

**Good**

# Leeds and York Partnership NHS Foundation Trust

## Other specialist services

### Quality Report

Yorkshire Centre for Psychological Medicine  
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Date of inspection visit: 14 July 2016  
Date of publication: 18/11/2016

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RGD08	Yorkshire Centre for Psychological Medicine	Yorkshire Centre for Psychological Medicine	LS1 3EX

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated the Yorkshire Centre for Psychological Medicine as good because:

- Staff completed comprehensive patient risk assessments and risk management plans in a timely manner. They reviewed risk daily. This was essential as the ward had many ligature points and staff assured their patients were safe.
- Patients were fully involved in their care plans, which were holistic, up to date and referenced best practice.
- Staff tailored therapeutic interventions and the use of psychotherapy to meet patient's individual needs, creating a bespoke package of care.
- The ward achieved positive outcomes with the majority of patients reporting improvement in self-care and their ability to carry out their usual activities. This enhanced their quality of life. Carers confirmed that these improvements were sustained post discharge.
- Carers and relatives felt involved in the patient's care. Staff supported them, explained aspects of treatment and kept them up to date with the patient's progress.
- The service was patient led. All aspects of care and treatment took place at a pace comfortable for the patient.
- Discharge plans clearly detailed the care and support the patient needed on their return to the community. Staff maintained good links with the community health teams supporting the patient on their discharge. Patients and carers knew they could ring the ward post discharge if they needed advice or had any concerns.

- There was a programme of activities, groups, and exercises adapted to meet the needs of all patients. Some of the activities were innovative, for example the circus skills group, which addressed physical and mental health needs, and social interaction.

However:

- The service did not comply with the Department of Health guidance on same sex guidance. Staff made patients aware of this before admission to the ward and endeavoured to protect privacy and dignity while on the ward.
- Staff did not monitor the temperature in the clinic room where they stored medication. This meant they had no way of knowing if the temperature in the room ever exceeded 25 degrees Celsius. This was the maximum temperature recommended by the World Health Organisation for the storage of medicines.
- Compliance with mandatory training was below 75% in several areas. This included essential life support, intermediate life support, moving and handling, and clinical infection control. Although the ward did not deal with acute admissions, the patients they did treat all had complex physical and mental health issues. Therefore, updates in this training were essential to ensure safe practice.
- The ward compliance rate for supervision was 49%. This meant the staff were not receiving appropriate support to improve their skills and knowledge. The clinical operations manager had developed and implemented a robust action plan to improve staff compliance with this essential practice.

# Summary of findings

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

### Are services safe?

We rate safe as requires improvement because:

- The ward did not comply with the Department of Health guidance on same sex accommodation.
- Staff did not monitor the ambient temperature in the clinic room where they stored medication.
- Staff had low compliance with mandatory training in several areas. This included essential life support, intermediate life support, moving and handling, and clinical infection control.

However,

- The ward deployed sufficient staff to ensure safe care and treatment.
- Patients had daily one to one time with their named nurse. Staff varied the length of these sessions to suit the needs of the patient.
- Risk assessments and risk management plans were comprehensive and reviewed regularly.
- The consultant streamlined patients' medication and introduced safe reductions to prescriptions at a pace agreed with the patient.

**Requires improvement**



### Are services effective?

We rated effective as good because:

- Patients' care plans were personalised, holistic, and referenced best practice.
- Each patient had a bespoke package of care.
- Staff used suitable evidence based tools to assess and record severity and outcomes.
- All staff underwent a four-month preceptorship to acquire the skills necessary to provide effective care and treatment.
- The ward achieved positive patient outcomes, which were sustained post discharge.

However,

- Compliance with supervision was low. An action plan was in place to monitor and improve engagement.

**Good**



### Are services caring?

We rated caring as good because:

- Staff interacted with patients in a kind a respectful way.

**Good**



# Summary of findings

- Carers and relatives felt staff supported and kept them informed of the patients' progress.
- The service was patient led and patients felt involved in their care.
- Patients' views were at the heart of the formulation of decisions about treatment.
- Patients became involved in the weekly forum meetings as their health improved.

## Are services responsive to people's needs?

We rated responsive as good because:

- Pre admission discussions and visits prepared the patient for admission.
- Discharge plans were clear about what care and support the patient needed on their return to the community.
- There was a programme of activities, groups, and exercises provided at varying levels of pace to meet the needs of all patients.

Good



## Are services well-led?

We rated well-led as good because:

- The quality of the staff interactions with patients showed that the trust's values were firmly embedded within the staff team.
- There were systems and processes in place to measure team performance.
- Staff felt supported by all their colleagues and felt they had a voice on the ward.

Good



# Summary of findings

## Information about the service

The Yorkshire Centre for Psychological Medicine is an eight-bed specialist inpatient unit based at Leeds General Infirmary. It provides holistic care and treatment for patients using a biopsychosocial approach for the following:

- severe and complex, medically unexplained symptoms
- severe psychological and physical long-term health problems occurring at the same time
- severe chronic fatigue syndrome and/or myalgic encephalomyelitis (commonly known as ME).

The biopsychosocial model addresses a patient's physical functioning, psychological condition, and their social needs.

This is the only unit in the country that accommodates patients presenting with these issues. Four of the beds are reserved for patients from the Leeds area. The remaining four beds are available to patients from across the United Kingdom.

At the time of our inspection, there were eight patients allocated to the ward; one patient was on home leave. None of the patients were detained under the Mental Health Act 1983 and the ward had not admitted any detained patients for four years. All admissions were elective. The main unit entrance door was locked on entry, for security reasons, but exit was unrestricted.

We previously inspected the ward in October 2014 and found that the suitability of the premises did not meet the required standards. Since then, the trust had undertaken some refurbishment work to improve the environment. Plans for a new purpose built unit were reliant on finding a suitable location, which was delaying the project from moving forward.

## Our inspection team

The team was led by:

Chair: Phil Confue, Chief Executive of Cornwall Partnership NHS Foundation Trust

Head of Hospital Inspection: Nicholas Smith, Head of Hospital Inspection (North West), Care Quality Commission

Team leaders: Kate Gorse-Brightmore, Inspection Manager, Care Quality Commission

Chris Watson, Inspection Manager, Care Quality Commission

The team that inspected this service comprised two CQC inspectors, two nurses and a social worker.

## Why we carried out this inspection

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

## How we carried out this inspection

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

# Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with three carers of patients who had used the service
- spoke with the manager of the ward
- spoke with five other staff members; including the consultant, nurses and other allied mental health professionals
- attended and observed the weekly multi-disciplinary meeting
- looked at five treatment records of patients
- carried out a specific check of the medication management
- looked at policies, procedures and other documents relating to the running of the service.

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

During the inspection, we spoke with four patients who were using the service and three carers.

Carers were extremely complimentary about the ward and appreciated how staff had interacted with them and the patient. They praised the ward for making significant

improvements to their relatives' health and quality of life and providing hope for the future. Carers said that patients continued to feel supported by the service and made progress following their discharge.

Patients' comments were positive relating to friendly staff attitudes, from consultant to housekeeping staff. They were grateful for the opportunity to address their needs and felt completely involved in their recovery.

## Good practice

The Leeds and York Partnership NHS Foundation Trust presented the Yorkshire Centre for Psychological Medicine with a trust award for improving health and improving lives in 2015.

The service was a very good example of how positive outcomes can be achieved using the bio-psychosocial model.

## Areas for improvement

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

- The provider must ensure the service complies with the Department of Health guidance on same sex accommodation.
- The provider must ensure that staff are compliant with mandatory training.

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

- The provider should ensure that medications are stored within the required temperature range.
- The provider should ensure that staff engage with supervision in line with trust policy and the nursing and midwifery code of conduct.



# Leeds and York Partnership NHS Foundation Trust

## Other specialist services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Yorkshire Centre for psychological medicine	Yorkshire Centre for psychological medicine

#### Mental Health Act responsibilities

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

Mental Health Act training was part of the trust mandatory training programme. Staff were 84% compliant with this training. The ward had not admitted any patients detained under the Mental Health Act for four years.

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

Training in the Mental Capacity Act 2005 was mandatory. Overall, the service achieved 93% compliance with this training.

Nurses told us they always assumed their patients had capacity and followed the basic principles of the Act.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

Due to the nature and complexity of their patients, the Yorkshire Centre for Psychological Medicine was located at Leeds General Infirmary. It provided patients with a clean and well-maintained environment, with monthly cleaning audits taking place. The service had carried out appropriate health and safety checks on equipment, throughout the ward and appropriate electrical testing. There was a standard hospital, nurse call system in rooms, including bathrooms and toilets. Staff had access to a personal alarm system that linked directly to the infirmary.

We observed ligature points in every room throughout the ward, including the conservatory and balcony. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. An up-to-date, detailed ligature risk and environmental audit clearly listed all ligature points and included a management plan. The ward managed this risk through their admission process and did not accept patients who were currently self-harming or who had suicidal ideation. The ward manager assured us they would transfer or discharge any patient who did not meet this criterion as a matter of urgency. In addition, staff had knowledge of individual patient risk through ongoing risk assessments, monitoring processes and knowledge of the environment.

The ward did not comply with the Department of Health guidance on same sex accommodation. It provided mixed sex accommodation, having seven females to one male on the day of inspection. Bedrooms were situated on either side of a long corridor and were not en suite which meant that patients would need to pass through a room with the opposite sex to use the bathroom facilities. Staff allocated bedrooms according to clinical need and patient preference, taking into account mobility issues and sensitivity to light and noise. One side of the ward was darker and quieter than the other, which some patients preferred initially.

During a recent refurbishment, each bedroom was fitted with a vanity unit. There were two bathrooms; one was an assisted bathroom and the other a shower room. Staff informed patients during the pre-admission stage that

bathrooms were not gender specific. This information was included on their website and in patient information packs. Nurses ensured they respected patient privacy, dignity, and safety. We saw nurses accompanied patients to the bathrooms where appropriate and ensured patients were suitably clothed when accessing these facilities. Female patients had access to a female only lounge.

There was no timescale for the proposed new purpose built unit as the trust had not yet identified a suitable location.

The clinic room was clean, tidy and well organised although it was small considering the amount of equipment and stock required by the ward. There was a 'crash' trolley available should resuscitation be required. This included adequate supplies of oxygen and emergency equipment for defibrillation, intubation and intravenous medication. Staff checked emergency equipment and medication regularly to ensure they were fit for use. The medicine fridge was clean and staff checked the fridge temperatures daily to ensure that medication remained fit for use. Staff did not check the room temperature to ensure it remained below 25 degrees centigrade. Medications stored at room temperature should not exceed this limit as recommended in the World Health Organisation guidelines for the storage of essential medications.

Staff adhered to infection control principles including handwashing. There were information posters displayed on the ward and hand gel appropriately located. The ward carried out a quarterly infection control audit.

### Safe staffing

The trust had recently reviewed and reduced the staffing establishment levels on the wards by 20%. The ward operated a three shift pattern over 24 hours using three qualified nurses and one support worker for each early and late shift and two qualified nurses and one support worker for the night shift. At the time of our inspection, the ward had two qualified nurse vacancies, which the trust had recently recruited to, one qualified nurse on secondment, and another on maternity leave.

During this period of low staffing, the ward ensured the patient to staff ratio remained high by using bank and agency cover. This meant patient care remained safe. The bank staff comprised staff that were familiar with the ward

# Are services safe?

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

and patients. We saw evidence that the ward manager was able to adjust staffing levels to accommodate patients requiring increased physical health observations. Use of agency staff was low. Agency staff received a local induction before working on the wards. There was always a permanent staff member on duty alongside any bank or agency staff. This provided patients with familiar staff and ensured continuity of care.

Sickness levels for staff during the same period were 5%, which was similar to the NHS national average. Staff turnover rate for the 12-month period before the inspection was 10%. This was due to lack of progression for band 5 nurses within the ward. The ward manager and two clinical leads had been in post for several years.

Patients had daily one to one time with their allocated nurse, which helped establish a therapeutic relationship. A newly admitted patient often only engaged with their named nurse for a few minutes each day, however, as the patient made progress their interaction with their named nurse grew. Escorted leave was rare and depended on patient need. Staff encouraged patients to take unescorted leave, as soon they felt comfortable with this.

The ward had the benefit of a full time consultant due to the functional model approach, which provided patients with an individual package of care that addressed their biopsychosocial needs. This model looked at the effect and impact physical, social, personality and mental health factors had on their health and wellbeing.

Out of hours and for emergencies, the ward had on site access to health care.

The trust had a minimum compliance target of 90% for statutory and mandatory training. Training data showed that the service achieved 79% compliance with mandatory training overall. There were 19 elements to mandatory training including: equality and diversity, fire, health and safety, information governance, and clinical risk. However, compliance with essential life support, intermediate life support, infection control- clinical, moving and handling, safeguarding children, and duty of candour training was below 75%. Staff on the ward dealt with percutaneous endoscopic gastrostomy (feeding a patient using a tube), wound care and the use of hoists on a regular basis so needed to remain up to date with these skills to provide safe care and treatment.

Staff received a monthly email from the trust notifying them that a particular element of mandatory training needed updating. They were responsible for booking their own training using an online programme. We checked the availability of training courses and found there was sufficient availability for staff to access mandatory courses.

## Assessing and managing risk to patients and staff

Staff looked at risk when screening initial assessment information and during the pre-assessment stage to establish the patient's suitability for the ward. We looked at five sets of patient records during the inspection. Each record contained an up to date risk assessment and management plan. Staff discussed the risk status of each patient daily and ensured they shared this information during handover meetings. As the risk assessment was stored electronically, nurses ensured a printed copy of the latest review and management plan was available for bank and agency staff.

The trust used the functional analysis of care environments risk assessment tool, which looked at a set of risk indicators relevant to the patient. These included judgements of risk status in key areas such as self-neglect, patient and carer perspectives on risk and a risk management plan.

Staff only searched a patient's room if they identified a concern and with the patient's consent. This was usually to ensure they did not have access to medication other than that prescribed by the consultant. To be able to treat a patient effectively staff needed to know everything the patient was taking whether it was prescription, over the counter or herbal medications.

Staff received training in the use of breakaway techniques. There had been no episodes of restraint, rapid tranquilisation, or seclusion in the 12 months leading up to the inspection. The ward reported one incident of hostile behaviour and one incident self-harm during the twelve-month period ending March 2016.

Staff compliance with safeguarding adults training was 89%. This was just below the trust target rate of 90%. Staff we spoke with demonstrated their knowledge of safeguarding issues and knew how and when to raise an alert. They were able to justify their decision-making skills across the pre assessment, inpatient and discharge phases of their involvement with a patient. However, compliance with safeguarding children training was 40%.

# Are services safe?

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

We looked at the systems in place for medicines management. Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Two patients' prescribed medications covered four charts containing over 20 different items. There was an easy reference guide, that stated how many items and at what times the patient should take their medication. For example, 12 items pre breakfast, two items with breakfast, three items with lunch, three items after lunch and so on, continuing through to late evening. There was a list of medication intolerances and allergies for each patient. A pharmacy technician regularly reviewed the prescription records.

Ward staff told us the pharmacy team provided comprehensive support. A clinical pharmacist visited the ward regularly and attended multidisciplinary team meetings fortnightly.

Several patients had physical health and psychological issues that severely restricted their mobility. Staff were vigilant to the additional risks these patients presented, for example, developing pressure ulcers and falls. The ward had pathways into tissue viability, endoscopy, stoma care and other physical health services, which they could access locally when required.

## Track record on safety

The ward mapped all their incidents against the National Patient Safety Agency ratings for level of harm. There were no serious incidents requiring investigation reported in the 12 months leading up to the inspection.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report using the online reporting system. We reviewed the incidents reported for the 12 months ending March 2016. Overall, the service recorded 95 incidents. Of these, 80 related to no harm and 15 to minimal harm. They recorded incidents against 45 different categories, with medication (37%), accidents (15%), slips, trips and fall (12%) and infrastructure problems (8%) scoring the highest. Staff discussed these incidents with the patients concerned, irrespective of the degree of harm.

The ward held a monthly feedback session to discuss incidents and learn from them. There was also a monthly medication management group to review and discuss medication practice.

Duty of candour was part of the trust's mandatory training; compliance with this was at 57%. The ward manager was aware of the importance of being open and transparent with patients and their families and apologising if things went wrong. Staff interviewed identified the need for transparency in their work.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

We looked at the care records of five patients. The care plans we reviewed were comprehensive, detailed, written individually, and personal to the patient. They clearly included the patient's views and suggestions and referenced National Institute for Health and Care Excellence guidelines. There was evidence of physical examination on admission and ongoing monitoring, psychosocial interventions implemented and clinical outcomes. The patient signed their care plan and staff reviewed them weekly with the patient and in the multidisciplinary team meeting.

Assessment of the patients' needs and planning of care began with the pre assessment phase. Staff gathered information to clarify and understand the patient's condition. The service held a weekly admissions planning meeting in which they discussed the next admission, the severity of the patient's condition and how the ward would manage this. They allocated a key nurse and team to gather up to date information about diet, medication and physical needs before admission. During the first week of admission, the multidisciplinary team carried out specific assessments and reviewed the patient's clinical, mental, and physical health needs. This enabled them to formulate a bespoke package of care. The immediate focus was on safety issues, the patient's usual routine and reassuring the patient that nothing would change until the patient felt ready. Staff told us and patients confirmed that their care plan was developed and reviewed at a pace that they felt comfortable with.

All information needed to deliver care was readily available when needed and stored securely either in electronic format or in lockable files for paper format.

### Best practice in treatment and care

The service had processes in place to ensure staff provided care and treatment that followed the latest evidence based research and clinical guidelines. For example, staff followed National Institute for Health and Care Excellence guidelines on chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (CG53), and subsequent updated recommendations and strategies.

We reviewed four prescription records. Patients arrived with a variety of medications including prescribed, over the counter and non-licensed herbal medications. Some of the prescribed medications were over British National Formulary limits. Following a discussion with the patients to try rationalising their medication use, staff prescribed all medications (including herbal and vitamin tablets). This was a starting point for a gradual reduction process negotiated with the patient. As medication gradually changed and reduced, staff were able to confirm or discard a former diagnosis made several years previously. For example, the consultant might replace a diagnosis of chronic fatigue syndrome with a diagnosis of eating disorder or anxiety disorder and treat accordingly. We reviewed a discharged patient's initial prescription record against their final prescription record and found the consultant had streamlined their medication.

Staff closely monitored patients who were on staged reductions from medication prescribed above British national formulary limits. Monitoring is important to ensure people are physically well and they receive the most benefit from their medicines.

The use of a biopsychosocial model was a holistic approach to improving the quality of patients' lives. There was a range of evidence based cognitive behavioural therapy and psychodynamic psychotherapy approaches personalised to meet the individual needs of patients. For example, individual sessions focused on patient ambivalence and motivation, if identified as a need in the care plan. Patients had a graded exposure to programmes to deal with particular fears and anxieties. For example, packages of care included 'living with pain', living with anxiety' and 'living with illness'.

Physical health care and treatment included pharmacological treatment, occupational therapy and physiotherapy interventions, and ongoing physical health monitoring. There was graded exposure to activity programmes, particularly if a patient had chronic fatigue syndrome. The service liaised with and received input from medical/surgical teams within the acute hospital, across the full range of specialities.

Staff assessed patients' specific social needs in relation to their home and community situation. As the patient became more engaged in their treatment, they were encouraged to participate in various groups and activities.

# Are services effective?

Good 

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

Some patients changed bedrooms and moved to the side of the ward that looked out onto a busy area of Leeds city centre. This reintroduced them to an ordinary, everyday social environment.

Staff used a variety of evidence-based tools to assess and record severity and outcomes. They clearly documented these in the patients care plan. Tools included therapy outcome measures, the hospital anxiety and depression scale and self-reporting questionnaires such as the CORE outcome measurement tool and EuroQol – 5 Dimensions – 5 Levels. Clinical outcomes for April 2015 to March 2016 were all positive. For example, EuroQol – 5 Dimensions - 5 levels measures based on those patients experiencing a severe problem showed the following improvements :

- Mobility improved in 55% of patients
- Self-care improved in 100% of patients
- Usual activities improved in 87% of patients
- Pain / discomfort improved in 78% of patients
- Anxiety / depression improved in 80% of patients

We spoke with a former patient and three carers of patients discharged from the service. They told us that improvements achieved with the service continued after discharge.

The service undertook several audits throughout the year. This included an audit of patient reported outcome measures and clinician rated outcome measures. The service also carried out an audit to look at their compliance with the recommendation of National Institute for Health and Care Excellence CG113, general anxiety disorder.

## **Skilled staff to deliver care**

A full range of mental health disciplines provided input into the ward. This included a consultant psychiatrist, occupational therapists, physiotherapists, psychologist, pharmacists, dieticians, nurses and support workers. Additionally, there was access to specialist practitioners from a wide range of physical health disciplines based at Leeds general infirmary. The team also included administrative and housekeeping staff.

Staff were suitably qualified. The senior staff had worked for the trust for some years and had good experience of working with patients who had medically unexplained symptoms. All staff received a trust induction and local working instructions as the service worked in partnership with Leeds teaching hospital. In addition, there was a

specific four-month ward preceptorship package, which all staff completed. This prepared them for working with patients who had complex mental and physical health conditions.

Staff working for the trust should receive monthly clinical and managerial supervision to ensure effective work performance. At the time of our inspection, compliance with supervision was 49%. The new clinical operations manager had identified a compliance issue in May 2016. A firm action plan and ongoing monitoring was in place to improve staff compliance with supervision.

Staff received annual appraisals in line with trust policy. The ward manager facilitated a monthly reflection meeting for staff to reflect on patient care as a team. Staff attended weekly ward meetings. Minutes for the meetings showed good staff attendance. Standing items on the agenda included latest best practice, safety, complaints, incidents, and training.

The ward had recently undertaken a training needs analysis to inform any related specialist training that staff had identified as relevant to their roles. Staff were trained in basic physical health care procedures such as wound care, diabetes and percutaneous endoscopic gastrostomy (peg feeding). Nurses recognised the limitations of their knowledge and knew when to contact specialist practitioners for further guidance.

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

Multidisciplinary team meetings took place weekly on the ward with a range of professionals attending together with the patient and their carer if appropriate. This gave professionals involved in patient care the opportunity to review the treatment and discuss possible changes with the patient. We observed fully holistic, personalised, and detailed discussions during the meeting we attended. Patients' views were central to the formulation of decisions about treatment.

The service operated from within the Leeds Teaching Hospital Trust and therefore had to follow local working practices as well as their own trust policies. They had built effective working relationships with the hospital where the service was based.

The Ward manager and staff we spoke with told us they had good relationships with community mental and physical health professionals involved in their patients' care. Staff established this relationship during the initial



# Are services effective?

Good 

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

referral and pre admission phase for each patient and further developed it during the discharge phase. Information was available to staff about who to contact and when to contact them.

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

Training in the Mental Health Act 1983 was part of the four-month preceptorship package that each member of staff had to undertake. In addition, the service achieved an overall compliance of 84% with the trust's mandatory training on the Mental Health Act.

There had been no formal use of the Mental Health Act for over four years. All patients were voluntary, which supported the development of a therapeutic relationship between staff and the patient. The service carried out detailed consideration of all referrals before any decision to accept a referral and pursue funding for an admission. If there was a possibility that patient had a serious mental illness, they referred the patient to local services.

## **Good practice in applying the Mental Capacity Act**

Training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was part of the four-month preceptorship package that each member of staff had to undertake. In addition, the service was compliant with the trust's mandatory training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Overall, they achieved 93% compliance with this training.

Staff we spoke with understood the basic principles of the Mental Capacity Act and were able to give us examples of how they had assessed people's capacity.

There were no Deprivation of Liberty Safeguard applications in the twelve months leading up to inspection. A Deprivation of Liberty Safeguard application becomes necessary when a patient, who lacks capacity to consent to their care and treatment, has to be deprived of their liberty in order to care for them safely. It has to be demonstrated that this is in the patient's best interests and the least restrictive option.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

We observed a caring and compassionate team, who promoted patient independence and recovery at a pace that suited the individual. Therapeutic relationships between staff and patients were evident. There were positive and warm interactions across the service. Staff provided care and support, engaging and treating patients with dignity and respect. They showed a good understanding of the individual needs offering assistance and encouragement if needed.

We spoke with four patients receiving care and treatment and two carers. Patients and carers gave extremely positive reports regarding the support offered by staff and the quality of care. Consistent themes fed back to us were:

- improvement to patients' quality of life
- staff attitude and engagement from staff at all grades was friendly and relaxed
- clinicians cared about all aspects of their patients' lives
- carers felt listened to and supported by professionals
- treatment was at a pace that suited the patient.

The patient discharge questionnaire for April 2015 to March 2016 showed that all patients rated the service as either excellent or good.

### The involvement of people in the care that they receive

Patients felt that they were involved in their care. During the inspection, we looked at five care plans, which reflected meaningful patient involvement. Patients' views were included in their multi-disciplinary meetings and reviews. We saw that families and carers were involved in patient care, attending meetings, receiving telephone updates and support. The ward maintained links with patients and their relatives and carers after discharge, providing telephone support when needed.

The ward had a clear admission process, which included orientating new patients onto the ward. We saw copies of

the welcome pack patients received on admission to the ward. This information was also available pre admission on the trust website. All patients were given an orientation tour of the ward either on admission or as soon as they were well enough to participate. One patient's relative visited the ward on their behalf to photograph the room and environment, as they were not well enough to make the journey pre admission.

Staff empowered patients to become involved in their care. Discussions between clinicians and service users included choice of treatment and treatment plans and when and how they should begin and progress. All treatment was patient led. Staff documented their patients' individual preferences and needs in care plans. Patients confirmed they had received a copy of their care plan.

Patients stated how much involvement they wanted their relatives or carers to have. Wards invited carers and families to meetings. Staff supported families and carers, involving them in patients' care and reviews as appropriate. Carers we spoke with told us that nurses kept them up-to-date with the medicines and treatments and they understood their care plan. Staff carried out carers assessments to ensure they had appropriate support if needed. They monitored how carers were coping and offered support on practical matters when appropriate. One carer told us this was done in a gentle and tactful way.

The carer satisfaction questionnaire showed that all carers rated the service as either excellent or good, with 75% of carers rating support and advice received as either excellent or good.

The ward held weekly forum meetings. Patients participated in these once they felt well enough. This provided them with an opportunity to raise and discuss any concerns or contribute ideas. We saw minutes of these meetings. The content included environmental issues, groups and activities for the forthcoming week, any planned visits to the ward and the possibility of introducing pets as therapy to the ward. Staff responded to these requests and made changes where possible.



# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

The service accepted countrywide referrals from services who were struggling to manage the severity and complexity of the patient's condition. They had developed a rehabilitation and recovery focused pathway aimed at improving the quality of life patients were currently experiencing. Half the beds available on the ward were reserved for patients from the Leeds area and formed the inpatient element of the chronic fatigue syndrome pathway. The service received referrals from either local or national liaison psychiatry units. When the service considered a referral appropriate, they sent an admission request form to the relevant commissioners for funding.

The weekly admissions planning meeting coordinated bed management and discussed admissions, placements in respect of clinical need, patient mix, and discharges across the service. There were three elements to the four-month patient waiting list: a local waiting list, a national waiting list and a waiting for funding list. The service kept in touch with patients on the waiting list, updating them on funding progress and likely admission dates. Staff invited patients to visit the ward and meet them in person before any admission took place.

The average bed occupancy across the service for year ending 31 March 2016 was 76%. The average length of stay for current patients for the 12-month period ending 31 March 2016 was 14 weeks. The range of weeks of stay for the 20% of patients with the longest length of stay was from 21 to 31 weeks. With these individuals removed, the average length of stay was 11.5 weeks. There were no delayed discharges or readmissions.

The ward made the decision to start discharge planning with the patient as their health improved. Discharge planning focused on ensuring the right support and continuity of care was available in the community. At the time of discharge, they sent relevant information to community mental and physical health professionals that explained what the patient's care should be. The discharge plan was clear about what needed to happen and included a specific medication regime and a care and crisis plan. The service maintained contact with their patients and their carers post discharge offering telephone support to help sustain the improvements made when in hospital.

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

Bedrooms were comfortable and clean and had profiling beds that staff adjusted to suit the patient. However, the cramped ward environment meant staff and patients struggled for therapeutic rooms and space to support treatment and care. The patient lounge doubled as an activities room, which meant patients wishing to relax had to wait until an activity finished. The only outdoor space was the conservatory leading onto the balcony. This was usually designated the quiet area. The clinic room was small, considering the amount of equipment and stock required. It did not contain an examination couch. If staff needed to examine a patient they would use the patient's own room and bed when necessary.

The dining room could not accommodate all the patients on the ward at the same time. Although this was not an issue at the time of inspection, as some patients did not use the dining room for meals. There was no specific room to accommodate visiting families or professionals. Patients and families were encouraged to spend time off the ward and go to nearby cafes.

Patients said they generally found the ward relaxing, friendly and calm. The ward was situated in a busy part of Leeds city centre that often hosted events. The positive side to this was that as patients made progress they could begin to interact with the local community. However, the ward could occasionally be noisy due to external events.

Patients could use their own mobile phones and personalise their bedrooms if they wished. Patients reported a good choice of food and appreciated the quality of the meals provided. They were able to access the kitchen to make hot drinks and get snacks. They had access to a fridge and a freezer, where they could label their food and store it.

Occupational therapists and physiotherapists were included in the staff mix for the ward and provided a busy programme. They encouraged patients to join in activities, groups and exercises as and when they felt able. Patients we spoke with appreciated the graded and paced approach to activities and could suggest what activities took place. Activities included occupational, social and educational groups. A member of staff with circus experience ran a popular circus skills group, which included, juggling balls, beanbags and hoops. This encouraged movement and coordination. A patient who

# Are services responsive to people's needs?

Good 

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

disliked physiotherapy engaged actively with the group. Students from the local music college came in to run a music club one day a week. Staff, carers and patients all told us that activities were well planned and delivered.

## **Meeting the needs of all people who use the service**

Patient's individual needs and preferences were central to the planning and delivery of treatment and care. Staff respected and provided support to meet the diverse needs of their patients including those related to disability, ethnicity, faith and sexual orientation.

The ward regularly accommodated patients with mobility issues and had suitable equipment on site to provide assistance.

We saw a wide range of information leaflets on the wards, printed in English. This included information on how patients could complain if they were not happy with the service. Staff told us they accessed translation services and interpreters as and when required.

Patients had a good choice of multi-cultural hot and cold food supplied by the Leeds teaching hospital trust. This included options such as gluten free and vegetarian choices.

Patients were able to access spiritual support locally and attend the chapel in the infirmary.

## **Listening to and learning from concerns and complaints**

There was information on how to complain displayed on the ward's notice boards. Patients told us they would approach staff directly if they had a complaint to make. They could also raise concerns at the weekly forum meeting.

Staff we spoke with knew the complaints procedure and felt able to manage informal and formal complaints. They would aim to deal with concerns before they gave rise to a complaint. The ward manager shared learning arising from informal concerns with staff at their weekly meetings.

There were no formal complaints reported in the 12 months prior to the inspection. The service received twenty-one compliments during the same period.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

The trust stated their purpose as 'Improving Health, Improving Lives'. The trust values were:

- respect and dignity
- commitment to quality of care
- working together
- improving lives
- compassion
- everyone counts.

We found staff demonstrated these values in their everyday practice. This was evident from patient feedback and staff interactions with patients as they provided treatment and care.

Staff knew who senior managers in the organisation were through trust emails and the photographs displayed on the unit. Although there was a sense of isolation from the trust, mainly as the service sat within another trust.

### Good governance

The ward manager displayed limited understanding of governance systems and processes although there were systems in place to monitor and assess the ward's performance. Compliance with key elements of mandatory training and supervision was low and failed to meet trust targets. This meant staff might not receive appropriate support to improve their knowledge and skills on the ward. The clinical operations manager had taken appropriate action to improve engagement with supervision and was monitoring staff compliance.

Staff reported incidents appropriately and received feedback and lessons learned at team meetings and the medicines management meeting. There were structures in place to ensure that safeguarding concerns, and complaints were dealt with appropriately.

The trust monitored admissions, discharges, occupancy rates, length of stay and outcomes to gauge the performance of the team. The ward manager attended local management meetings and the monthly clinical governance meetings.

The ward manager had sufficient authority and autonomy to run the ward and had appropriate administrative support.

The service was on the trust risk register and had been for some time. This was due to limitations of the environment and the inability to agree a long-term estate strategy.

### Leadership, morale and staff engagement

There were no local staff surveys relating specifically to the Yorkshire centre for psychological medicine. Sickness and absence rates were similar to NHS national rates.

There were no reported cases of bullying and harassment on the ward. Staff knew the whistleblowing process and said they would feel comfortable to discuss any concerns with team management without fear of victimisation.

Overall morale was good and staff reported working in a cohesive and happy team. They reported feeling supported by skilled colleagues within the team and externally from varying disciplines at all levels.

Staff understood the need to be open and transparent in their practice and were aware of the trust's duty of candour policy. Duty of candour was part of the trust mandatory training programme.

Staff felt empowered to contribute to multi-disciplinary meetings and input into the service development.

### Commitment to quality improvement and innovation

The service was not involved in any research development or award schemes. It was committed to improving the quality of the service it provided. Patients came with their own complexities and needs that the service strove to meet. The Yorkshire centre for psychological medicine won the 2015 Leeds and Yorkshire Partnership Foundation Trust award for 'improving health & lives'.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities.

How this regulation was not being met:

The ward was mixed sex. Bedrooms were not ensuite and there no gender specific bathrooms available to patients. Patients could not access segregated bathroom and toilet facilities without passing through opposite - sex areas to the facilities.

This was a breach of regulation 10 (2)(a)

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
Staff should receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform.

How this regulation was not being met:

Compliance with mandatory training was low in several areas, including essential lifesaving, intermediate lifesaving, moving and handling, and infection control.

This was a breach of regulation 18 (2) (a)