Requires improvement

Tees, Esk and Wear Valleys NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Tees, Esk and Wear Valleys NHS Foundation Trust
West Park Hospital
Edward Pease Way
Darlington
County Durham
DL2 2TS
Tel: 01325 552000
Website: www.tewv.nhs.uk

Date of inspection visit: 1 November 2016 to 4 November 2016
Date of publication: 23/02/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RX3W4	Worsley Court View for the Elderly	Worsley Court View for the Elderly	YO8 9BX
RX3YE	The Briary Unit	Rowan Ward	HG2 7SX
RX3W6	Cherry Tree House Elderly Assessment Unit	Cherry Tree House Elderly Assessment Unit	YO31 0PN
RX33Y	Meadowfields Community Unit	Meadowfields Community Unit	YO24 1HD
RX3FL	Roseberry Park	Westerdale North Westerdale South	TS4 3BW
RX3NH	Sandwell Park	Wingfield	TS24 8LL
RX3MM	West Park Hospital	Oak Ward	DL2 2TS

Summary of findings

RX3CL	Lanchester Road Hospital	Roseberry Ward	DH1 5RD
RX3AT	Auckland Park Hospital	Ceddesfeld Ward Hamsterley Ward	DL14 6AE
RX3LK	Cross Lane Hospital	Rowan Lea Ward	YO12 6DN
RX3XX	Friarage Hospital Mental Health Unit	Ward 14	DL6 1JG
RX3KW	Springwood	Springwood Complex Needs Unit	YO17 7NG

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valleys 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 Tees, Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk and Wear Valleys 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	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Not sufficient evidence to rate** 
Are services responsive?	**Not sufficient evidence to rate** 
Are services well-led?	**Requires improvement** 

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated Tees, Esk and Wear Valleys NHS Foundation Trust wards for older people with mental health problems **requires improvement** because:

- We had concerns about the safety and cleanliness of some ward environments. Worsley Court was not clean and the visitors room at Cherry Tree House was not clean, and this compromised the dignity and safety of patients. There were some areas of the environment at Worsley Court, which were unsafe for patients and could cause significant harm. Ward 14 at The Friarage and Rowan ward at The Briary Unit used dormitory style accommodation which patients told us made them feel unsafe and had a negative impact on their recovery. However the trust had made plans to refurbish and relocate these wards to resolve this concern. Cherry Tree House did not have privacy glass in all bedroom doors, which compromised patients' rights to privacy and dignity. We found out of date equipment on a resuscitation trolley at ward 14 at the Friarage. Suicide prevention audits were out of date on two wards we visited despite the wards containing significant ligature risks and areas where staff could not observe patients. However, staff had cleaned all other wards to a high standard and we did not have concerns about the environment on any other wards.

- The trust had not ensured that it had adequately trained all staff to carry out their role safely on all wards. Staff had not received training in the Mental Health Act or Mental Capacity Act and we found areas of practice, which reflected low levels of knowledge. Staff compliance with mandatory training was below 75% in several areas, some of which had a direct impact on safe patient care, such as training in resuscitation, rapid tranquilisation, moving and handling, management of aggression and violence, and medicines management. The trust had not ensured that all staff were able to access training and did not have an action plan in place to ensure patient safety on wards where compliance with training was low. On three wards (Worsley Court, Cherry Tree House and Meadowfields) no staff were compliant with training that was required to deliver safe patient care such as manual handling, resuscitation, medication management and rapid tranquilisation. Across all fourteen wards, none had achieved over 75% of staff trained in manual handling.

- Governance structures did not always ensure the wards ran safely. Staff did not undertake daily checks / audits of medication and emergency equipment consistently. Not all wards participated in clinical audits when requested by the trust, wards located in North Yorkshire and York had not been included in the full clinical audit programme between October 2015 and November 2016. The inspection team found 150 incidents, where it was not clear if patients had been given their medicines. The service had not identified these gaps in records. Staff were not recording regular supervision sessions as per trust policies and not all staff had an appraisal. We had concerns about medication administration at the previous inspection and the trust had not made improvements at Worsley Court, Meadowfields and Ceddesfeld (where the issues concerned gaps in patient information on recording cards and lack of best interests' consultations). However, practice was good on some wards such as Rowan (Briary Unit), Oak, Roseberry and Wingfield where we found no issues with medication management.

- At Roseberry, Oak, Wingfield, Westerdale North and South, Hamsterley and Ceddesfield, staff had completed detailed risk assessments and had regularly updated them. However this practice was not consistent on the remaining wards, where staff did not consistently update risk assessments and not all patients had a crisis plan in place. On these wards, staff did not relate written risk assessments to decisions and plans to give patients' leave from hospital. The trust had not trained all staff in the use of the risk assessment on the electronic system, this meant that not all staff were able to complete it correctly and some staff were confused about which tool they should use. Care plans were not always person centred and did not contain the patient's voice consistently. However, at Wingfield, Roseberry, Oak, Springwood, Ceddesfield, Meadowfields,

Summary of findings

Worsley Court and Cherry Tree House, we found that care plans were personalised and staff had evidenced the wishes, thoughts and feelings of the individual patients.

- We were concerned that staffing levels at Cherry Tree House and Worsley Court did not meet the complexity of the patients on all wards. This meant staff were unable to adequately observe at all times patients at risk of falls and patients who needed support with personal care, and nutrition and hydration, which placed patients at risk of harm. Staff told us that staffing levels were often low. The trust data showed that sickness levels were high and there was a significant amount of bank and agency staff used on some wards. Patients admitted to these wards told us that they felt that bank and agency staff affected the continuity of their care. Managers told us that low staffing levels had an impact on staff ability to carry out other tasks such as training, meetings, audits and supervision. This was also a concern at the previous inspection of Worsley Court (under another provider) and practice had not improved on this ward. However at Wingfield and Springwood, and Meadowfields we saw that the ward environments were calm and patients were engaged in meaningful activity with staff. Staffing levels and bank and agency use was not having an impact on these wards.

However:

- Most of our concerns focussed on particular wards and problems did not relate to the entire service. For example, Wingfield, Springwood, Roseberry and Oak wards were good and we had no concerns about these wards during the inspection.
- We raised our concerns with the trust straight away, the trust have started to take immediate action to address our concerns.
- Mandatory training compliance varied across all wards, wards located in Durham, Darlington and Teeside had completed more training. For example Wingfield, Roseberry, Ceddesfield and Westerdale North and South had all completed 100% of clinical supervision training, 85% of staff at Roseberry ward had completed management of aggression and violence training and over 80% of staff had completed medication management training at Ceddesfeld, Hamsterley, Roseberry and Oak wards.
- We witnessed direct patient care that was compassionate on all wards and saw that staff teams worked closely together with significant support from the multidisciplinary teams.
- Staff met each morning to discuss patient needs which allowed them to be consistently updated.
- The trust ensured that lessons were learnt when things went wrong and we saw evidence of changes being made following incidents on some wards
- Staff felt supported by their line managers and felt free to speak out and raise concerns if necessary.

Summary of findings

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

Are services safe?

Requires improvement

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

- Staff were not keeping their skills and knowledge up-to-date as compliance with mandatory training was low on all wards. No wards had achieved above 75% of staff trained in manual handling of patients. Training was inconsistent, for example some mandatory training areas were higher at Roseberry, Ceddesfield, Wingfield, and Oak wards, but not in all areas of mandatory training. This posed significant risk to patients as not all staff had up to date training in resuscitation (with the exception of Roseberry Ward), moving and handling, management of aggression and violence (with the exception of Roseberry ward), risk assessment, and rapid tranquilisation (with the exception of Roseberry ward). Despite staff using techniques such as restraint, and rapid tranquilisation on three wards (Worsley Court, Meadowfields and Cherry Tree House), no staff had in date training in these subjects which had an impact on delivering safe patient care.
- All 14 wards we visited contained ligature points and blind spots. The trust had not fully mitigated this risk because suicide prevention environmental surveys audits were out of date on two wards. However, staff were aware of the risks and told us that individual risk assessments were completed for patients at risk of harm from ligaturing. This meant that managers could not ensure that all staff were aware of risks, and that changes to these risks had been represented on these five wards. On the remaining wards, the assessments were detailed, in date and we found that staff were aware of them.
- Areas in Cherry Tree House and significant areas of Worsley Court were not clean and the environment at Worsley Court was unsafe for patients due to low levels of observation of patients. There was broken equipment in the outside space which patients could use to cause harm to themselves or others and increased the risk of harm from a slip, trip or fall.
- Staffing levels did not always meet the acuity of patients at Worsley Court and Cherry Tree House, and therefore staff left patients with complex needs unsupervised, in order to meet the needs of other patients on the ward.
- Not all clinic rooms and equipment were clean and safe. At ward 14 at The Friarage, the resuscitation trolley contained out of date equipment. The drugs fridge at Westerdale North was

unlocked on two visits. Staff did not check the resuscitation equipment daily at Westerdale South as required by the trust policy. At Cherry Tree House and Worsley Court the clinic rooms were disorganised and not clean, staff were unable to find equipment quickly in an emergency. However, the remaining eight clinic rooms were clean, safe and we found no issues during our visit.

- Patients at Ward 14 at The Friarage and Rowan ward at The Briary Unit did not feel safe. They felt that the use of dormitory style accommodation compromised their privacy and dignity.
- Staff did not always update risk assessments following a change in circumstances or an incident. We found 13 risk assessments, which staff had not updated in the last month on inpatient wards. Care records indicated risk, such as an assault on a staff member or another patient, which staff had not discussed or updated in risk assessments. Not all staff had received adequate training in using the risk assessment tool. The quality of the completion of the tool varied across all wards, for example at Roseberry, Oak, Wingfield, Westerdale North and South, Hamsterley and Ceddesfield wards, staff had completed detailed risk assessments and had regularly updated them.

- We found high levels of staff not signing when they had administered medication at Meadowfields, Worsley Court and Westerdale North and South. Pharmacy checks had not highlighted these errors. However, we found that medication management practice was good at Roseberry, Oak and Wingfield wards and we found no issues during the visit to these wards. Other staff audited medications management practice regularly to ensure a reduction in mistakes.
- There were a high number of falls on older people's wards, some of which had resulted in serious injury. We observed at Worsley Court that not all staff were following the falls procedure correctly. Not all patients at risk of falls who had been assessed as needing additional equipment had the correct equipment in place, such as hip protectors.
- Staff had used rapid tranquilisation with patients on Rowan ward and had not recorded observations 30 minutes following this as per the trust's own policy.

However:

Summary of findings

- Safeguarding policy and procedures were in place and staff knew how to recognise abuse and report safeguarding incidents.
- Staff had an understanding of the duty of candour requirements and when they should use this.
- We saw evidence of learning from incidents and sharing of information between teams and services.

Are services effective?

Requires improvement

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

- Not all staff had received training in the Mental Health Act and Code of Practice, or in the Mental Capacity Act and Deprivation of Liberty Safeguards. This training was not mandatory for staff. This meant that staff could not ensure they had the required knowledge to uphold patients' rights in relation to their care and treatment. Staff did not have a good knowledge of the Mental Capacity Act and relied on senior staff to manage complex issues.
- Not all wards produced care plans that were personalised and they did not always contain the patient's voice. This was a concern at Rowan (Briary Unit), Rowan Lea, Westerdale North and South, Hamsterley wards and Friarage ward 14. On these wards, care plans were made up of six standard statements and used language such as 'you will' instead of being completed in a collaborative manner with patients. However we saw examples of good practice at Meadowfields, Ceddesfeld, Roseberry ward, Oak ward, Wingfield, Springwood, Worsley Court and Cherry Tree House where care plans were personalised and showed evidence of collaborative working with patients, their families and other professionals.
- At Worsley Court, we observed that patients could not open food and drink left for them as snacks. Staff did not monitor all patients on this ward at meal times, so staff could not be sure all patients were receiving adequate hydration and nutrition.
- Managers across all wards did not record staff supervision, and therefore we could not be sure this was taking place for all staff. Staff may have had reduced opportunity for reflection and learning because of this. Staff told us that supervision was ad hoc and took place in team meetings and in reflective practice

Summary of findings

sessions. However, this was not in line with trust policy. However, the amount of staff who had received an appraisal was above 80% across all wards with the exception of Worsley Court (19%) and Meadowfields (73%).

- At Cherry Tree House, some bedroom doors contained clear glass rather than privacy glass. This meant anyone passing could view straight into patients' bedroom space on the female corridor. The viewing window in the doors on the male corridor were small so staff had to open bedroom doors to complete nighttime checks. This disturbed patients because they told us that the doors banged and disturbed their sleep.

However:

- Staff on older people's mental health wards had received specialist training in dementia care and the care of older people with functional mental health problems.
- We reviewed the files of 37 patients detained under the Act across all wards. Generally, detention paperwork was in good order. Staff explained patients' rights to them on a regular basis and they repeated them when patients lacked understanding.
- Multidisciplinary working was in place across all wards and access to doctors was timely. Staff referred patients for investigations with physical healthcare colleagues as required.

Are services caring?

Not sufficient evidence to rate

Since the last comprehensive inspection of Tees, Esk and Wear Valleys NHS Foundation Trust, and the transfer of some wards from a previous provider in in October 2015 we have not inspected this domain.

Are services responsive to people's needs?

Not sufficient evidence to rate

Since the last comprehensive inspection of Tees, Esk and Wear Valleys NHS Foundation Trust, and the transfer of some wards from a previous provider in October 2015 we have not inspected this domain.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

Summary of findings

- The trust did not ensure that all staff were up to date with mandatory training. The service has not enabled all staff to access mandatory training. This was especially so where wards were located some distance from the training delivery.
- Ward managers did not ensure that staff completed daily checks of medication omissions and emergency medication. The trust provided data that five wards had not participated in the trust annual audit programme when requested (Westerdale South, Roseberry, Cherry Tree House, Oak and Rowan). On three of the fourteen wards only eight annual audits had been undertaken as the trust had not added these to their annual audit programme since beginning to manage them in October 2015.
- Managers had not acted upon the previous concerns raised in relation to Worsley Court and Meadowfields and Cherry Tree House wards and the action plan completed in relation to these wards had not been completed for all actions according to the trusts own timescale.

However:

- Staff told us that they felt supported and spoke positively about their managers.
- Staff worked within the trust values and we saw evidence of kind, compassionate and caring staff who often worked long hours to support complex patients.
- Staff told us that they felt confident in raising concerns when wards were unsafe and told us that they would report poor practice.

Summary of findings

Information about the service

Tees, Esk and Wear Valleys NHS Foundation Trust are a mental health and learning disability trust, which provides inpatient care on 14 wards for older people with mental health problems across a wide geographical area, which includes Durham, Darlington and Teeside, Harrogate and Craven, Hambleton and Richmondshire, Scarborough, Whitby and Ryedale, Selby and the Vale of York. The mental health wards for older people are based at the following locations:

Summary of findings

Worsley Court View for the Elderly

Worsley Court View for the Elderly is a 14 bed male only ward providing assessment and treatment for older adults with an organic mental illness (such as dementia). The ward is a standalone unit in Selby, North Yorkshire. The trust has been responsible for this ward since October 2015.

The Briary Unit (Rowan Ward)

Rowan Ward at The Briary Unit is a 16 bed, inpatient assessment ward. It provides assessment and treatment for males and females over the age of 65 who have a functional mental health need, such as bipolar illness or acute depression, and for people of all ages who have a progressive organic illness such as Alzheimer's disease. The Briary Unit is based at the Harrogate District Hospital.

Cherry Tree House

Cherry Tree House is an 18 bed inpatient assessment and treatment ward for male and female older adults with functional mental illnesses, such as bipolar illness or acute depression. The ward is a standalone unit in York. The trust has been responsible for this ward since October 2015.

Summary of findings

Meadowfields

Meadowfields is a 14 bed female only ward providing assessment and treatment for older adults with organic mental illness, such as dementia. The ward is a standalone unit in York. The trust has been responsible for this ward since October 2015.

The Friarage Hospital Mental Health Unit

Ward 14 at The Friarage Hospital Mental Health Unit is a nine bed mental health ward providing inpatient care, assessment, support and treatment for older men and women (over 65) who have a wide range of mental health needs. The ward occasionally takes peoplewho are younger depending on their level of need and diagnosis.

Roseberry Park

Westerdale Unit at Roseberry Park has two older people's wards - Westerdale North and Westerdale South. Westerdale North is a 16 bedded acute assessment and treatment ward for older adults with a wide variety of mental health problems. Westerdale South is a 16 bedded ward, at Roseberry Park in Middleborough, specifically designed for patients with dementia.

Sandwell Park

Wingfield ward at Sandwell Park is a 9 bed acute admission and treatment ward for adults over the age of 65 (occasionally younger) with a wide range of functional mental health problems.

West Park Hospital

Oak Ward at West Park Hospital is a 12 bed inpatient facility, which provides assessment and care for older people. The main client group is older people who suffer from a wide range of functional mental health problems.

Lanchester Road

Roseberry Ward at Lanchester Road is a 15 bed acute admission ward for adults over the age of 65 (occasionally younger) with a wide range of functional mental health problems.

Auckland Park Hospital

Auckland Park Hospital has two older people's wards - Ceddesfeld and Hamsterley wards. Ceddesfeld ward is an older people's assessment and treatment inpatient service for patients with an organic illness (male only). Hamsterley Ward is an older people's assessment and treatment inpatient service for patients with an organic illness (female only).

Cross Lane Hospital

Rowan Lea Ward at Cross Lane Hospital is a 20 bed inpatient assessment and treatment ward for older people with mental health problems.

Springwood

Springwood Complex Needs Unit at Springwood is a complex needs unit with 14 beds. Springwood provides care for people usually over the age of 65 who need specialist mental health nursing care, but on occasions also people who are younger.

Our inspection team

The team responsible for inspecting Tees, Esk and Wear Valleys NHS Foundation Trust was led by:

Team Leader: Chris Watson, Inspection Manager, Care Quality Commission.

The team inspecting wards for older people with mental health problems comprised eight inspectors, one inspection manager and four specialist advisers who were all mental health nurses, some of whom specialised in the care of older adults with mental health problems.

Why we carried out this inspection

We undertook this unannounced inspection to find out whether Tees, Esk and Wear Valleys NHS Foundation

Trust had made improvements to their wards for older people with mental health problems since our last comprehensive inspection of the trust in January 2015. At that time, we rated this service as 'good' overall.

Summary of findings

Following the inspection in 2015, we told Tees, Esk and Wear Valley's NHS Foundation Trust that it must take the following actions to improve wards for older people with mental health problems:

- The trust must ensure that administration records for medication for patients on Hamsterley ward were signed as the medication was administered. This requirement had not been met.
- The trust must ensure that medication is not administered to patients on both Ceddesfeld and Hamsterley wards covertly, without reference to a best interests meeting, or seeking advice from a pharmacist. This requirement had been met.

We also inspected the wards at Worsley Court View for the Elderly and Meadowfields Community Unit which Tees, Esk and Wear Valleys NHS Foundation Trust had taken over responsibility for in October 2015. When we last inspected these wards in October 2014, they had been managed by a different provider. At that time, we had rated the core service of which these wards were a part as 'inadequate' overall. Tees, Esk and Wear Valleys NHS Foundation Trust were aware of the findings of the October 2014 inspection when they took responsibility for Worsley Court View for the Elderly and Meadowfields Community Unit, and had developed an action plan to address them.

We told the previous provider that it must take the following actions to improve Worsley Court View for the Elderly and Meadowfields Community Unit:

- The provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of the patients. This had not improved since our last inspection.
- The provider must ensure it adheres to the guidelines for mixed sex wards under the Mental Health Act Code of Practice (Chapter 16). This had improved since our last inspection.
- At Worsley Court the provider must ensure that there no delays to the administration of patients medication. Administration of medication remained an issue at Worsley Court and this had not been fully addressed since the last inspection.

We also told the previous provider that it should take the following actions to improve these specific wards for older people with mental health problems:

- At Worsley Court, staff should follow the trust policy in regards to the recording of restraint. This issue had been rectified at this inspection.
- At Meadowfields and Worsley Court, the provider should ensure they continue to implement the 'Quality improvement plan for the Community unit elderly services and provide CQC with a monthly update of the progress. The new provider had not ensured that the improvement plan at these wards continued to progress.
- At Meadowfields and Worsley Court, the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety. Lines of sight had not improved since the last inspection at either location; however, this was managed at Meadowfields by observation.

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following three questions of the service:

- Is it safe?
- Is it effective?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and considered the action plans provided by the trust following our last inspection.

During the unannounced inspection visit, the inspection team:

- visited all 14 of the wards at eight hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients

Summary of findings

- spoke with 45 patients who were using the service and 19 of their carers and friends
- spoke with the managers or acting managers for each of the wards
- spoke with 65 other staff members; including doctors, nurses, health care assistants, physiotherapists, occupational therapists and pharmacists
- completed observations in communal areas.
- looked at 70 care and treatment records of patients
- carried out a specific check of the medication management on all wards
- reviewed the do not attempt cardio pulmonary resuscitation records of seven patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Feedback from patients and carers was mainly positive in relation to each ward we visited.

Patients told us that wards were clean and that staff kept them and their possessions safe. On wards which we observed to be unclean the patient group did not comment that this was an issue.

They said that staff delivered compassionate and responsive care, and had time to deliver one to one support.

However, we spoke with six patients who told us that the wards were sometimes short staffed, and that there were high levels of bank and agency staff. They told us that this affected their care because the temporary staff did not know them well. These patients also commented about staff being very busy and not always visible on the ward.

Patients said that the quality of food was good and that they had access to snacks and drinks at any time throughout the day and night. They told us that there was lot of activity on the wards and they were encouraged by staff to take part.

Patients said that the doctors were responsive, knew them well and where possible they offered them choices about medication and treatment. The majority of patients we spoke with knew their care plan well, said that staff had given them copies of this and regularly read their rights under the Mental Health Act to them.

Staff had offered the majority of patients' advocacy support. However we spoke to two patients on Westerdale North and Westerdale South, and two patients at Cherry Tree house who did not have advocates, they told us that staff had not offered them a referral to this service. Staff told us that they had offered these patients advocates but that patients could not remember these conversations due to their mental health, we did not see that these discussions had been recorded in patient records

Carers told us that they were involved in the care of their relative and that staff were good at updating them after incidents or if staff made changes to medications or care plans. Carers also made comment about caring, approachable and responsive staff, who had time to listen and offer support.

Carers said that they felt their relatives were safe and that they always felt welcomed to visit the wards.

Good practice

Physiotherapists working on the wards had gyms available to them on some wards. They had made use of this space by having gym equipment, music and built in stairs and walkways, which they could use to assess patients. Physiotherapy intervention was proactive and the therapists completed an assessment for every patient admitted to the ward.

Summary of findings

On Rowan ward (Briary Unit) all staff could access monthly away days. They used these away days as opportunities for reflective practice, learning from incidents and team building. The ward manager had also arranged for colleagues to incorporate short training sessions into these sessions, such as training on taking blood pressure from one of the doctors. On the same ward, we found no errors in the administration of patient medication. This was because night shift staff audited medication cards each evening and highlighted errors on a daily basis, which improved practice.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that staff complete mandatory training.
- The trust must ensure that all wards participate in the annual audit programme when requested to do so. The trust must ensure that all wards are included in the audit programme to ensure quality and oversight. In addition to annual clinical audits, staff must complete checks on each ward in a timely manner. This includes daily checks of medication cards, storage of medication and emergency equipment, and that drugs fridges are secure. Staff must follow up audits, which evidence a problem (such as the clinic room temperature at Worsley Court) to ensure repairs are made in a timely manner.
- The trust must ensure that staff monitor and record physical observations following the administration of rapid tranquilisation in line with trust's policy.
- The trust must ensure that they improve the environment to ensure patient dignity and privacy at Cherry Tree house.
- The trust must ensure that they train staff in the use of the safety summary tool and that staff regularly update patient risk assessments to reflect current risk.
- The trust must ensure that staff are, appraised and supervised according to their own policy and that managers adequately record this.
- The trust must ensure that the service regularly reviews staffing levels to ensure the observation of patients takes place and that staffing levels meet with the level of patient need and complexity.
- The trust must ensure that the environment at Worsley Court is clean, safe and fit for purpose.
- The trust must ensure that clinic rooms are clean, tidy and allow staff quick access to equipment and medication that is stored correctly and safely.

Action the provider SHOULD take to improve

- The trust should ensure that the falls procedure is embedded on all wards and that staff follow the trust's policy. The trust should ensure it undertakes regular review of wards with significant number of falls.
- The trust should ensure there is a clear review process in place to review blanket restrictions such as doors and areas on wards which staff lock to prevent access to all patients.
- The trust should ensure that the review of the use of bed bays at Friarage and Rowan (Briary Unit) is completed and practice changed in a timely manner to reduce patient distress and ensure they uphold patients' privacy and dignity.
- The trust should ensure that patients' nutritional and hydration needs are monitored at Worsley Court and that patients' have access to snacks and drinks.
- The trust should ensure that all patient belongings, including personal confidential information, are stored securely at Worsley Court.
- The trust should ensure that staff attach leave risk assessments to leave forms to record that staff have considered risks when they authorise leave.
- The trust should ensure that staff attach certificates authorising medication for mental disorder to all medication cards of detained patients.

Summary of findings

- The trust should ensure that female patients at Rowan ward have access to the female only lounge, and that they provide adequate communal facilities for male patients to prevent male patients using the female only lounge
- The trust should ensure that patients of both sexes are able to use the assisted bathroom at ward 14 at the Friarage safely and in line with same sex accommodation guidance.
- The trust should ensure that where wards have no space available for examination couches, that patients have a choice of areas for examination, which are not their bedroom.
- The trust should ensure that it improves the privacy and cleanliness of the visitors' room at Cherry Tree House.
- The trust should ensure that they deep clean equipment at Worsley Court.
- The trust should ensure that staff record all physical health observations on one system where they can be easily located.

Tees, Esk and Wear Valleys NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Worsley Court View for the Elderly	Worsley Court View for the Elderly
Rowan Ward	The Briary Unit
Cherry Tree House Elderly Assessment Unit	Cherry Tree House Elderly Assessment Unit
Meadowfields Community Unit	Meadowfields Community Unit
Westerdale North Westerdale South	Roseberry South
Oak Ward	West Park Hospital
Wingfield	Sandwell Park
Roseberry Ward	Lanchester Road Hospital
Ceddesfeld Ward Hamsterley Ward	Auckland Park Hospital
Rowan Lea Ward	Cross Lane Hospital
Ward 14	Friarage Hospital Mental Health Unit
Springwood Complex Needs Unit	Springwood

Detailed findings

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.

Each ward visited during the inspection admitted patients who were detained under the Mental Health Act. Training in the Mental Health Act was not mandatory for all staff. However, the trust had recognised the need to include this training and told us that a rolling programme of training was in place.

We reviewed the files of 37 patients detained under the Act across all wards. Generally, paperwork was in good order. Staff explained patients' rights to them on a regular basis and they repeated them when patients lacked understanding. Section 17 leave paperwork was in order and the service did not keep old leave forms on the wards but returned them to the Mental Health Act office.

However, not all records at Meadowfields had an Approved Mental Health Practitioner report on file. This meant that the ward staff might not be fully aware of the reason for a patient's detention and any other practical matters that this report details.

We found that five authorisation certificates (T3 form) at Meadowfields were not kept with the patient medication record cards. We also found one absent at Rowan ward, one at Rowan Lea, and two at Westerdale North. This meant that nurses administering medications could not be sure that the correct legal authorisation was in place when staff gave detained patients medication for mental disorder.

Mental Capacity Act and Deprivation of Liberty Safeguards

Completion of training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009) was not mandatory for staff. Staff were unable to tell us the principles of the Act and how they protected patients in their care and how the Act influenced their work with patients.

However, we reviewed practices and documentation in relation to the Act on all wards and found them to be of a good standard where senior members of staff were involved. Where patients lacked capacity to make decisions about their care and treatment, senior staff assessed their capacity and had documented this correctly. Where necessary, professionals held best interests discussions with the patient, other professionals and families to support decision-making and recorded these appropriately as per the trust policy. Patients and relatives were involved in decisions.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

All wards for older people with mental health problems had blind spots where staff could not see and observe patients at all times. There was an increased risk of harm to patients because all wards contained ligature points. A ligature point is something, which people can use to tie something to in order to strangle themselves. Staff told us that the risk of harm was minimised because they knew where these risks were and staff used an annual ligature audit to identify them, reducing risk by increasing staff awareness. However, we reviewed all of these audits and found that they had not been updated annually, as per trust policy on two wards Meadowfields (June 2015) and Wingfield (September 2015). We spoke with two healthcare assistants on Westerdale South who were unable to describe the ligature risks on the ward. However, staff had locked rooms which were high risk so that patients could not use them without supervision. Staff also completed individual patient risk assessments and told us that they would enhance the observation of patients thought to be at risk.

Of the 14 wards, 10 of these provided mixed sex accommodation meaning that male and female patients used the ward. The Mental Health Act code of practice provides guidance on the provision of same sex accommodation in hospital wards. All of the 10 mixed gender wards provided care in line with this guidance by having separate sleeping accommodation for males and females, and segregated bedroom corridors and bathrooms. However, only eight of the 10 wards complied with the guidance in providing female only day rooms. On Rowan ward (Briary Unit), there was a female only lounge, which was in use by patients of both genders at the time of our visit because the only working television was in this lounge. At Wingfield ward there was not a female only lounge available. We also found that both male and female patients could use the assisted bathroom at ward 14 at The Friarage. Escorting staff assisting patients in this bathroom ensured that they maintained patients' dignity to maintain compliance with guidance.

All wards had fully equipped clinic rooms available with resuscitation equipment and emergency grab bags in place. However cleanliness and practice varied between wards:

- At ward 14 at The Friarage, there were out of date items on the crash trolley (dressings and blood tubes) and 20ml syringes were missing from the trolley. This meant that staff could not access the correct equipment in an emergency. This issue had not been picked up by the wards own audits.
- At Hamsterley ward, the clinic room surfaces were dusty. The room was disorganised which meant staff could not find items quickly if needed. Equipment used to test blood glucose was not clean as it had blood spots on the casing.
- At Westerdale North and South wards, there was no examination couch available in the clinic room and staff examined patients in their bedrooms. This increases infection and reduces patient dignity when staff carry out clinical procedures in their own private space such as a bedroom.
- At Westerdale North we found that the drugs fridge in the clinic room was unlocked on two occasions on the first and second day of our visit. There were drugs such as Lorazepam, which is a strong sedative, was stored in the fridge. These were accessible to patients and visitors because the room was not secure because the door was unlocked
- At Westerdale South there were gaps in the dates that staff had checked resuscitation equipment. The trust policy stated that staff should check this daily to ensure the equipment is ready for use. Staff had not checked this equipment on six occasions in the four weeks prior to our visit.
- At Worsley Court the clinic room was disorganised, untidy and we found the blood pressure machine cuff on the floor under the wheel of the machine, this increased infection risk to patients. The temperature of the clinic room was 27.3 degrees during our visit; this meant that items stored in this room were being stored above the recommended temperature, which may affect the effectiveness of medicines and equipment.

Requires improvement

Are services safe?

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

Staff told us that they were aware of this and that they monitored the temperature daily. However, the air cooler system was broken and staff were using portable fans to reduce the heat.

None of the older people's wards had a seclusion room. Staff told us that patients were not secluded. Staff said that if patients became agitated they would escort them to a quieter area on the ward and use distraction techniques until the patient became calm. Because the wards did not have a seclusion room, should a patient require seclusion or more intensive treatment, when no other techniques could support them, the patient would be transferred to another ward such as psychiatric intensive care. There have been no occasions of this occurring on any wards. The trust provided us with data, which stated that there had been no episodes of seclusion on older people's wards in the last three months.

During the inspection, we found that the cleanliness standard was high on the majority of wards, and patients and carers told us that this was the case. However, we had concerns about the cleanliness of the environment at Cherry Tree House and at Worsley Court.

At Cherry Tree House, we found that the visitor's room smelt of urine. There was no covering on the window, such as a curtain or blind. This meant that visitors did not have privacy because this room was located next to the main entrance.

At Worsley Court, several areas were unclean, there was food on the dining room floor and tables two hours after lunch. Three of the toilets used by patients had sticky floors, which were stained and we saw stained sinks and toilet pans. Windows were not clean and there were dead plants in sitting areas. Also, a mop and bucket of dirty water had been left in a sitting area and a clinical waste bin in a patient area. Due to our concerns we reviewed the last infection control audit for the ward which achieved a score of 79% completed in September 2016. The manager had not attended to areas of concern raised in this report by the time of our visit. The manager told us that the environment was difficult to maintain due to the arrangements of domestic staff. During our visit to this ward, we saw two domestic staff on duty who were attempting to manage the cleanliness of the ward.

The majority of the ward environments met the needs of the patient group. Westerdale North and South were homely and well maintained. Friarage ward 14, Hamsterley, Ceddesfeld, Wingfield and Springwood had appropriate signage for patients and Ceddesfeld had a wander pathway, a jukebox and colour coded furniture to support patients to feel more relaxed during their admission. Roseberry and Oak wards were clean and comfortable and had good information boards for patients and carers. Meadowfields and Cherry Tree House had a bright and spacious communal lounge which patients were using and which contained books, puzzles and other activities for patients.

We were concerned about the unsafe environment at Worsley Court. During our visit, we saw that handrails in the centre of the walls were not appropriately covered because covers had been removed and not replaced, exposing sharp steel. This was dangerous because patients on the ward were frail and at high risk of falls. The communal courtyard area was littered with broken ceramics, stones and mud, which posed further risks to patients prone to falls. We observed unsteady patients using this area unsupported by staff.

The ward manager told us that patients had done the damage to the outside area and handrails and staff had been unable to respond by fixing them on the day of our visit. We reviewed the fault reporting register for the ward back to April 2016 and saw that staff had not reported any of these specific issues to maintenance until after our visit to the ward. The trust provided reassurance that they have attended to these risks during our inspection period.

Worsley Court did not have sufficient signage in place to support disorientated patients.

Patients told us that at ward 14 at The Friarage and Rowan ward, they shared dormitory style accommodation (bed bays) with other patients. They told us that it disturbed their sleep and recovery when another patient in their room was unwell. They also told us that it had an impact on their privacy and dignity and that they would prefer single rooms. The trust had plans to relocate these wards to a more suitable environment but no date had been set.

At Cherry Tree House, some patients had clear glass rather than privacy glass installed in their bedroom doors. Staff, patients and visitors walking along the corridor could see directly into female patients' rooms. Male patients on this ward told us that the viewing panels in their doors were too small and that staff had to open them to check on them at

night, the doors bang loudly and this disturbs their sleep. The Mental Health Act reviewer raised this issue at their visit in March 2016 and the trust had not addressed this. The trust had completed a provider action statement in May 2016, which stated that the manager would apply film to the doors until the trust replaced them, but we did not see the film in place during out visit to this ward.

All wards had visitor rooms and quiet spaces for patients to use, there were also activity rooms on each ward and living areas where communal activities were taking place. Carers and patients told us of occasions when staff had facilitated visits with family members and children.

The trust provided 'patient led assessment of the care environment' scores for 2016. This process is where staff and local people go into hospitals as part of teams to assess how the environment supports patients' privacy, dignity, food, cleanliness and the general maintenance of the site. The average score in England is 98%; the trust average score for cleanliness was 97%. The Briary Unit (90%) Meadowfields (93%), Cherry Tree House (79%) and Springwood (79%) did not meet this target for cleanliness. The trust average score for privacy and dignity was 86%, Friarage (78%) Meadowfields (77%) and Cherry Tree House (60.83%) all scored below 80% in this assessment. The trust average score for dementia friendly environments was 79%; Cherry Tree House achieved a low assessment of 55% for this assessment. The outcomes of the assessment support our concerns about the variations across the service in the cleanliness and appropriateness of the ward environments.

We observed good hand washing by staff and visitors on each ward. Hand gel dispensers were in place in toilets and clinical areas. However, they were not in place on the corridors at all sites. Ward managers said that this was because they encourage the use of soap and water for hand hygiene and only use hand gel if there is a specific outbreak of infection as per the trust policy. Equipment was clean on all wards and clean stickers were in use. However, we found a hoist and shower chair at Worsley court that staff had not thoroughly cleaned after use. We saw that domestic or housekeeping staff were on site during our visits to each ward and the trust provided us with a schedule of works, which outlined that staff clean each piece of equipment or furniture after use, daily or weekly dependent on its type and usage.

Staff carried alarms to call for assistance in an emergency and we saw that nurse call alarms were in patient bedrooms. During the visits to these wards, only Cherry Tree House staff offered us safety alarms during our visit; ward managers told us that they did not think we needed these.

Safe staffing

The staffing establishment levels of each ward differed. Ward managers told us that there were vacancies for 11 qualified nurses and two health care assistants across the whole service. The trust were unable to give accurate vacancy data at this time due to a recent change in their recruitment process. The trust provided staffing data broken down at ward level with bank and agency use (all staffing data is provided as full time equivalent). The trust provided bank and agency staff numbers for the month of September 2016.

Worsley Court View for the Elderly

Ward Manager (1)

Band six nurse (2)

Band five nurse (11.6)

Health care assistants (17.9)

Bank use (day) 12.5 hours

Bank use (night) 44 hours

The Briary Unit - Rowan Ward

Ward Manager (1)

Band six nurse (1.8)

Band five nurse (7.5)

Health care assistants (11.3)

Bank use (day) 46 hours

Bank use (night) 138 hours

Cherry Tree House

Ward Manager (1)

Band six nurse (2)

Band five nurse (10)

Health care assistants (17.6)

Bank use (day) 208 hours

Bank use (night) 143 hours

Meadowfields

Ward Manager (1)

Band six nurse (2)

Band five nurse (7.3)

Health care assistants (18.6)

Bank use (day) 208 hours

Bank use (night) 117 hours

Westerdale North

Ward Manager (1)

Band six nurse (1)

Band five nurse (8.1)

Health care assistants (12.2)

Bank use (day) 124 hours

Bank use (night) 23 hours

Westerdale South

Ward Manager (1)

Band six nurse (1)

Band five nurse (8.4)

Health care assistants (13.4)

Bank use (day) 1200.22 hours

Bank use (night) 1009.5 hours

Wingfield

Ward Manager (1)

Band six nurse (1)

Band five nurse (7)

Health care assistants (10.6)

Bank use (day) 139.75 hours

Bank use (night) 34.5 hours

Oak Ward

Ward Manager (1)

Band six nurse (1)

Band five nurse (7.8)

Health care assistants (11.4)

Bank use (day) 79.63 hours

Bank use (night) 0

Roseberry Ward

Ward Manager (1)

Band six nurse (1)

Band five nurse (7.3)

Health care assistants (11.4)

Bank use (day) 383.17 hours

Bank use (night) 96 hours

Ceddesfeld ward

Ward Manager (1)

Band six nurse (1)

Band five nurse (8.4)

Health care assistants (15.1)

Bank use (day) 103.33 hours

Bank use (night) 115.33 hours

Hamsterley ward

Ward Manager (1)

Band six nurse (1)

Band five nurse (8.8)

Health care assistants (13)

Bank use (day) 304.17 hours

Bank use (night) 276 hours

Cross Lane Hospital - Rowan Lea ward

Ward Manager (1)

Band six nurse (1)

Band five nurse (7.4)

Health care assistants (20.4)

Bank use (day) 87.5 hours

Bank use (night) 23.3 hours

Requires improvement

Are services safe?

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

The Friarage Hospital - ward 14

Ward Manager (0.9)

Band six nurse (1)

Band five nurse (7)

Health care assistants (10.4)

Bank use (day) 11.5 hours

Bank use (night) 56.2 hours

Springwood

Ward Manager (1)

Band six nurse (2)

Band five nurse (7)

Health care assistants (14.5)

Bank use (day) 174.8 hours

Bank use (night) 56.2 hours

All wards had some level of bank staff use. However, the amount used varied between wards due to the complexity of patients admitted to wards at any one time. The only wards across the service to use qualified and unqualified agency staff in September 2016 were the wards located in North Yorkshire and York; Rowan (253 hours), Springwood (179 hours), Meadowfields (22 hours), Worsley Court (223.50 hours), Cherry Tree House (308.00 hours). The ward managers explained that they used agency staff on these wards because the trust central bank staff were mainly located in the North East of the country and were reluctant to travel to North Yorkshire. Therefore these wards have lower bank staff usage but higher agency staff usage. Ward managers stated that they preferred bank staff because the trust had trained them in their own systems and they had undergone an induction process.

Patients told us about high agency use on these specific wards and that they were not as experienced as the regular staff and did not always know who they were. Ward managers told us that they inducted all bank and agency staff to the ward prior to their shift and that the trust trained all bank staff.

The trust did not use a standard tool to assess the staffing requirements for each ward. The data above provided evidence that the staffing is varied between wards and does not appear to be based on bed numbers. For example, Springwood had 14 beds and two band six nurses, whereas Rowan Lea had 20 beds but one band six nurse. The trust told us that this was because each ward had a different function and therefore differing numbers of staff were needed.

In addition to nursing staff, each ward had a multidisciplinary team available to support patients which included occupational therapists, physiotherapists, psychiatrists, psychologists, speech and language therapists, dieticians, community mental health staff, domestic staff, administrative staff, activity workers and volunteers.

The trust provided data in relation to the amount of shifts, which bank and agency staff had not filled and left wards with staffing levels lower than the agreed levels. In September 2016, staffing levels dropped below 100% on eight wards, six of which were located in North Yorkshire. The lowest that staffing levels fell to was 64% on Springwood on one shift, and 74% on Wingfield on one shift, on both of these occasions the staffing shortage was of registered nurses.

The staffing establishment levels were set across the wards and generally were two qualified nurses and two healthcare assistants during the day shifts, with the exception of Worsley Court, Cherry Tree House, Meadowfields, Hamsterley and Springwood who had three healthcare assistants during the day. All wards had one qualified nurse on shift at night and two healthcare assistants other than Worsley Court, Cherry Tree House and Rowan Lea ward, who had three healthcare assistants at night.

Staff worked a variety of shifts. Some staff worked long day shifts of 12 hours, and others worked early shifts, late shifts and night shifts. The trust were undertaking a consultation regarding the use of long day shifts across all wards. Staff told us that long day shifts were difficult because they felt that they reduce opportunity for handovers, training and supervision. The service also had modern matrons in each area who visited each ward weekly and locality managers who supervised the ward managers.

All of the ward managers we spoke with said that they had authority to change staffing levels as and when required and felt no pressure from senior management not to call on extra staff when needed. Patients and carers told us that

nurses were stressed, very busy and sometimes difficult to find. Our observations confirmed that a nurse was not available in communal areas at all times when we visited the wards.

Although wards met establishment levels on most shifts by using bank and agency staff, the complexity of the patient needs compromised the safety of the ward. This was because staffing levels did not ensure that patients could be observed to the degree their needs required. For example, at Meadowfields, a patient required the support of three staff with personal care. On this ward the establishment level was five staff. This meant that during the time that this patient had personal care there were only two other staff covering the ward with 14 patients. Similarly, when at Worsley Court we observed three patients who were unsafe and the CQC team needed to call for staff to assist the patients because they were busy with other patients and had not witnessed the incidents. The previous inspection of these wards also raised these concerns at Worsley Court and Meadowfields and the trust had not made improvements in response to the requirement notice from that inspection.

The trust had a staff sickness target of 4.5%. We reviewed staff sickness data for August, September and October 2016. Each ward other than Rowan Lea and ward 14 at the Friarage had sickness levels that were above the trust target during this period. The wards with the highest levels of sickness were Roseberry Ward (12% in August and 17% in October) Ceddesfeld (11%) Hamsterley (11%) however this had reduced to 3.93% by October 2016, and Worsley Court (11.5%) however, this had reduced to 7.06% by October 2016.

Patients we spoke with told us that staff rarely cancelled leave and other activities due to low staffing levels. They said that if leave was cancelled it was generally re-arranged straight away and staff did all they could to facilitate this. The trust told us that it did not collect data in relation to wards cancelling activities and leave due to staffing shortages. Ward managers and staff agreed that this rarely happens.

We reviewed 70 patient care and treatment records; all records evidenced that patients were receiving ongoing physical health care. Staff used early warning scores to detect physical health problems and increased these when staff had concerns. However, staff did not record all of patients' physical health recordings consistently on the trust electronic system. Staff kept these on paper records in the nursing office and sometimes on the electronic system. This meant that physical healthcare records were not easily accessible. Carers and patients told us that staff supported them with physical health needs and escorted patients to appointments as required.

Each ward had an on call manager system and used the on call doctor rota for psychiatry wards if assistance was needed out of usual hours. The junior doctors working on the 'on call' rota were accessible and the trust arranged for them to stay in hotels near to locations so they could quickly attend in an emergency. During working hours all wards had access to a junior doctor for concerns or queries about physical health issues.

The trust had seven mandatory training areas:

- equality and diversity
- infection control
- safeguarding children level 1
- safeguarding adults
- health and safety
- Equality and Diversity: 69% (central bank staff)
- Fire: 64 % (North Yorkshire wards), 49% (central bank staff)
- Infection Control: 45% (North Yorkshire wards), 35.8% (central bank staff)
- Health and safety 66% (central bank staff)
- Information Governance 37% (North Yorkshire wards) 47% (central bank staff).

Teeside, and Durham and Darlington based wards achieved over 80% compliance in all areas of the above training. York and Selby based staff told us that compliance was low because they had difficulty attending training courses because the trust expected them to travel to sites in the North East and courses were not accessible to staff based in North Yorkshire. Low levels of mandatory training compliance caused risks to patients because the trust had not ensured staff had up to date training to deliver care safely. For example, we found issues with infection control at two North Yorkshire sites where the lowest compliance level in infection control is evident.

Requires improvement

Are services safe?

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

We also reviewed the training figures for additional training which was mandatory for nurses and health care assistants but not all staff. This was:

Rapid tranquilisation

Rapid tranquilisation is where staff administer medicines to patients to help with extreme episodes of agitation, anxiety and sometimes violence. Staff compliance with this training was low. Twelve wards had levels of training below 50%. However, 89% of eligible staff on Roseberry ward had completed this training. No staff eligible to complete this training had completed it at Cherry Tree House, Worsley Court or Meadowfields. Wards were using rapid tranquilisation with patients and the trust had not trained staff adequately in its use.

Management of violence and aggression

Staff compliance with this training was low. Seven wards had levels of training below 50%. However, 85% of staff on Roseberry ward had completed this training. Only 15% of staff eligible to complete this training had completed it at Worsley Court. Wards were using management of violence and aggression techniques at all locations and the trust had not trained staff adequately in its use.

Clinical supervision.

Staff compliance with this training was low at Cherry Tree House (27%), Meadowfields (30%) and Worsley Court (0%). We found that supervision rates were low at this location, indicating that low levels of training were having an impact on the support staff received. However, Roseberry, Wingfield, Ceddesfeld, Westerdale North and South all achieved more than 90% compliance in this training.

Risk assessment

Staff compliance with this training was low at Cherry Tree House (44%), Westerdale South (64%), Worsley Court (50%) and Meadowfields (54%). We found that staff did not have a good knowledge of risk assessment tools on these wards and were not updating risk assessments on a regular basis. This meant that low levels of training were having an impact on patient care.

Medication management

Staff compliance was low at Meadowfields (20%), Cherry Tree House (50%) and Worsley Court (0%). We found issues with medication management at these locations; this meant that low levels of training were having an impact on safe patient care. However, on Roseberry and Ceddesfeld wards, 100% of staff had completed this training and 90% on Hamsterley and 80% completion on Oak wards. We found no issues with medication management at Roseberry and Oak wards and only low levels of concern in relation to omissions at Ceddesfeld and Hamsterley (however we had concerns on these two wards in relation to thorough completion of medication cards and best interest consultations) . This evidenced that staff receiving mandatory training were able to put this into practice on these wards.

Manual handling

Staff compliance was below 50% at Rowan ward, Briary Unit) (29%), Cross Lane Rowan Lea ward (44%), Cherry Tree House (4%), Worsley Court (0%) and Meadowfields (9%). We saw at these locations that staff were supporting patients who were frail, and needed support to mobilise. The trust had not trained staff in up to date techniques and this created a risk to patients and staff, none of the wards visited achieved above 75% of compliance in training staff in manual handling techniques.

Resuscitation

The trust policy on resuscitation (June 2016) stated that; 'If a patient was suspected of collapsing due to cardiopulmonary arrest, staff will commence and continue resuscitation interventions according to their training, until the emergency services arrived'. None of the wards reached the trust's compliance target of 95% with significantly lower levels than this on most wards. This meant that staff had not received updated resuscitation training and therefore the trust could not be sure that in the event of a cardiac arrest, staff could successfully resuscitate a patient in their care as required by the trust policy and Department of Health guidelines. Compliance levels were as follows,

Meadowfields and Worsley Court 0% (no staff with current resuscitation training)

Cherry Tree House 20%

Friarage 29%

Rowan Lea 34%

Westerdale South 36%

Springwood 38%

Oak 39%

Requires improvement

Are services safe?

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

Westerdale North 44%

Rowan 50%

Hamsterley 52%

Ceddesfeld 63%

Wingfield 65%

Roseberry 89%

The Resuscitation Council (UK) recommend immediate life support as a minimum standard for staff that deliver, or are involved in, rapid tranquilisation, physical restraint and seclusion. In the previous two years the trust had entered into two service level agreements with a national organisation to deliver this training and employed a resuscitation officer to work across the trust.

The trust had recognised that the number of staff who required this training did not correlate with the availability of training courses they were able to access. Compliance levels with this training were decreasing each month. At the clinical leaders and operational directors meeting in June 2016 they identified that only 50% of staff across the trust were in date with their resuscitation training. The trust placed this on the risk register. An agreed action was to match the training to job plans and identify three groups of staff; those who required cardio-pulmonary resuscitation training, those who required basic life support training and those who required immediate life support training. The trust had planned 96 training courses to run between November 2016 and March 2017, with 1140 available spaces for staff.

The data provided by the trust evidenced that not all staff had received training in areas directly linked to providing safe patient care. On some wards, no staff had received this training. We found that areas of training compliance were lowest at wards located in North Yorkshire and York; Worsley Court, Cherry Tree House and Meadowfields.

Assessing and managing risk to patients and staff

There had been no incidents of seclusion or long-term segregation on wards for older people with mental health problems in the last three months.

The trust had a policy to support patients with behaviours which challenge. However this was last updated in September 2013 and was due to be reviewed in September 2016 but had not been. This meant that the policy had not been updated to reflect the change in service, such as the responsibility for York services in October 2015. The trust did not have a separate policy to support behaviours which challenge from frail patients such as those who are inpatients on these wards.

The following wards used large 'beanbags' to support the management of aggression and violence:

- Rowan (Briary Unit)
- Cherry Tree House
- Ward 14
- Meadowfields
- Springwood
- Rowan Lea

This technique involved staff restraining patients into the beanbag into a comfortable seating position. Staff felt that this was less restrictive and created a lower risk than placing patients into face down restraint, or for staff restraining patients on the floor. The trust 'Positive approaches to supporting people whose behaviour is described as challenging' policy did not discuss the use of this technique. However, the trust stated that staff had received specific training in its use as part of the mandatory training programme for all inpatient staff. The trust said that staff had only used the restraint technique on Rowan ward in the last three months. We were concerned about the safe use of management of aggression and violence techniques on this ward because compliance with mandatory training was only 44%.

There had been 194 incidents of restraint across all wards in August and September 2016. The trust have confirmed that none of these restraints included prone (face down) restraint. The wards with the highest number of restraints were:

- Springwood (33 episodes)

  These related to seven patients and included 31 restraints to support with personal care routines.

- Rowan Lea (16 incidents)

  These related to two patients and related to support with personal care interventions.

The trust advised that the majority of these incidents surrounded personal care interventions. Staff had reviewed

Requires improvement

Are services safe?

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

all patient care records so that all patients had individualised intervention plans which detailed the restraint interventions required to ensure that staff delivered personal care safely.

Staff told us that using restraint to support patients with behaviours which challenge was always a last resort and that they tried all other less invasive interventions before they used restraint with a patient. Ward staff were beginning to develop positive behavioural support plans and the use of 'safe wards' models.

We reviewed the records of 70 patients. Managers told us that staff completed an initial assessment of each patient following admission, which incorporated a care plan and a risk assessment. Wards expected that patients referred to the service would arrive with a risk assessment where possible.

Staff used a two stage narrative risk assessment tool that was developed within the trust, called a safety summary. Stage one was a summary of past and present safety issues and stage two identified safety and harm minimisation / crisis plans for the patient. The trust stated that following admission staff would complete the safety summary narrative risk assessment. This would be reviewed following the 72 hour formulation meeting which took place for each patient and then at weekly intervals for each patient or following any change in behaviour or presentation. Staff discussed significant changes or risks in daily report out meetings.

The trust had recently updated the safety summary on the electronic system and staff told us that training was not detailed and they were unsure of which parts they were required to complete. However, guidance was available for staff on the trust internal system.

All records had a safety summary in place, with evidence of reviews taking place. However, staff had not updated some of the reviews on the system in timely manner and we found that staff had not updated risk assessments for 13 patients in the last month. Some patients had incidents of assaulting others and staff had not updated the safety plan with this risk. We observed this at Cherry Tree House (two of five records) Meadowfields (five of seven records) and Rowan Lea (three of five records). However, this was not the case on all wards and practice was good on the remaining wards. On all wards, we saw evidence that staff reviewed risk in daily report out meetings, but staff did not always record this on the electronic system. This meant that staff not attending report out were not fully updated by risk assessments of any changes to a patients' risk level. Lack of recorded dates made it difficult to identify how soon after admission each patient's risk assessment staff had completed risk assessment.

We found inconsistencies across the wards in how staff documented the management of risk. Some staff used the patient's intervention plan and some the safety management tool, some staff recorded risk in daily case notes.

We saw some blanket restrictions in place on the wards. A blanket restriction is a rule laid down by mental health services which applies to everybody regardless of their particular needs and circumstances. They included the banning of certain items such as cigarettes, lighters, illicit drugs and alcohol which were appropriate for the client group. Blanket restrictions included locked access to certain areas of the wards. This was when ligature risks were evident or in areas where patients may harm themselves such as in dining rooms, kitchens, and activity rooms. Staff told us that this was to protect the safety of staff and patients. However, this was not individually risk assessed and therefore patients at low risk of harm where unable to gain access to some areas of the ward.

Where appropriate, patients had keys to their bedrooms and this was individually risk assessed.

No routine searching took place on any of the wards. Staff told us that if a patient presented with a risk they might search them with permission. Staff also told us that they might search patient's belongings on admission to the ward. However, this was individually risk assessed and not routinely applied to all patients.

All wards we visited had locked entrance doors with access via either a swipe card or key code. Ward managers told us that this was in place to protect patients. Patients detained under the Mental Health Act were not able to leave the ward without approved leave. The Mental Health Act code of practice stated that staff should make informal patients on mental health wards aware of their right to leave the ward. Staff told us that in order to balance this right with their duty of care to the patients admitted to the ward, all

Requires improvement

Are services safe?

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

informal patients had to ask staff permission to enable them to leave the ward. Not all wards had accessible information to let informal patients know what they needed to do to enable them to leave the ward.

The trust had a safeguarding policy in place and despite low compliance with mandatory training, all staff we spoke with where aware of this policy. Staff told us that they report all safeguarding to the internal trust safeguarding team who provide advice as to whether safeguarding referrals should proceed to the investigation by the local authority. Staff were able to say how they would identify signs of abuse and less qualified staff told us that they would refer to senior colleagues for advice as needed.

There have been 16 episodes of rapid tranquilisation use within these services in September and October 2016. Cherry Tree House and on Rowan ward had used this the most. Staff told us that they used this with two patients who presented with challenging behaviour. We reviewed 10 records relating to these incidents and found that staff recorded these thoroughly on the electronic system including where the medication was administered which staff were involved and what type of restraint they used. We saw that patient physical observations had been undertaken where possible and when patients refused, staff observed their behaviour in order to monitor their wellbeing. However, we noted that during two incidents of rapid tranquilisation on Rowan Ward on 21 October 2016 and 28 October 2016 staff left four hours fifteen minutes and three hours thirty minutes between physical observations respectively, which was not in line with the trust's policy. Other wards took observations every thirty minutes reducing to hourly if no issues occurred. We were concerned about the use of rapid tranquilisation on the wards using this technique because not all staff had received up to date training in the correct technique. At Cherry Tree House no staff had up to date training.

We reviewed the medication charts of 144 patients. We found significant errors in the documentation of medication administration. This was because there were numerous incidents where staff had not signed to state whether they had given medication to patients, and had left patient medication charts blank. This occurred on 18 occasions at Worsley Court, 18 occasions at Westerdale North, 45 occasions at Westerdale South, 69 occasions at Meadowfields and two occasions at Ceddesfeld. We did not see that this had caused direct harm to patients. However, this created a risk to patients because staff would not know if colleagues had given medication to a patient and it may then be omitted or given twice. The trust pharmacists had not picked up these issues during visits to the ward. Ward managers told us that pharmacists visited the ward regularly, undertook audits, attended report outs, and formulation meetings. This was also a concern at the previous inspection. However, Hamsterley had improved practice since the last inspection

At Hamsterley, Meadowfields and Ceddesfeld wards, patients' medication record cards had gaps in the required information at the front of the card, such as the patient's capacity to consent to medication.

At Rowan Lea, three patients had been administered 'as required medication' to treat anxiety and produce a calming effect for 14 days with no gap, and a review of this medication had not been recorded.

Staff kept Mental Health Act certificates with medication cards for all detained patients receiving treatment for a mental disorder. However at Westerdale North, Meadowfields, Rowan and Rowan Lea wards one patient per ward did not have their charts with the medication chart. This meant that nurses administering medication to these patients could not be sure that they had appropriate authority prior to administering medication.

We reviewed the records of five patients, who had specific plans in place for staff to give medications covertly. All the correct documentation was in place; staff had undertaken capacity assessments and had best interests discussions as per the best interests process and had documented these on the patient records with family involvement where possible. On Meadowfields ward the doctor had removed the patient's covert medication protocol when they regained capacity. This was an improvement from the last inspection when the systems were not in place to manage covert medication.

At Roseberry, Oak, Wingfield and Springwood wards we did not see any medication or recording errors.

Due to the significant additional needs of this patient group we saw that wards followed procedures to address other issues aside a patients mental health needs. Patients at risk of falls had a physiotherapy assessment on admission and staff supported them by use of a falls pathway where necessary. However, we observed at Worsley Court that staff did not always follow this procedure and not all

Requires improvement

Are services safe?

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

patients were using equipment to protect patients at risk of falls such as hip protectors. However, on other wards such as at Wingfield, practice was embedded and staff were following the procedure. Some wards such as Ceddesfeld were using assistive technology such as infra-red fall detectors to support patient safety. Staff took patients' weight regularly and used the 'malnutrition universal screening tool' to determine whether a referral to a dietician or speech and language therapist was required.

There were safe procedures for children to visit wards. Carers told us that if they wanted to bring children onto the ward staff would provide a safe space to do so. On wards where it was not appropriate, staff used other spaces such as annexes to support visits off the ward.

Track record on safety

In the last twelve months, there had been 10 serious incidents across the service. Of these incidents five related to falls resulting in a serious injury such as a broken hip or femur. Two related to staff injuries, one related to a discharge and another to a self-harm incident. There have also been a significant number of falls reported across the service between September and November 2016 (205). On Rowan ward, there were 3 falls, which resulted in broken neck of femur injuries in the last 12 months. The wards reporting the highest number of falls were Ceddesfeld (19), Rowan (24), Springwood (18), Meadowfields (23) and Worsley Court (21). The trust had a falls procedure in place to reduce the number of incidents as they continue to seek a reduction. Staff we spoke to were aware of this procedure and process and the physiotherapy teams supported this. However, we observed a staff member at Worsley Court who did not follow the correct moving and handling procedure, placing the patient at risk of harm.

The trust provided action plans in relation to serious incidents which stated that contributory factors to the incidents included low staffing levels, discharge and transfer procedures, over prescription of as required medication, lack of hip protectors for 'at risk' patients, and staff not having followed the correct procedure for physical health monitoring. We saw that the action plan provided learning and recommendations to reduce risks.

Ward managers and staff told us that the trust always investigated serious incidents and they were able to give examples of lessons learned which the trust have shared with staff teams. For example, following a fall on Rowan ward pharmacists were involved in formulation and review of 'as required' medications to prevent over medication of frail patients which may cause them to fall.

Reporting incidents and learning from when things go wrong

All staff had good knowledge of using the trust's system for reporting incidents. All levels of staff were able to complete incident forms, other than agency staff. Staff told us that the patient safety team within the trust reviewed all incidents and this team asked staff for additional information if the incident was serious or required further investigation. However, ward managers told us that the system had changed and that the electronic system no longer notified them of all incidents. Some ward managers had put in place a procedure to discuss all incidents at report out meetings each morning to ensure they were aware of them all. However, this was not the case on all wards and some managers told us that they did not know about some incidents until the patient safety team contacted them.

We did not see any evidence that staff were not reporting incidents across the service, they reported 205 incidents in September and October 2016.

Staff had a good understanding of their 'duty of candour' and how to use this to ensure that services are open and honest with patients when they have made mistakes. Staff were able to give examples of when they or colleagues had used this.

Staff told us that the trust share learning from incidents across the service with staff. Staff were able to give examples of incidents outside of their own ward or service where they had received information about lessons learned. Staff told us that the trust shared learning from incidents via safety bulletins and on the trust intranet. Managers also shared bulletins at 'report out' meetings and in supervision and team meetings. We saw that staff changed practice following an incident, For example at Worsley Court a patient had become distressed on an outing with staff which placed the patient at risk. Since that time the ward developed a leave bag containing a first aid kit, mobile telephone and wipes in order to ensure they had the appropriate equipment to support patients on leave should something unplanned happen. At Rowan ward staff had undertaken learning in relation to three

Requires improvement

Are services safe?

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

serious falls on the ward and had put into place a procedure to ensure 'as required' and sedating medications were checked before administration to ensure these did not increase the risk of patients' falls.

Are services effective?

Requires improvement

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 reviewed the care and treatment records of 70 patients across the service. All patients had a comprehensive and timely assessment in place which staff completed within 72 hours of admission. However, staff did not always update these assessments in a timely manner. The trust used an intervention plan rather than a care plan which contained standard statements regarding patient needs, care and treatment. Of the 70 records we found 15 records which staff had not updated within in the last month. We also found that 37 of these records did not contain a completed crisis plan. The use of these plans differed across the wards, for example, the 10 records we examined on Roseberry and Oak wards all contained an updated crisis plan. The care plans at Wingfield and Springwood where of a high standard and evidenced collaborative work with patients and their families.

The intervention plan used by the trust was holistic and referenced all areas of a patient's life such as their mental health, physical health and socialisation needs. However, 29 of these intervention plans were not person centred. On Westerdale North and South, Hamsterley, Rowan Lea, Rowan wards and ward 14 at The Friarage, the plans used standardised statements and were not personalised. They discussed patients as 'you', rather than 'we' and did not evidence that patients were involved in these plans. However, at Wingfield, Oak, Springwood, Hamsterley, Ceddesfield and Cherry Tree House, plans were personalised and contained information about likes, dislikes and how to support patients according to their preferences. We did not find reference to positive behaviour support plans in any of the patient care records we examined.

All care records examined showed thorough assessment of patient's physical health needs. Staff offered patients physical examinations on admission, and we saw timely referrals to other professionals when a physical health problem occurred. We also saw evidence of all professionals involved in patient care attending report outs and formulation meetings to discuss patients changing needs.

The service kept patient records on a password locked computer system. No wards kept paper records other than paper recordings of physical health checks. All wards used the same system and staff could see patient information when they transferred between wards. However, on visiting Worsley Court we observed a box of confidential patient information which belonged to one patient. Staff had not secured this and had left it in a room accessed by our team and other visitors throughout our visit. We asked the ward manager to rectify this during our visit. Staff at Meadowfields had difficulty in understanding the electronic system, as they had not received robust training and were new to using electronic records. Despite this we found records to be in good order on this ward.

Best practice in treatment and care

The trust used a variety of methods to embed best practice throughout the service. The trust's overarching prescribing of medicines framework linked to National Institute for Health and Care Excellence guidance. The trust's electronic system supported staff by embedding this guidance into care plans on the electronic system. The trust also used National Institute for Health and Care Excellence in other areas of care such as:

- Delirium: prevention, diagnosis and management (CG103).
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27).
- Lithium prescribing (CG185).

The occupational therapy teams based their practice model on guidance provided by the Royal College of Occupational Therapy (mental wellbeing and independence in older people).

The service also used research-based guidance for care such as 'purposeful inpatient admission' and coaching models with staff.

All wards used recognised rating scales such as; malnutrition universal screening tool, the 'Abbey' pain scale, the Bristol stool chart, 'waterlow' to check skin and tissue viability, anxiety and depression scale, the 'Lester' tool to assess cardio metabolic health, and early warning scores. All patients had a falls assessment within six hours of admission which determined whether staff needed to

Are services effective?

Requires improvement

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.

take action to prevent falls and injuries on the ward. We saw that if a need was identified a patient was supported by use of a specialist falls pathway reviewed by physiotherapists.

The Royal College of Psychiatrists have an accreditation programme for inpatient mental health services. The accreditation standards help wards demonstrate compliance and support implementation of national institute for health and care excellence guidelines.

Rowan Lea Ward at Cross Lane Hospital achieved this accreditation in 2016. Rowan Lea ward was particularly commended for the 'appealing ward environment, layout, well-equipped facilities and beautiful outdoor space'. Other wards had not yet achieved this accreditation and the trust had not made plans to apply.

All patients had access to psychological therapies and a psychologist was linked to each ward to provide support as needed. Psychologists attended formulation meetings and provided reflective practice sessions to support other staff.

Patients had good access to physical healthcare. Nurses and health care assistants used early warning scores to determine any issues with physical health. Wards were making referrals to relevant physical health care colleagues as required such as to dieticians and speech and language therapists. Carers and patients told us that staff supported them to appointments regarding their physical health.

Patients had access to food, drinks and snacks throughout the day. On most wards, staff locked kitchen areas due to the frailty of the patient group and the risks of burns and scalds. However, we saw cold drinks and snacks located throughout the wards for patients to access freely. Patients gave positive feedback about the meals provided which arrived on the majority of wards using a 'cook and chill' system. Staff monitored patient's weight by weighing patient's weekly and completing a malnutrition universal screening tool to ascertain if additional support was required. Staff then made referrals to dieticians and speech and language therapists who would visit the patient on the ward and give advice. However, we saw that the snacks available at Cherry Tree House and Worsley Court were cartons of drinks and wrapped buns which patients were unable to open. At Cherry Tree House and Worsley Court the only snacks and drinks available were sugary drinks and snacks such as muffins and cakes. We were concerned about the risk this posed to the patients admitted to the ward who were at risk of choking and who had diabetes, this had not been individually risk assessed.

We observed a mealtime at each ward we visited, overall these were positive experiences for patients. Staff offered choices of food and drink and dining areas allowed patients to eat alone, or to sit with friends. Rowan ward at the Briary Unit was committed to improving care and practice and had good practice in place which ward staff had developed. Each patient admitted had their own placemat at mealtimes which listed their dietary needs, and any risks associated with eating and drinking. This meant that staff could support patients with reduced risk and provided instructions to staff in a dignified and personalised manner.

We observed staff supporting patients who need assistance to eat their meals across the wards. However, at Worsley Court this was not the case. We saw that patients were not encouraged to eat in a monitored dining area, and some patients struggled to eat their meals, dropped their food, or left meals to go cold without encouragement to eat. We were concerned that staff could not monitor patient's nutrition and hydration levels. Staff were present in the dining area but there were not enough staff to encourage patients to eat together or for staff to sit with patients who did not wish to enter the dining area. We observed one patient standing in the corridor with his meal and he had spilt this on the floor, staff had not witnessed this as they were attending to other patients in the dining area.

The service also subscribed to the 'prescribing observatory for mental health'. This was a programme of national quality improvement audits open to all specialist mental health services in the UK. Wards for older people with mental health problems completed the following prescribing observatory for mental health audits in order to support the improvement in prescribing practices.

- POMH 11c: Prescribing Antipsychotic Medication for People with Dementia
- POMH 7e: Monitoring Patients Prescribed Lithium

The trust had an annual clinical audit programme in place, from October 2015 to November 2016, the trust had undertaken more than 60 clinical audits across wards for older people with mental health problems. These included audits such as;

Are services effective?

Requires improvement

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.

- infection prevention and control
- pain audit
- formulation audit
- national safety thermometer
- hand hygiene
- rapid tranquilisation
- suicide prevention
- clinical audit of posture or Safety Belts fitted to supportive seating
- clinical record keeping
- restrictive practice
- clinical audit of falls assessments and prevention in older people

We used data provided by the trust to monitor which audits wards had completed. Most wards completed audits when requested as per the trust's ongoing clinical audit programme. However, some wards were asked to participate in audits and did not respond.

- Westerdale South, did not respond to the hand hygiene audit, rapid tranquilisation audit, restrictive practice audit and posture belt audit.
- Roseberry, did not respond to the suicide prevention audit or the restrictive practice audit.
- Cherry Tree House, provided no response to the restrictive practice audit.
- Oak, did not respond to the posture belt audit, and the clinical record keeping audit.
- Rowan, did not respond to the restrictive practice audit

The trust had not carried out their full audit programme on three of the fourteen wards inspected. These three wards (Meadowfields, Cherry Tree House and Worsley Court) transferred to the trust in October 2015 from another provider. The trust told us that they had not been able to add these wards to the full audit programme due to them joining the service after the programme had started. However, these services were rated as inadequate overall with the previous provider. The trust would have benefitted from oversight and audit to benchmark the effectiveness of the services.

The pharmacy department also undertook annual clinical audits which included controlled drugs, and omissions on prescription and administration charts. On wards which we found to have the highest number of omissions at the time of inspection, the pharmacy audit found these to be lower during their audit in in May 2016.

- Meadowfields 13 errors of 786 checked
- Worsley Court no errors of 616 checked
- Westerdale North nine errors of 616 checked
- Westerdale South 17 errors of 910 checked

This meant that the wards were mainly compliant during planned annual audits, but less able to complete day-to-day checks to reduce errors. Managers told us that staff had not undertaken checks on wards as regularly as they should, because of the high levels of complex patients on the wards and staff were prioritising time on direct patient care. These were checks on each ward such as medication fridge checks, resuscitation equipment checks, medication omissions checks, mattress audits and controlled drug checks.

Skilled staff to deliver care

Each ward worked with a multi-disciplinary team including; occupational therapists, physiotherapists, psychologists, psychiatrists, pharmacists, nurses, dieticians and speech and language therapists.

Staff (including bank staff) completed an induction programme. Agency staff did not complete a trust induction before working on the wards. However, the ward managers that used agency staff told us that they inducted any new staff to the ward and that managers would not ask them to complete complex tasks or work one to one with complex patients.

The trust had a supervision policy which stated that all nurses, allied health professionals, and support workers must have formal supervision for one hour at least every three months (four times per year). The policy stated that staff should maintain a log of clear, accurate and up to date records of this supervision.

We spoke with staff and ward managers who told us that formal supervision was rarely undertaken. Staff said that supervision occurred on an 'ad-hoc' basis and managers did not usually record this. Staff on Rowan Lea, Rowan, Springwood and ward 14 at The Friarage confirmed that

Are services effective?

Requires improvement

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.

this was the case and were unable to provide any supervision data. Some wards were able to provide supervision data, but again this evidenced that the required number of supervision sessions were not taking place. For example, at Ceddesfeld, one member of staff met the target out of 28 staff, and one member staff had no supervision recorded.

Ward managers told us that their management supervision sessions were well-organised and taking place on a monthly basis with their locality managers.

The trust has a target for all staff to have an annual appraisal. The trust provided evidence of the following appraisal rates as at October 2016:

Worsley Court (19%)

Meadowfields (73%)

Westerdale South (85%)

Rowan Lea (85%)

Springwood Unit (87%)

Roseberry Ward (89%)

Westerdale North (89%)

Wingfield (89%)

Rowan Ward (91%)

Hamsterley Ward (93%)

Oak Ward (95%)

Friarage Ward 14 (96%)

Ceddesfeld Ward (97%)

Cherry Tree House (Nil return)

The figure at Worsley Court has been consistently low since April 2016, which meant that this was not a recent change. Cherry Tree House provided a nil return.

This meant that staff were not receiving regular formal supervision on many wards and appraisals on some wards. Staff may not have time to reflect upon on good or poor practice, discuss training needs, discuss support needs or stress levels.

Specialist training was available to staff. Staff undertook training in; person centred care in dementia, dementia training, meaningful engagement training, positive approaches to care and the challenging behaviour pathway. The trust offered staff with training in functional disorders such as depression, schizophrenia and personality disorders de-escalation training, self-harm and suicide awareness and delirium. The occupational therapy staff were delivering in house training sessions for nurses and healthcare assistants. This was to enhance their knowledge and experience of providing groups and activities, to ensure that activities continued when occupational therapists were not available.

Multi-disciplinary and inter-agency team work

All wards worked with a multidisciplinary approach to patient care. The teams included nurses, doctors, psychologists, occupational therapist, pharmacists and physiotherapists. The hours of support provided to each team varied but multidisciplinary support was available on each ward. We saw that the teams worked closely together completing report out meetings daily and formulation meetings as a team. Team members were providing training courses on specific subjects to support the staff. We saw evidence in patient records that all professionals involved in a patient care updated the records with their intervention.

During visits to some wards we observed the practices of the physiotherapy teams. We found that physiotherapists had gyms available to them on some wards. They had made use of this space by having gym equipment, music and built in stairs and walkways, which they could use to assess patients. We observed a gym session at Cherry Tree House and found five patients exercising together with the support of the physiotherapist. These patients told us that they really enjoyed the sessions and it helped them to feel better. We found that physiotherapy intervention was positive, and the therapists completed an assessment without referral for every patient admitted to the ward. The physiotherapist then wrote a specific care plan and gave advice about falls intervention.

The trust worked with the local Clinical Commissioning Group and local authority to discuss patients who were ready for discharge to a more suitable setting. Staff told us that when the ward discharged patients to nursing or residential care homes they worked with the new care provider to ensure a smooth transition of care.

Are services effective?

Requires improvement

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.

Psychologists were introducing mindfulness therapies, and occupational therapists had introduced therapy pet visits to some wards, and doll therapy. Skype and evening meals were also used to involve carers with relatives on the ward.

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

Each ward visited during the inspection had patients admitted who were detained under the Mental Health Act. Training in the Mental Health Act was not mandatory for all staff. However, the trust had recognised the need to include this training and told us that a rolling programme of training was in place. There were no targets for the organisation in relation to this training. The trust told us that between March and September 2016, 353 staff had attended training in subjects related to the Mental Health Act. However, the trust was not able to specify which areas of the service and which levels of staff they had delivered this training delivered too. There was a risk to patients that staff may not fully uphold their rights if staff are not trained in the Act and the revised Mental Health Act code of practice.

We reviewed the files of 37 detained patients across all wards. Generally, paperwork was in good order. However, not all records at Meadowfields had an approved mental health practitioner report on file. This meant that staff did not have access to information about why a patient may be detained that may support staff to provide care. Staff were explaining patients' rights to them on a regular basis and repeated them when they lacked understanding. However, during our visit to Cherry Tree House, we spoke with two patients that were confused about their detention and rights and three patients told us that they did not have an advocate and did not know what this meant. The ward manager told us that staff had offered these patients this support but they lacked understanding due to their cognitive impairment. Section 17 leave paperwork was in order.

However, we found that five medication authorisation certificates (T3 form) at Meadowfields which staff did not keep with the patient medication record cards; we also found one of these at Rowan ward, one at Rowan Lea, and two at Westerdale North. This meant that nurses administering medications could not be sure that the correct legal authorisation was in place when they gave detained patients medication for mental disorder.

Most wards also cared for patients admitted informally. However, only four wards had information available to patients on noticeboards to explain how they could arrange to leave the ward. Staff did not record in patient records if they had explained informal patients' rights to them. Westerdale North and South, and Worsley Court did not have information available to patients, such as posters to describe how they can contact CQC.

We also considered recent information provided by the visits of our Mental Health Act reviewers in the last six months. At Worsley Court the reviewers told us that staff did not attach risk assessments to leave forms; this meant that there was no evidence available that staff discussed patient risks prior to the agreement of leave. They raised concerns about the lack of independent mental health advocacy involvement with patients.

At Cherry Tree House, the reviewer also raised concerns about staff not reviewing patients' rights with them to ensure their understanding.

Good practice in applying the Mental Capacity Act

Training in the Mental Capacity Act and Deprivation of Liberty Safeguards was not mandatory for staff. Staff were unable to tell us the principles of the Act. They explained that doctors and senior nurses made decisions around complex issues. Therefore, the trust cannot assure themselves that staff were aware of all responsibilities relating to the Mental Capacity Act. However, the trust had recognised the need to provide this training and told us that a rolling programme of training was in place. There were no targets for the organisation in relation to this training. The trust told us that between March and September 2016, 353 staff had attended training in subjects related to the Mental Capacity Act. However, the trust were not able to specify which areas of the service and which levels of staff this training has been delivered too.

Despite low levels of training, senior staff were undertaking capacity assessments where they felt that patients lacked capacity to make decisions in relation to their care and treatment. Staff had evidenced in care notes that they had undertaken capacity assessments for flu jabs, taking bloods and completing personal care. Doctors were undertaking capacity assessments in relation to care and treatment in hospital on admission. However, we found that staff completed capacity assessments in a decision specific, not time specific manner. For example, when staff

Are services effective?

Requires improvement

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.

admitted patients to the ward, they completed a capacity assessment for personal care, and they described this as a capacity assessment for the length of their stay. This did not follow the Mental Capacity Act and the Mental Capacity Act Code of Practice guidance, which states that staff should keep decisions relating to a patient's incapacity under review to ensure they remain valid and change with patient need and capacity levels.

Where patients had plans for covert medication, staff had followed all processes and had documented this correctly.

We reviewed the paperwork of patients subject to Deprivation of Liberty Safeguards. Paperwork was in order and staff made requests for authorisations in a timely manner. However, at Meadowfields we found that one patient's authorisation had expired; the ward had requested a new authorisation in a timely manner but when the supervisory body did not complete the assessment in time, the manager had not followed this up with the local authority. The ward manager agreed to follow this up at our visit.

Staff held regular formulation and report out meetings where they discussed patient capacity, we found good practice in relation to staff having best interests discussions with patients, their families and other professionals support the patient and to ensure their voice was heard when significant decisions were made in relation to certain patients who lacked capacity.

Not sufficient evidence to rate

Are services caring?

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

Our findings

Since the last comprehensive inspection of Tees, Esk and Wear Valleys NHS Foundation Trust, and the transfer of some wards from another provider in October 2015 we have not inspected this domain.

Are services responsive to people's needs?

Not sufficient evidence to rate

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

Our findings

Since the last comprehensive inspection of Tees, Esk and Wear Valleys NHS Foundation Trust, and the transfer of some wards from another provider in October 2015 we have not inspected this domain.

Are services well-led?

Requires improvement

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 worked towards a mission to 'improve people's lives by minimising the impact of mental ill health or learning disability.

The five values of the trust were:

- quality
- respect
- involvement
- wellbeing
- teamwork

The wards had not posted the vision and values of the trust in view on the wards we visited and the staff had limited awareness of them. Staff told us that they were on the trust intranet and on all computers but could not remember them. Staff were unable to tell us what objectives individual wards worked towards but thought that ward managers mentioned them in their appraisal meetings. However, we saw staff were respectful, compassionate and treated patients with kindness. We saw evidence that teams worked closely together to provide the best outcomes for patients, often in difficult situations with regard to staffing levels and environments in which they worked. When we reminded staff of the values, staff told us that they felt they embedded the values into their day-to-day work and that they came naturally to them as teams of caring professionals.

Staff were positive about local and senior managers. They told us that they felt supported in their work. All staff we spoke with felt positive about raising concerns and had never experienced harassment or bullying at work. Ward managers told us that they had the sufficient authority to do their jobs and that locality managers and modern matrons supported them.

Staff were able to tell us who senior leaders were and that they had visited the wards.

Good governance

We found significant problems with some parts of the trust's governance systems. Services located some distance away from trust headquarters (those in Harrogate, York and Selby) had significant problems which had not been fully managed at a senior level. The trust had submitted an action plan in relation to the services in North Yorkshire following concerns raised about these wards in April 2016. Despite this we found that several issues had returned or were unresolved and we were concerned about senior management level oversight of these wards. Some of these ward environments, we found to be unsafe.

The trust supplied training figures for mandatory training with a target of 95% most wards had not met the trust target. Some areas of training important to patient safety such as infection control, management of aggression and violence, rapid tranquilisation, moving and handling, was very low, some locations had no training. The trust did not have an action plan in relation to this.

Although staff told us that supervision took place on an ad hoc basis and that they felt supported, we saw that managers were not recording this. The trust's policy stated that managers and staff should record supervision. Appraisal rates were also low on some wards. This meant that managers were not offering staff the opportunity to discuss how to improve their performance and identify training and development needs or update them in relation to service developments. Managers told us that they minimised the risk of this by including these discussions in staff meetings and report out. However, we found that at Cherry Tree House the manager had stopped holding staff meetings and disseminated all information via email. Staff told us that they did not always have time to read all of this information because of pressure of clinical tasks on the ward.

Not all wards were completing annual clinical audits when requested by the trust. Daily checks and audits that were taking place such as of medication cards and resuscitation equipment were not effective because staff had not recognised errors. The three wards located in North Yorkshire and York had not been fully included in the trust's annual clinical audit programme.

Wards used varying amounts of bank staff; Westerdale South used a significant amount of bank staff. There were high levels of agency staff use at Rowan (Briary Unit), and Cherry Tree House. Wards in North Yorkshire and Harrogate could not use the trust's own trained bank staff because they were geographically too distant from the staff base. Patients and carers told us that this was an issue in relation to the continuity of their care. We also found that the training in place for central bank staff was low in compliance. The trust told us that they were finding

Are services well-led?

Requires improvement

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.

recruitment difficult but they had held successful recruitment events to encourage staff to work with them. Although the trust largely met ward establishment levels patients and staff described some wards that were busy and stressful and we witnessed patients who were at risk at Worsley Court due to low observation levels in accordance with their level of need. The trust did not have a policy in place to review staffing levels on wards in line with changes in the complexity of the patients.

Staff had good knowledge of safeguarding procedures, reporting procedures and how to identify abuse. Staff had a basic knowledge of the Mental Health Act and Mental Capacity Act.

The trust worked towards six key contractual performance indicators with Clinical Commissioning Groups in relation to wards for older people with mental health problems. The trust did not provide numerical data in relation to these targets, but following the inspection advised that it could have been requested from the Clinical Commissioning Groups. The trust advised whether they were better or worse than the target set.

- Percentage of patients assessed using the trust falls risk assessment policy within 6 hours of admission, the target was 98%. The trust said that was a new key performance indicator for 2016/2017 and performance was worse than target.
- Percentage of patients that were identified as being at high risk of falling who have a falls protocol, the target was 100%. The trust said that this was a new key performance indicator for 2016/2017, and that performance was worse than target.
- Electronic discharge summaries to be sent within 24 hours of patient discharge, the target was 95%. The trust were unable to provide a performance position because this performance indicator did not relate only to the wards we inspected.
- Percentage of patients on care programme approach with a crisis plan in place, the target was 90%. The trust told us that performance was better than the target.
- Percentage of patients re-admitted to assessment and treatment wards within 30 days, the target was 15% and the trust told us that currently wards for older people specific performance was better than target.

The trust also worked to two commissioning for quality and innovation payments targets related to services for older people. These were:

- communication with GPs
- promote a system of timely identification and proactive management of frailty in community, mental health and acute providers.

The trust told us that they met targets for achievement in the first two quarters of this year.

The trust had a process for monitoring risk within locations. Each ward manager could raise concerns about risks for locality managers to place on the trusts 'locality management governance board' risk register. This risk register fed into the trust 'quality assurance committee risk register', which in turn fed into the overall trust 'board risk register'. The trust had discussed some areas of risk that we had identified during the inspection within these risk registers such as; falling bed numbers, recruitment, resuscitation training, information technology issues, high levels of agency use, estates concerns, and delayed discharges. However, it was not evident that the trust had raised concerns on the risk registers in relation to the concerns about services specifically in the North Yorkshire area, which were failing to meet a number of targets such as appraisals, supervision, training and audits. Staff and ward managers told us that they did not submit items directly to the risk registers but discussed issues with their line managers who asked locality or service managers to place these on the risk register for action.

All wards visited had access to administrative support such as receptionists or ward clerks. However, staff reported that they felt frustrated that agency staff were unable to use electronic systems that this meant that permanent staff spent significant time typing incident reports, and observation notes onto the computer system on behalf of the agency staff members. Staff told us that they felt this was not a good use of their time.

Leadership, morale and staff engagement

The trust provided results for its most recent staff survey; this related to the whole trust rather than wards for older people with mental health problems, we have not used this

Are services well-led?

Requires improvement

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.

data as part of the rating for this service. All of the below questions had seen an improvement in the last year, and all scores were above the national average for mental health trusts in England.

- Care of patients / service users is my organisation's top priority (81%).
- My organisation acts on concerns raised by patients / service users (87%).
- I would recommend my organisation as a place to work (69%).
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (75%).
- Staff recommendation of the organisation as a place to work or receive treatment (3.9).

Tees, Esk and Wear Valleys NHS Foundation Trust used the staff survey to measure staff engagement. The trust's score was 3.9 out of five, which is above the average for similar trusts. This was also an increase on the previous year's score of 3.8. Staff told us that they felt engaged in changes within the trust and that the trust kept them updated on practice and research issues. Staff said that they were encouraged to give input and ideas in team meetings and at 'report out' meetings. However, staff at Cherry Tree house did not have staff meetings where they could share ideas and input into trust practice, as the ward manager no longer arranged these and provided staff with information via email.

The trust had a staff sickness target of 4.5% we reviewed staff sickness data for August, September and October 2016. Each ward other than Rowan Lea and ward 14 at The Friarage had sickness levels that were above the trust target during this period. Ward managers told us that sickness was an issue across the trust, and were undertaking performance and sickness monitoring procedures with some staff to support a reduction in sickness levels. Managers said that sickness was not related to work injuries or stress.

Staff did not report feeling bullied or suffering harassment and told us that they would feel comfortable raising complaints, concerns and whistleblowing if they needed to ensure the safety of patients. Staff could describe whistleblowing procedures and told us that they felt comfortable contacting senior managers if required.

However, the staff survey reported that the percentage of staff / colleagues reporting their most recent experience of harassment, bullying or abuse had reduced from 49% last year to 17% in the most recent staff survey. This meant that staff felt less comfortable in reporting episodes of bullying or harassment.

Staff explained that the trust had offered them opportunities for development. We spoke with healthcare assistants who were undertaking training in venepuncture (taking blood samples) and taking electrocardiograms; qualified staff were undertaking training in advanced prescribing and cognitive behavioural therapy. We spoke with a nurse at Rowan ward who was beginning a Masters degree course in dementia care which the ward had funded using charitable donations

All of the staff we spoke to talked about how much they enjoyed their job and showed us how much compassion they had for the patient group they were supporting. Staff told us that teamwork was very important to them and we saw evidence of staff supporting each other to provide the best outcome for the patient. Staff told us that they felt supported by their own teams but also by other colleagues who formed parts of multidisciplinary teams. All of the ward managers we spoke with were passionate about their job and worked long hours to support the consistent running of the wards. Managers were supportive to their staff teams and aware of stress levels and the need to provide support.

Staff were aware of the duty of candour and their responsibility to patients and their families when things go wrong. Staff were able to give examples of when this had or should be used and worked in an environment of openness and honesty to learn from mistakes.

Commitment to quality improvement and innovation

The trust were committed to quality improvement and staff told us of a variety of programmes, groups and networks which ran across all wards to consider methods of quality improvement. The trust had an ongoing plan that they regularly reviewed which included large projects such as the renovation of wards and relocation of some services to enhance oversight and patient outcomes.

The trust had a quality improvement work plan which included areas of innovation and change for older people with mental health problems. They held 'Kaizen' events

Are services well-led?

Requires improvement

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.

which were short duration projects with a specific aim for improvement. For example; these had led to 'report out', recovery based services and enhanced clinical strategy. We spoke with staff that were aware of and had attended these events.

Ward managers also told us that they were working on introducing 'safe wards'. This was a model of care which aimed to reduce levels of potentially harmful events on inpatient wards, for example; restraint, aggression and self-harm.

Rowan Lea ward had achieved inpatient accreditation from the Royal College of Psychiatrists, and other wards were working towards this.

Ward staff told us that they used the 'triangle of care' approach to provide a therapeutic engagement between carers and staff. Partnership working in this way can improve outcomes for patients and their families.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Staff were not working collaboratively with the relevant person to complete an assessment of their needs and preferences for care and treatment. **How the regulation was not being met:** Staff did not create care plans which evidenced that care was collaborative and they did not include patient choices and preferences, at Rowan (Briary Unit), Rowan Lea, Westerdale North and South, Friarage ward 14 and Hamsterley we found that 32 records did not contain person centred care plans. **This was a breach of regulation 9 (1) (c) and (3) (a) (b)**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Staff were not maintaining patients' dignity and respect. **How the regulation was not being met:** The trust did not ensure that patient privacy and dignity was upheld for all patients because there was still clear glass in the viewing panels in the bedroom doors at Cherry Tree House. The trust advised in its last action plan that this would be rectified by replacing these doors and adding privacy film in the interim, but this was not in place during our visit. At Worsley Court, lack of patient observation by staff led to patient dignity being compromised because patient needs could not be quickly responded to.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 10 (1) and (2) (a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure that staff monitor and record physical observations following the administration of rapid tranquilisation on Rowan Ward in line with trust policy. The provider must ensure that staff are trained in rapid tranquilisation. **This is a breach of Regulation 12 (1)**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** The trust did not have effective systems or processes to ensure that all staff complied with the medicines management policies and procedures. Medicines management was a concern at the previous inspection of Ceddesfeld, Worsley Court and Meadowfields. Since the last inspection practice is now also a concern at Westerdale North and South and Ceddesfeld wards. On these wards, staff had not correctly documented medication administration and this placed patients at risk. The trust did not monitor and improve the quality and safety of the services adequately. Ward managers had not ensured that checks of medication charts, emergency equipment and safety took place on a regular basis. Three of the fourteen wards had not been included in the trust's full 2015-2016 audit programme because they were new to this provider. This meant that the trust had reduced ability to have oversight of the quality of service provided by these wards.

This section is primarily information for the provider

Requirement notices

The trust did not adequately assess, monitor, and mitigate the risks relating to patients health, safety, and welfare. Staff did not consistently complete and update risk assessments at Springwood, Friarage ward 14, Meadowfields, Cherry Tree House, Worsley Court, Rowan Ward and Rowan Lea.

37 patients did not have a specific plan relating to how they needed support in a crisis in place at Rowan Lea, Meadowfields, Oak, Westerdale North and South, Springwood, Friarage and Ceddesfeld.

The suicide prevention environmental survey and risk assessment was out of date at Meadowfields and Wingfield.

This was a breach of regulation 17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The trust were not ensuring that all staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The trust did not record staff supervision in line with the trust policy and not all staff had an annual appraisal.

The trust did not ensure that staff had received mandatory training. Mandatory training compliance was below 75% in several areas and the trust had not ensured that training directly linked to safe patient care (such as resuscitation, medicines management, moving and handling, management of aggression and violence, risk assessment and rapid tranquilisation) training was accessible to all staff.

The trust were not ensuring sufficient numbers of suitably qualified, competent and skilled and experienced persons were deployed. They had not ensured at Worsley Court that staff were suitably

This section is primarily information for the provider

Requirement notices

deployed to ensure patient safety by observation. Patients were at risk of falls, and choking, and staff were not observing them closely enough to mitigate these risks.

Staff were not correctly deployed at Worsley Court to monitor hydration and nutrition of patients at mealtimes and patients who needed support to eat were not always supported.

This was a breach of regulation 18 (1) (2)(a).