstanding. This includes services not inspected this time.

Services were planned in a way that met the needs of local people and the communities served. We saw evidence of strong multi-agency partnerships which worked together to plan the service and meets the needs of patients and their families.

Summary of findings

Service were easy to access. Referral criteria did not exclude patients who would have benefitted from care. Where waiting times were still a concern, people could access the service when they needed it and received the right care in a timely way. Staff followed up patients who missed appointments. Discharge was rarely delayed for other than clinical reasons.

The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.

The health-based places of safety were available when needed and there was an effective local arrangement for young people who were detained under Section 136 of the Mental Health Act. Section 12-approved doctors and approved mental health professionals attended promptly when required.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

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

Nine out of 10 core services were rated as good and one as requires improvement. This includes services not inspected this time.

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.

All staff we spoke with felt positive and proud about working for the provider and their team. Throughout the inspection we saw happy teams working well together. Staff felt the trust had come a long way to improve culture and that they were listened to and given space to make changes.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Governance processes operated effectively at team level and that performance and risk were managed well.

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

However:

Some teams did not have standard agendas for team meetings and as such could not evidence where information such as learning from incidents and complaints had occurred

Audit tools did not prompt staff to measure all areas of the service previously identified as requiring improvement. Managers did not always complete actions in response to incidents in a timely manner

Summary of findings

The changes to some services need to be fully embedded. A lot of the changes were in their infancy and there were many aspirations about how the service would look in the future.

Staff in one team did not feel respected, valued and well supported by leaders. They did not feel able to raise concerns without fear of retribution.

There was a long list of mandatory courses, of which 39 failed to score above 75%. Of concerns were the poor compliance figures for;- safeguarding adults and children level 3, adult basic life support, basic life support, first aid at work, suicide awareness and response, medicines management, dementia awareness, falls prevention. Trust data was not effective in making the distinction between mandatory, role specific and compulsory management and human resource courses.

Ratings tables

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

Outstanding practice

We found outstanding practice across the trust and the community children and young people services. See below for details.

Areas for improvement

We found areas of improvement including 11 areas relating to four breaches of legal requirements that the trust must put right to comply with its legal obligations. We found 30 things that the trust should improve to comply with minor breaches that do not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We issued three requirement notices to the trust relating to five core services. This meant the trust had to send us a report saying what action it would take to meet these requirements. For more information on actions we have taken, see the sections on Areas for improvement and regulatory action.

What happens next

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

Summary of findings

Outstanding practice

Trust wide

The trust provided all staff with the NHS approved Thrive app on their mobile phones. This was to help staff prevent and manage stress, anxiety and related conditions. Staff were signposted to agencies who could provide support.

Summary of findings

The trust ran monthly Schwartz rounds to support staff to discuss emotional and social aspects of working in healthcare. This supported staff stress reduction.

The black minority ethnic network had successfully completed a reverse mentorship programme with the board and implementation with the next tier of leaders commenced. The disability network planned to do the same with the board.

As part of promoting equity and diversity opportunities the trust had used a disruptive recruitment process to make appointments to the board. The trust intended to use this approach for senior grades. Disruptive recruiting means collaborating with the internal training function, senior management, compensation, and human resources in general to agree on which talent is best sought externally, which is best sourced and promoted internally, and which needs to be developed by the company, because recruiting them is difficult.

The trust had introduced handheld electronic devices to record patient observations and were piloting the recording of physical health observations on handheld devices such as oxyhealth. This would reduce disturbing patients as they slept.

Community health services for children and young people and families

Introduction of Quantitative Behavior testing to aid in the assessment of the core symptoms of attention deficit hyperactivity disorder (ADHD): hyperactivity, inattention and impulsivity. The test helped healthcare professionals to more accurately identify or rule out ADHD in patients aged 6-60 years old more effectively as well as monitor the long-term changes in symptoms over time.

The physiotherapy team had created a cerebral palsy integrated pathway and were nominated for a Delivering Excellence Every Day (DEED) award. The pathway identified issues with hip dislocation quicker and enabled professionals to get better measurements and complete screening to identify emerging problems quicker and prevent hip dislocation earlier.

Introduction of brain boxes and breast feeding boxes. These boxes contained several tactile objects such as feathers, teddy bears as well as pictures. Each object and picture told a story about the parent baby journey from pregnancy to sleeping to development. An example was an expanding ball which showed the difference in brain development in utero when parents spoke to and rubbed the baby bump.

Introduction of a change in the pathway for premature babies to implement general movement videos. The team video the baby at specific ages which was a good outcome measure of earlier diagnosis of cerebral palsy or identification of movement difficulties.

A staff member created a handbook called Active Hands are Achieving Hands, which contained exercises and activities for children with fine motor problems. This had been rolled out across every school in Derby and south Derbyshire. This enabled the schools to be more proactive and have early level of intervention. The teachers and students would follow through the exercises before referral with the aim of preventing a referral as the child or young person would be able to move better. The feedback was very positive from the schools. The service was in the process of collating results to complete the first audit.

The Children in Care team worked with the police, youth offending service, local authority, education and the Crown Prosecution Service to try and reduce criminalisation within young people in care. This was known as Concordat. In the six months post Concordat being set up the team had seen a reduction in the number of offences involving young people in care, a reduction in the number of calls to the police and a reduction in the number of missing and absent young people.

Summary of findings

Areas for improvement

We found areas for improvement in this service:

Action the provider MUST take to improve:

Trust wide

The trust must ensure review of mandatory training courses, make sure that compliance with mandatory courses meets the trust set targets and make sure data provides assurance that the right staff have undertaken the right courses at the right time. Regulation 18 (1) (2) a staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Acute admission wards

The trust must ensure that it reviews blanket restrictions for patients in seclusion so that patients are individually risk assessed for restrictions. Regulation 9 (1) a b c person centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The trust must ensure that staff store and dispose of illicit drugs in line with trust policy. Regulation 12 (2) a safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The trust must ensure more staff complete their mandatory training courses and achieve a higher level of compliance. Regulation 18 (1) (2) a staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The trust must ensure that staff store and dispose of illicit drugs in line with trust policy Regulation 12 (2) a b.

The trust must ensure that all required governance processes are in place to ensure a safe service Regulation 17 (2) a good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Crisis and Health Based Place of Safety

The trust must ensure that, within health-based places of safety, staff practices to risk assess and record the outcome of risk assessment are clear and consistent. Regulation 12 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

The trust must ensure more staff complete their mandatory training courses and achieve a higher level of compliance. Regulation 18 (1) (2) a staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Community learning disability teams

The trust must ensure more staff complete their mandatory training courses and achieve a higher level of compliance. Regulation 18 (1) (2) a staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Community Adults of working age mental health teams

The trust must ensure all teams have adequate leadership to provide staff with managerial supervision, clinical guidance and support with incidents. Regulation 17- good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The trust must ensure more staff complete their mandatory training courses and achieve a higher level of compliance. Regulation 18 (1) (2) a staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Action the provider SHOULD take to improve:

Trust wide

Summary of findings

- The trust should continue to cascade leadership training to all levels across the trust and should be assertive and proactive in monitoring the uptake of leadership training by BME groups.
- The trust board members should be able to clearly articulate the population needs which inform the strategy and there should be continued engagement of staff of this to inform service development.
- The trust should complete the planned governance review to ensure governance systems and processes reflect the current position of the trust and future ambitions.
- The trust should review the annual health and safety audit process in reference to action planning and monitoring to assure itself that health and safety risks are mitigated.

Acute admission wards

- The trust should ensure that it continues its programme of recruitment for qualified nursing vacancies and continues to manage staffing to minimise the impact on patient care and treatment. Regulation 18 Safe staffing (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure that staff follow the Mental Health Act Code of Practice keep accurate records related to patients' seclusion Regulation 17 (2) c good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure all staff have access to and use the British National Formulary for prescribing guidance. Regulation 12 (1) (2) g care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure staff follow all patients' physical health care plans. Regulation 12 (1) (2) b care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure that they carry out work to eradicate dormitories. Regulation 15 (1) c premises and equipment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure privacy to patients in their side rooms by providing suitable privacy blinds. Regulation 10 (2) a dignity and respect Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The trust should consider how they can reduce blind spots in seclusion suites.
- The provider should make sure it takes adequate measures to ensure patients requiring intensive psychiatric care are not routinely, adversely impacted by lack of facilities and services to support the delivery of treatment and care, which may result in ongoing delays to patients receiving appropriate treatment and/or patients continuing to be transferred out of area to receive appropriate treatment.' Regulation 12 (1) Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Crisis and Health Based Place of Safety

- The trust should ensure that staff responsible for health-based places of safety check emergency equipment to the frequency directed by trust guidance. Regulation 12 care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure records demonstrate that staff routinely share copies of care plans with people using the service. Regulation 9 person centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The provider should ensure staff routinely offer people using the service with verbal or written information about raising a concern or making a complaint. Regulation 17 good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Summary of findings

- The provider should ensure audit tools are developed to measure all areas of practice identified as requiring improvement. Regulation 17 good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The provider should ensure staff application to tools to monitor severity of symptoms and outcomes with people is consistent across all crisis resolution and home treatment services. Regulation 12 care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should consider developing records to guide staff about what to clean, when to clean it and where to record when cleaning had been completed.

Community Learning Disability Teams

- The trust should ensure that all staff complete risk assessments before visiting patients at home. Regulation 12 safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure that all staff complete a risk management plan for every patient following assessment of the patients risks. Regulation 12 safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure that managers continue to embed the changes to the service and support staff in this. Regulation 17 good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should ensure that all patients know how to make a complaint and have this information provided in a format they can understand Regulation 17 good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Community Adults of working age mental health teams

- The trust should ensure it implements an alarm protocol in all community bases and that staff are aware of it. Regulation 12- safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The trust should consider making further improvements to the management of waiting lists.

Community health services for children and young people and families

- The staff should ensure that learning from incidents from across the trust is effectively disseminated to staff at all levels. Regulation 17 good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The service should consider updating the physiotherapy cleaning audit to ensure that it clearly records when clinics have been used and should have been cleaned.
- The service should consider supplying administration staff based at St Paul's House with personal alarms to use when commuting to the office.
- The service should consider the use of a consistent code word for emergencies across teams to ensure that all staff are aware of what the code word is and the steps they should follow.
- The service should consider implementing a standard agenda for team meetings at all levels to ensure that information is cascaded down effectively.
- The service should consider implementing an automated response to texts received into the public health school nurse telephone line advising what the operational hours are and where support can be found if needed.

Summary of findings

Is this organisation well-led?

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

The trust had an experienced leadership team who had a comprehensive knowledge of current priorities and challenges. Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced. We observed good non-executive director challenge at trust board and audit committee, and in the minutes of sub committees. There was clearly a mature relationship established with governors by non-executive directors.

There was significant improvement in the culture of the organisation. Staff felt respected, valued, listened too and involved. Staff were proud to work for the trust. Staff were positive about the “people first approach”. There was evidence of compassionate collaborative leadership and services being clinically led.

The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.

Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their ‘worry list’. There was regular review of the board assurance framework at the board, and through the board subcommittees.

The board reviewed performance reports that included data about the services. Assurance was effectively gained through triangulation.

The trust was using the quality improvement approach and methods to bring about improvements and had plans to fully embed across the organisation.

Lessons learnt were shared e.g. blue light system. Consideration was given as to which teams needed to have lessons learnt shared with.

There was evidence of the organisation benchmarking and reaching out to other mental health organisations’, Staff were supported to visit other services to seek good practice and learning.

However:

The trust should continue to cascade leadership training to all levels across the trust and should be assertive and proactive in monitoring the uptake of leadership training by BME groups.

All board members need to be able to clearly articulate the population needs which inform the strategy and there should be continued engagement of staff of this to inform service development.

The trust should review the annual health and safety audit process about action planning and monitoring to assure itself that health and safety risks are mitigated.

The organisation recognised that the current list of mandatory courses to be too long and had plans to review. The compliance with many of the mandatory courses appeared to be below 75%, within core services.

The trust should complete the planned governance review to ensure governance systems and processes reflect the current position of the trust and future ambitions.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good ↔ Mar 2020	Good ↔ Mar 2020	Outstanding ↔ Mar 2020	Outstanding ↑↑ Mar 2020	Outstanding ↑↑ Mar 2020	Outstanding ↑↑ Mar 2020

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Requires improvement ↑ Mar 2020	Requires improvement ↑ Mar 2020
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2016	Requires improvement Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Forensic inpatient or secure wards	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Wards for older people with mental health problems	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Community-based mental health services for adults of working age	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020
Mental health crisis services and health-based places of safety	Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020
Specialist community mental health services for children and young people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community-based mental health services for older people	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Community mental health services for people with a learning disability or autism	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020

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

Community health services

Background to community health services

The trust provides children and young people services from multiple locations.

Summary of community health services

Outstanding   

The summary of community health services appears in the overall summary of this report.

Community health services for children and young people

Outstanding ☆ ↑↑

Key facts and figures

The Derbyshire Healthcare NHS Foundation Trust Children's Division provided:

- 0 – 19 Universal Children's contract which included public health nursing teams, children's drug and alcohol team, healthy school, national child measurement programme team and infant feeding team. Services were delivered within Derby City.
- Complex Health Needs and Paediatric Therapies Service which included community paediatricians, physiotherapists, occupational therapists, and a range of specialist nurses including neurodevelopmental, disabled children's nursing service, continence and children in care and adoption. Services were delivered within Derby City and South Derbyshire.

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

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

This inspection was announced 48 hours before hand to enable us to observe routine activity and ensure that everyone we needed to talk to was available.

We visited St Paul's House, Ronnie MacKeith Centre, Revive, Sinfin Health Centre, Jubilee House and accompanied staff on visits within patient homes and schools.

During the inspection visit, the inspection team:

- interviewed service managers and operational leaders
- spoke to 52 staff members including health visitors, public health school nurses, continence nurses, disability nurses, paediatricians, physiotherapists, occupational therapists and administrative staff
- reviewed 15 care records
- spoke with 24 patients, family members and carers that were using the service
- reviewed several policies, minutes of meetings and other documents related to the running of the service
- attended and observed an allocation meeting.

Our last comprehensive inspection, where all domains were inspected, was in June 2016. We rated community health

Community health services for children and young people

services for children, young people and their families under Derbyshire Health NHS Trust requires improvement overall, with a rating of good in effective, requires improvement in safe, responsive and well led domains, and outstanding in caring. A follow-up inspection took place in January 2017 to solely look at the safe domain. This resulted in the safe domain improving from requires improvement to good.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- When we reviewed the cleaning audit for the physiotherapy team, we found it difficult to assess whether the cleaning had been completed or whether the premises had not been used.
- Staff were unable to give examples of feedback including lessons learnt from incidents external to the service.
- The service had a text messaging service that children and young people could access for advice. This was manned between working hours and staff were unsure of the protocol should a young person contact it in crisis out of hours
- The service did not have standard agendas for team meetings and as such could not evidence where information such as learning from incidents and complaints had occurred.

Is the service safe?

Good   

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

Community health services for children and young people

- The service provided mandatory training in key skills to all staff and had oversight of staff who had and had not completed it and processes in place to improve compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. We saw the service had acted on the areas of improvement from the 2016 inspection and had improved safeguarding level three compliance and had introduced regular and effective safeguarding supervision.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. In the 2017 focused inspection we said the trust should liaise with the neighbouring acute trust to ensure handwashing facilities were adequate within the physiotherapist's clinical room. On this inspection we saw the trust had installed a sink within the clinical room.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon children, young people and their families at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of children, young people and their families' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the leadership team to cascade to the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- When we reviewed the cleaning audit for the physiotherapy team we found it difficult to assess whether the cleaning had been completed or whether the premises had not been used.
- Staff were unable to give examples of feedback including lessons learnt from incidents external to the service.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Community health services for children and young people

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding   

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

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We received and saw feedback from people who used the service that was continually positive about the way staff treat people. Patients and their carers gave examples of staff going the extra mile with care and support that exceeded their expectations.
- The service had a strong, visible person-centred culture and staff ensured that children were seen as children first and foremost, with their individual physical, mental health, emotional and social needs recognised and responded to.
- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and promoted by leaders.
- We saw conversations not just based on the health needs but also about the patient and or carers day to day life and saw staff supporting them by being a listening ear.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children, young people and their families' personal, cultural and religious needs.
- People's emotional, mental health and social needs were seen as being as important as their physical needs.
- Feedback from patient interviews was overwhelming that staff supported parents' emotional needs and provided a nice gentle approach where they felt supported and could support others.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.
- Staff involved children, young people and their families in care planning and we saw evidence of patient and family voice within the care records.
- They ensured that people's communication needs were understood, sought best practice and learnt from it. The trust had created a website that enabled the patient or family to access information in another language this website was accessed via the patient's mobile phone via a QR code.

Community health services for children and young people

Is the service responsive?

Outstanding ☆ ↑↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service went the extra mile and had created a strategy for 2019 – 2024 which was developed by staff, young people and parents. This was evidenced throughout the nine priority statements.
- We saw evidence of strong multi-agency partnerships which worked together to plan the service and meets the needs of children, young people and their families. Examples included the service providing annual training to local GPs and working with the local police force to reduce criminalisation within young people in care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers and we saw evidence of the service doing everything they good to implement robust pathways to improve communication and care.
- The trust had created a website that enabled children, young people and their families to access information in a variety of languages via a Quick Response (QR) code scanned by their mobile phone. This enabled children, young people and their families to access all relevant information quickly.
- Whilst waiting times were still a concern, people could access the service when they needed it and received the right care in a timely way. Children, young people and their families felt the service communicated well with them. The service triaged patients appropriately and monitored patients on waiting lists to ensure they were safe, where necessary escalating them to urgent. We saw examples of staff going out of their way and introducing initiatives to assist other teams to reduce their waiting times.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However:

- The service had a text messaging service that children and young people could access for advice. This was manned between working hours and staff were unsure of the protocol should a young person contact it in crisis out of hours.

Is the service well-led?

Outstanding ☆ ↑↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people and their families and staff. They supported staff to develop their skills and take on more senior roles. Staff spoke highly of leaders being approachable, friendly and supportive.

Community health services for children and young people

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The strategy clearly addressed ongoing issues within the service. The service had gone the extra mile to be inclusive and we saw staff, young people and their families had the opportunity to contribute to the development of the strategy.
- Staff felt respected, supported and valued. They were focused on the needs of children, young people and their families receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, young people and their families, their families and staff could raise concerns without fear. All staff we spoke with felt positive and proud about working for the provider and their team. Throughout the inspection we saw happy teams working well together. Staff felt the trust had come a long way to improve culture and that they were listened to and given space to make changes.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. The patient record system was also used by other local health agencies such as GPs which meant that the service could view patient's notes from other services to provide a more holistic approach to care and treatment.
- Leaders and staff made extra effort to actively and openly engaged with children, young people and their families, staff, equality groups, the public and local organisations to plan and manage services. They made every effort to collaborate with partner organisations to help improve services for children, young people and their families.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders went over and above to encourage innovation and participation in research.

However:

- The service did not have standard agendas for team meetings and as such could not evidence where information such as learning from incidents and complaints had occurred.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Mental health services

Background to mental health services

The trust provides mental health, learning disability and substance misuse services from four locations and multiple sites.

Summary of mental health services

Good  

The summary of mental health services appears in the overall summary of this report.

Community-based mental health services of adults of working age

Requires improvement   

Key facts and figures

Community-based mental health services for adults of working age provide services for all people with specific mental health needs in north and south Derbyshire. The service for working age adults is primarily aimed at people aged 18-65 years old in the south and 18-70 years old in the north, but the service is flexible on its age criteria depending on patient need. The service is commissioned primarily for residents of Derby City and Derbyshire but may consider referrals from other areas. Key functions of the service are assessment, early intervention in psychosis, recovery service and assertive outreach. The teams are multi-disciplinary and include consultant psychiatrists, mental health nurses, support workers, occupational therapists, non-medical prescribers, psychologists and pharmacists.

At our last inspection in May 2018 we rated community based mental health services for adults of working age as requires improvement. We rated safe, responsive and well-led as requires improvement and effective and caring as good.

We found that the trust had breached regulations under the Health and Social Care Act (regulated activities) Regulations 2014. We issued the trust with five requirement notices for community mental health services for adults of working age. We said:

- The trust must ensure there is a plan in place to show how waiting lists for care coordinators, psychology and outpatients would be reduced.
- The trust must ensure that it is clear what interventions each patient is waiting for, their level of risk and whether they are open to another part of the service.
- The trust must ensure all teams checked fridge and room temperatures daily.
- The trust must ensure all teams check their emergency bag in line with policy.
- The trust must ensure all team managers use a caseload management tool.

Our inspection between 26 and 28 November 2019 was announced on 21 November 2019 to ensure all the people we needed to speak to were available. Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During our inspection we:

- visited five neighbourhood teams (South Derbyshire, Derby City, Bolsover and Clay Cross, Chesterfield Central and Killamarsh and North Chesterfield) and completed a tour of all the premises, including the clinic rooms
- spoke with 21 nurses and one student nurse
- spoke with two support workers
- spoke with five psychiatrists
- spoke with two occupational therapists
- spoke with three psychologists
- spoke with three pharmacists

Community-based mental health services of adults of working age

- spoke with four area service managers
- spoke with four service managers
- spoke with three clinical leads
- spoke with one peer support worker
- spoke with two patients during our inspection and nine patients on the phone before our inspection
- collected eight comments cards with patients' feedback
- spoke with four carers on the phone before our inspection
- look at 27 patient records
- attended five multidisciplinary and staff meetings.

Summary of this service

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

- Staff in one team did not feel respected, valued and well supported by leaders. They did not feel able to raise concerns without fear of retribution and did not always receive managerial supervision, debriefs or support. Morale in the team was low and there were high rates of staff sickness.
- The service had a large number of mandatory training courses which did not meet the compliance target of 75%.
- The service did not have a clear protocol for the use of alarms in community bases.
- The service included patients who were not ready to receive treatment on their waiting lists. This meant it was not clear how long most patients waited to receive the service.
- Managers did not always complete actions in response to incidents in a timely manner.

However:

- The service provided safe care. The number of patients on staff caseloads was not too high to prevent staff from giving each patient the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed detailed care plans informed by a comprehensive assessment and in collaboration with patients and carers. They provided a range of treatments that were informed by best practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Most teams received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Community-based mental health services of adults of working age

- Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care received information on when they could expect to receive it. The criteria for referral to the service did not exclude patients who would have benefitted from care.

Is the service safe?

Requires improvement ● → ←

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

- The service had 32 mandatory training courses which did not meet the compliance target of 75%.
- The service did not have a clear protocol for the use of alarms in community bases.

However:

- All clinical premises where patients received care were clean, well maintained and fit for purpose.
- Most teams in the service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of most teams, and of most individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Most managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good ● → ←

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

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. Most care plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured patients had good access to physical healthcare and supported patients to live healthier lives.

Community-based mental health services of adults of working age

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to a range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. Most managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Most managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Staff in one team did not receive regular managerial supervision, debriefs or support. Morale in the team was low and there were high rates of staff sickness. This related to leadership of the team.
- The way the service recorded patient waiting times meant it was not clear how long most patients waited to receive the service.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Good ● ↑

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

- The service referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care were given information on when they could expect to receive it.
- The service met the needs of all patients including those with a protected characteristic.

Community-based mental health services of adults of working age

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

Is the service well-led?

Requires improvement ● → ←

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

- Not all teams had adequate leadership to provide staff with support, managerial supervision, clinical guidance and support with incidents.
- Staff in one team did not feel respected, valued and well supported by leaders. They did not feel able to raise concerns without fear of retribution.
- Managers did not always complete actions in response to incidents in a timely manner.

However:

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Our findings from the other key questions demonstrated that governance processes operated effectively in most teams and that performance and risk were managed well.
- Staff were aware of the trusts vision and values. They could not always describe details of them when asked but knew where to find this information.
- Staff collected and analysed data about outcomes and performance. There were improvements to be made with the reliability of data for one outcome measure.

Areas for improvement

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

Mental health crisis services and health-based places of safety

Good  

Key facts and figures

Derbyshire Healthcare NHS Foundation Trust provides crisis resolution and home treatment across the county and two health-based places of safety.

Crisis resolution and home treatment teams provide care and treatment to patients who would otherwise need hospital admission. The trust has the Derby City and County South team based in Derby, the North team based in Chesterfield, and the High Peak team based in Chapel-en-el-Frith. The High Peak team is a small 'satellite' of the North team and shares the same manager and clinical leadership. The teams provide a 24 hours, seven days a week service.

Health-based places of safety, also referred to as Section 136 suites, are located at the Hartington Unit in Chesterfield Royal Hospital, and at the Radbourne Unit in Royal Derby Hospital. The Hartington Unit and the Radbourne Unit are registered to provide the regulated activities of:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

This was the third CQC inspection of Derbyshire Healthcare's crisis services and health-based places of safety. At the previous inspection in 2018, we applied an overall rating of 'Requires Improvement'. Following this inspection, CQC issued requirement notices under Regulation 9 person-centred care, Regulation 12 safe care and treatment, Regulation 17 good governance, and Regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Areas we told the trust they must improve in included staffing levels, risk assessments, lone working practices, physical health monitoring, record keeping and the safety of environments where people were cared for. During this inspection we found the trust had made improvements in many of these areas.

Our inspection between 26 and 28 November 2019 was announced. Staff knew we were coming to ensure that everyone we needed to talk to was available.

During the inspection we:

- visited the three crisis resolution and home treatment teams and both health-based places of safety
- spoke with 23 staff members including managers, nurses, doctors and support workers
- accompanied staff on two community visits to observe how staff cared for patients
- spoke with five people who had experience of using crisis resolution and home treatment services
- reviewed the care and treatment records of 12 people using crisis resolution and home treatment services, and 12 care and treatment records of people who had been detained at the health-based places of safety
- observed two handovers between staff and two multidisciplinary meetings
- looked specifically at medicines management practices in crisis resolution and home treatment services
- looked at a range of policies, procedures and other documents relating to the running of the service.

Mental health crisis services and health-based places of safety

Summary of this service

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

- Clinical premises where patients were seen were safe and the physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff assessed and managed risk and followed good practice with respect to safeguarding.
- Staff working for the mental health crisis teams developed holistic care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The mental health crisis service and the health-based places of safety were easy to access. Staff assessed patients promptly. Those who required urgent care were taken onto the caseload of the crisis teams immediately. Staff and managers managed the caseloads of the mental health crisis teams well. The services did not exclude patients who would have benefitted from care.
- The service was well led and the governance processes ensured that the service's procedures ran smoothly.

However:

- Within health-based places of safety, staff practices to risk assess and record the outcomes of risk assessments were not clear and staff did not always check emergency equipment to the frequency directed by trust guidance.
- Records were not always available to guide staff about what to clean, when to clean it and where to record when cleaning had been completed.
- Of the mandatory training courses listed by the trust, 39 failed to achieve the trust's target completion rate.
- Crisis resolution and home treatment staff practices to assess and record the severity of symptoms and outcomes with people was not consistent across all the services.
- Records did not demonstrate that staff routinely shared copies of care plans with people using the service.
- Staff did not routinely offer people using the service with verbal or written information about raising a concern or making a complaint.
- Audit tools did not prompt staff to measure all areas of the service previously identified as requiring improvement.

Mental health crisis services and health-based places of safety

Is the service safe?

Requires improvement ● → ←

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

- Within health-based places of safety, staff practices to risk assess and record the outcomes of risk assessments were not clear.
- Within health-based places of safety, staff did not always check emergency equipment to the frequency directed by trust guidance.
- Records were not always available to guide staff about what to clean, when to clean it and where to record when cleaning had been completed.
- Of the mandatory training courses listed by the trust, 39 failed to achieve the trust's target completion rate.

However:

- All clinical premises where patients received care were safe, well equipped, well furnished, and fit for purpose. The physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice.
- The services had enough staff, who received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff in crisis resolution and home treatment teams assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff working for the mental health crisis teams regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good ● ↑

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

- Staff assessed the mental health needs of all patients. Staff working for the mental health crisis teams worked with patients and families and carers to develop individual care plans and updated them when needed

Mental health crisis services and health-based places of safety

- Staff working for the mental health crisis teams provided a range of care and treatment interventions that were informed by best practice guidance and suitable for the patient group. They ensured that patients had access to physical healthcare.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Crisis resolution and home treatment staff practices to assess and record the severity of symptoms and outcomes with people was not consistent across all the services.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff in the mental health crisis teams involved patients in care planning and assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately.

However:

- Records did not demonstrate that staff routinely shared copies of care plans with people using the service.

Is the service responsive?

Good ● → ←

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

- The mental health crisis service was available 24-hours a day and was easy to access – including through a dedicated crisis telephone line. The referral criteria for the mental health crisis teams did not exclude patients who would have benefitted from care. Staff assessed and treated patients promptly. Staff followed up patients who missed appointments.

Mental health crisis services and health-based places of safety

- The health-based places of safety were available when needed and there was an effective local arrangement for young people who were detained under Section 136 of the Mental Health Act. Section 12-approved doctors and approved mental health professionals attended promptly when required.
- The services met the needs of all patients who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural support.
- The service investigated complaints and concerns and learned lessons from the results and shared these with all staff.

However:

- Staff did not routinely offer people using the service with verbal or written information about raising a concern or making a complaint.

Is the service well-led?

Good   

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance.
- There were multi-agency arrangements to agree and monitor the governance of the mental health crisis service and the health-based places of safety. Managers of the service worked actively with partner agencies (including the police, ambulance service, primary care and local acute medical services) to ensure that people in the area received help when they experienced a mental health crisis; regardless of the setting.

However:

- Audit tools did not prompt staff to measure all areas of the service previously identified as requiring improvement.

Outstanding practice

Areas for improvement

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

Requires improvement  

Key facts and figures

The acute wards for adults of working age were provided from two sites in Derbyshire. The Hartington Unit is located on the Royal Chesterfield Hospital site and the Radbourne Unit is located on the site of Royal Derby Hospital. At the time of our inspection the trust not commissioned to have a psychiatric intensive care unit for patients and there was not one in the local area. This meant some patients had to travel out of area for care and treatment did not offer a psychiatric intensive care service.

At this inspection we visited eight wards:

Hartington Unit has three wards:

- Morton ward: 22 beds, mixed gender
- Tansley ward: 22 beds. mixed gender
- Pleasley ward: 20 beds mixed gender. There are twelve beds for older adults.
- Radbourne Unit has five wards:
- Ward 33: 20 beds, female
- Ward 34: 20 beds, male
- Wards 35: 20 beds, mixed gender
- Ward 36: 20 beds, mixed gender

Enhanced care ward: 10 beds, mixed gender

At the last comprehensive inspection in March 2019 we rated this service inadequate overall. We rated the safe and well led domains as inadequate, effective and caring as requires improvement and responsive as good.

We found that the trust had breached regulations under the Health and Social Care Act (regulated activities) Regulations 2014. We issued the trust with five requirement notices for acute wards of working age adults and psychiatric intensive care units. These related to the following regulations under the Health and Social Care act (regulated activities) Regulations 2014:

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

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 12 CQC (Registration) Regulations 2014 Safe Care and Treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 18 HSCA (RA) Regulations 2014 Staffing

At this inspection we saw that the trust had addressed six of the seven actions we had told them they must make. They had tried to make changes to the ward environment to ensure patient's privacy, but this was not successful. The trust was considering alternative options at the time of our inspection.

This current inspection was unannounced. During the inspection we carried out the following activities:

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

- looked at the quality of each of the ward environments and observed how staff were caring for patients
- interviewed the ward managers for each ward and three senior managers
- attended and observed a multi-disciplinary ward round and a handover.
- spoke with 49 staff including nurses, health care assistants, doctors, occupational therapists, pharmacists, a pharmacy technician and domestic staff
- spoke with 19 patients and further 11 patients about their experience of seclusion
- reviewed 26 care records and a further six records to look at specific areas in relation to seclusion
- reviewed 37 medicine administration records
- reviewed a range of documentation relevant to the delivery of the service

A Mental Health Act reviewer attended this inspection to look specifically at practice in relation to seclusion.

Summary of this service

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

- There were still ongoing staffing challenges and a high number of vacancies, but we did see evidence the trust had improved the way they managed these.
- Ward staff did not always store and dispose of illicit substances in line with policy. We found staff did not store illicit drugs and paraphernalia in tamper proof bags in medicines cupboards and in one example these had been there for several months. This was not in line with policy.
- We saw that there were several blanket restrictions for patients in seclusion. Staff did not follow the Mental Health Act Code of Practice in their seclusion record keeping. Staff did not always attach consent to treatment forms to medicine cards. This meant that staff did not have information indicating what patients' agreed treatments were.
- Not all staff were compliant with their mandatory training.
- Staff did not always provide appropriate physical healthcare to patients. We saw one record where staff had not followed a patient's diabetes care plan and had not completed physical health observations and blood glucose tests.
- There were still dormitories on the wards. However, the trust had a plan in place to improve and change these into individual rooms for patients. There were blind spots in the seclusion room, which meant it was not possible for staff to see patients all the time.
- The trust did not have a psychiatric intensive care unit for patients and there was not one in the local area. This meant some patients had to travel out of area for care and treatment.

However:

- The trust had made improvements since our last inspection and these were completed in a timely way. There were improved governance processes including increased meetings, clearer lines of communication, increased audits and visible leadership.

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

- The ward environments were safe and clean. Staff assessed and managed risk well. They managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. Discharge was rarely delayed other than for clinical reasons.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness. They actively involved patients and families and carers in care decisions.

Is the service safe?

Requires improvement ● ↑

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

- We saw that seclusion practice impacted on patients and that there were a number of blanket restrictions for patients in seclusion. Staff did not ensure that they followed the Code of Practice and did not keep records of seclusion as they should have done in line with the Mental Health Act.
- Ward staff did not always store and dispose of illicit substances in line with policy. We found illicit drugs and paraphernalia in medicines cupboards that were not stored in tamper proof bags and in one example these had been there for several months. This was not in line with policy.
- There were still ongoing staffing challenges and a high number of vacancies, but we did see evidence the trust had improved the way they managed these.
- There were blind spots in the seclusion room, which meant it was not possible for staff to see patients all the time.
- There was no accessible up to date British National Formulary for staff on any of the wards.
- Not all staff were up to date with all mandatory training and a number of these had compliance levels below 75%.

However:

- All wards were safe, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise abuse and they knew how to report this.
- Staff had easy access to clinical information and it was easy for them to maintain clinical records.

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

- The service used systems and processes to administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  

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

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

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. There was improved access to psychology for patients. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and were engaged in improvement.
- The ward teams had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- We saw one record where staff had not followed a patient's diabetes care plan and had not completed physical health observations and blood glucose tests.
- Consent to treatment forms were not always attached to medicine cards, this meant that staff did not have information indicating what patients' agreed treatments were.

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

Is the service caring?

Good ● ↑

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

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

However:

- Patients who had been secluded did not think staff had interacted with them enough and did not think they had enough to do when they were in seclusion.

Is the service responsive?

Good ● → ←

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

- Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the ward/service supported patients' treatment.
- Patients could keep their belongings safe. There were quiet areas for privacy.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- The trust did not have a psychiatric intensive care unit for patients and there was not one in the local area. This meant patients who needed this service had to travel out of area for their care and were adversely affected by this.
- There were still dormitories on the wards. However, the trust had a plan in place to improve and change these into individual rooms for patients.
- Patients' side rooms did not have a privacy blind, so other patients and staff could see it at any time. However, the trust had tried to find a solution for the lack of privacy blinds in patients' side rooms. However, this had not been effective. The trust was considering how they could improve this at the time of our inspection.

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

Is the service well-led?

Requires improvement ● ↑

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

- We saw evidence of improvement. Staff told us leaders provided clearer direction. They told us morale was better. The trust had invested in leadership and had appointed an interim director for change who had worked with other leaders to make positive improvements. However, whilst there was evidence governance systems were improved there were still issues including staff training compliance, blanket restrictions for patients in seclusion and disposal of illicit drugs.

However:

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

Areas for improvement

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

Community mental health services for people with a learning disability or autism

Good  

Key facts and figures

The community learning disability teams provided a specialist health service to people with a learning disability. The community support teams operated between 9am and 5pm weekdays only. The teams consisted of nurses, physiotherapists, occupational therapists, psychologists, speech and language therapists, assistant practitioners and doctors that supported people to understand their health needs and get the treatment they needed. The teams were based at locations around the county including St Andrews House in Derby city, Amber Valley, Erewash and Southern Derbyshire at Swadlincote.

The intensive support team operated between 8am and 8pm Monday to Friday and 9am to 5pm at weekends. The intensive support team was based at St Andrews House. There were also staff on call outside these hours. The aim of the team was to prevent people having avoidable hospital admissions and prevent people's placements in care homes and supported living from breaking down.

Our inspection was announced on the Thursday before our inspection started on the following Tuesday. This was to make sure there were staff to speak with at each team base and we had the consent of patients and their carers to speak with us or meet with us during the inspection.

During the inspection visit, the inspection team:

- spoke with five people using the service
- spoke with 12 carers of people who used the service
- spoke with 35 staff. These included managers, nurses, doctors, administrative staff, psychologists, occupational therapists, speech and language therapists and assistant practitioners
- looked at 18 care records
- carried out three observations of home visits and attended one multidisciplinary team meeting about a person who used the service.

We carried out comprehensive inspections of this service in June 2016 and June 2018 and a focussed inspection in February 2017 to look at the effective domain.

Summary of this service

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

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.

Community mental health services for people with a learning disability or autism

- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access, and staff and managers managed waiting lists and caseloads well. The criteria for referral to the service did not exclude patients who would have benefitted from care. Staff assessed and initiated care for patients who required urgent care promptly and those who did not require urgent care did not wait too long to receive help.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Is the service safe?

Requires improvement ● → ←

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

- Staff at one team had not completed risk management plans for all patients.
- The records provided by the trust showed that not all staff were up to date with all mandatory training and a number of these had compliance levels below 75%.
- However:
- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Community mental health services for people with a learning disability or autism

- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good   

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

- Staff took a function-based approach to assessing the needs of all patients. They worked with patients and with families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic, function-based and recovery-oriented.
- Staff provided a range of treatment and care interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff understood and applied National Institute for Health and Care Excellence (NICE) guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions, medications and interventions for co-existing health and sleep problems.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Community mental health services for people with a learning disability or autism

- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Is the service responsive?

Good ● ↑

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

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and initiated care for patients who required urgent care promptly. Patients who did not require urgent care did not wait too long to start receiving care. Staff followed up patients who missed appointments.
- The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

However:

Community mental health services for people with a learning disability or autism

- The changes to the service need to be fully embedded. A lot of the changes were in their infancy and there were many aspirations about how the service would look in the future.

Outstanding practice

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Kath Mason Head of Hospital Inspections, Surrinder Kaur Inspection Manager, two inspectors, one pharmacy inspector, and one Mental Health Act Reviewer supported our inspection of well-led for the trust overall.

The team included two executive reviewers. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

Core service inspections consisted of two inspectors each and specialist advisors. Specialist advisors are people with a clinical background who support our inspections.