Requires improvement

South West Yorkshire Partnership NHS Foundation Trust

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

Quality Report

Fieldhead Hospital
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXGCC	The Dales	Ashdale Elmdale	HX3 0PW
RXG10	Fieldhead Hospital	Trinity 1 PICU Trinity 2 Priory 2	WF1 3SP
RXG82	Kendray Hospital	Beamshaw Clarke Melton PICU	S70 3RD
RXGDD	Priestley Unit	Ward 18	WF13 4HS

Summary of findings

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Good** 

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

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

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

Summary of findings

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Overall summary

We rated acute wards for adults of working age and psychiatric intensive care units as requires improvement because:

- The trust had not ensured that staff undertook training necessary to enable them to deliver safe and effective care.On average, 64% of staff had undertaken training in cardiopulmonary resuscitation. On one ward less than one-quarter, and on a further two wards less than one-half of staff had completed the training. The low compliance meant that not all staff would know how to respond to patients in a physical health emergency. Fewer than one-half of all eligible staff had undertaken recent training in the Mental Capacity Act and Mental Health Act.As a result, staff did not have a clear understanding of the Mental Capacity Act, and most staff struggled to describe the circumstances where it should be used.
- On average, only 18% of staff received regular supervision. Some staff told us they received regular supervision whereas others told us it had been months since they had last received supervision.

However:

- The trust had addressed the areas of concern from the previous inspection around poor lines of sight on the wards, risk assessments and the safe monitoring of high dose medication.
- Patient and carer feedback from most wards was positive about the ward environment and the ward staff.
- Most care records were personalised, holistic and recovery focused with evidence of patient participation and ongoing physical health monitoring. Staff were positive about the trust's electronic patient record system and told us it had improved since the last inspection.
- Staff morale was high on most wards. Ward staff and managers were positive about their teams and their work. The wards had effective systems and processes to monitor and assess performance. Ward managers recognised the areas where the wards needed to improve and were able to clearly describe how they planned to achieve improvements.

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:

- Average compliance with mandatory training was below 75%. Average compliance with cardiopulmonary resuscitation training was 64%. On Trinity 1 only 24% of staff had received training in cardiopulmonary resuscitation. On Trinity 2 and Ward 18 less than 50% of staff had received the training. This meant that not all staff were trained in how to respond to patients in an emergency. All wards used restraint and rapid tranquilisation, which are interventions that increase the risk to patients of physical health emergencies.
- There was a high use of bank and agency staff on the wards. Staff on all wards expressed concerns about the staffing levels. Staff and patients told us that escorted leave was sometimes cancelled due to low staffing levels.

However:

- In March 2016, we found that staff did not safely manage poor lines of sight on the wards When we visited in January 2017 we found the service had implemented different approaches based on the ward environment to address the concerns about poor lines of sight on the wards. Mirrors were fitted on some wards to improve lines of sight, and on the wards where mirrors could not be fitted, staff were allocated to regularly check the ward environment. All wards had recently undertaken a ligature risk assessment.
- In March 2016, we found that staff were not safely monitoring the effects of high dose mediation. When we visited in January 2017, the service had implemented a new audit process to monitor high-dose medication Staff started the audit process as soon as a patient was prescribed medication above the maximum dose stated in the British National Formulary. Ward pharmacists provided additional scrutiny to ensure that the audit was implemented consistently.
- In March 2016, we found that not all care records included an up to date risk assessment of patients on the wards. When we visited in January 2017, only one of the 44 care records we reviewed did not include a risk assessment. Care records had evidence that risk assessments were reviewed. Staff reviewed risk assessments and updated them following incidents.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

Summary of findings

- The average compliance rate for staff supervision was 18% in the service. All wards except Trinity 2 had a compliance rate for staff supervision of less than 30%. None of the staff on Elmdale and Ward 18 received regular supervision.
- Compliance with Mental Health Act and Mental Capacity Act training was low across all wards. Understanding and application of the Mental Capacity Act was poor across all wards. Staff struggled to explain the circumstances that would require a capacity assessment or a best interest decision.
- There was limited access to psychological therapies on all wards. Wards did not routinely offer individual one to one sessions for psychology or groups for psychosocial interventions.
- The trust's electronic patient record system restricted access to trust staff only; however, the service had a high use of agency staff. Agency staff could not access the system to read or update care records and progress notes. Trust staff had to access the system to input notes on behalf of agency staff.

However:

- Most care records were personalised, holistic and recovery focused. Care records showed evidence of patient participation and co-production in care planning. Care records also showed that patients received a physical health examination on admission and that staff undertook ongoing monitoring of physical health problems.
- Care records were maintained on a single electronic patient record system. Staff told us that the electronic patient record system had significantly improved since the previous inspection.
- The average appraisal rate for the service was 97%, which was significantly higher than the trust target of 80%. Ashdale, which had the lowest compliance rate in the service, was still above the trust target.

Are services caring?

Good

We rated caring as good because:

- Feedback from patients about ward staff was consistently positive on seven of the nine wards, including one of the psychiatric intensive care units.

Summary of findings

- Staff were kind, caring and respectful with patients. Staff knocked on patients' bedroom doors before entering. Interactions between staff and patients were warm, friendly and professional.
- Feedback from carers was consistently positive about the wards. Carers told us that felt involved in the care being provided on the wards. Carers were invited to multidisciplinary meetings and to discharge planning meetings. Care records showed evidence of carer involvement in care planning.

However:

- Patients were less positive about agency staff. We were told that agency staff were not as approachable and were less responsive to patients' needs.

Are services responsive to people's needs? Good

We rated responsive as good because:

- Average bed occupancy both including and excluding leave had decreased since the last inspection.
- Most wards scored higher than the national average in the patient led assessment of the care environment score for privacy, dignity and wellbeing and for food and hydration.
- There was a good variety of rooms and activity spaces on the wards to support treatment and care.
- Staff understood the trust's complaints procedure and told us that they both supported and encouraged patients to make complaints. The wards had community meetings, which provided an informal forum for patients to raise concerns.

However:

- Elmdale and Ward 18 had an average bed occupancy of more than 100% resulting from admitting patients to bedrooms allocated to other patients on leave.

Are services well-led? Good

We rated well-led as good because:

- Staff and managers had addressed several of the concerns identified during the previous inspection which had led to improvements in the service.

Summary of findings

- Staff had a good understanding of the trust's mission statement. Staff could recall one or more of the trust's values. The trust had a values based recruitment and induction for new staff.
- The wards had effective systems and processes to monitor and assess performance. Ward managers recognised the areas where the wards needed to improve and were able to clearly describe how they planned to achieve improvements. There was an electronic dashboard, which allowed managers to have oversight of key performance indicators at ward level.
- Staff on most wards consistently told us that their own individual morale was good. Staff were passionate about their roles. Staff were positive about their teams. Most staff were positive about their ward managers.

However:

- Staff morale was low on Melton. We were consistently told that staff had to work long shifts without a break. Staff told us that the team had not responded well to a change in local management.
- The managers of the service had not ensured that staff received the training and supervision necessary to ensure that the care provided was safe and effective.

Summary of findings

Information about the service

South West Yorkshire Partnership NHS Foundation Trust has seven acute mental health wards for working age adults and two psychiatric intensive care units. These wards are located on four hospital sites in South and West Yorkshire. The wards provide care and treatment for patients aged 18-65 who require hospital admission for their mental health problems. The nine wards by location were:

- Ashdale: a 24 bedded ward for men based at The Dales, Calderdale Royal Hospital in Halifax, West Yorkshire.
- Elmdale: a 24 bedded ward for women based at The Dales, Calderdale Royal Hospital in Halifax, West Yorkshire.
- Trinity 1: a 10 bedded psychiatric intensive care unit for men based at Fieldhead Hospital, Wakefield.
- Trinity 2: a 14 bedded ward for men based at Fieldhead Hospital, Wakefield.
- Priory 2: a 22 bedded ward for women based at Fieldhead Hospital, Wakefield.
- Beamshaw: a 14-18 bedded ward for men based at Kendray Hospital, Barnsley
- Clare: a 14-18 bedded ward for women based at Kendray Hospital, Barnsley.
- Melton: a 6 bedded psychiatric intensive care unit for men and women based at Kendray Hospital, Barnsley.
- Ward 18: a 23 bedded ward for men and women based at Priestley Unit, Dewsbury and District Hospital, Dewsbury.

At the time of inspection, Trinity 1 and Trinity 2 had relocated following a fire on Trinity 2. Trinity 1 had relocated to Gaskell ward, an empty ward based in Newton Lodge which was the trust's secure mental health unit. Trinity 2 had relocated to the former Trinity 1 location.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspection: Jenny Wilkes, Care Quality Commission.

Team Leader: Kate Gorse-Brightmore, Inspection Manager (mental health), Care Quality Commission.

The team inspecting the acute wards for adults of working age and psychiatric intensive care units comprised two inspectors, a health and safety manager, two mental health nurses, an occupational therapist, a consultant psychiatrist, and a social worker.

Why we carried out this inspection

We undertook this inspection to find out whether South West Yorkshire Partnership NHS Foundation Trust had made improvements to their acute wards and psychiatric intensive care units since our last comprehensive inspection of the trust on 7 March 2016. We published our previous inspection report in June 2016.

When we last inspected the trust in March 2016, we rated acute wards and psychiatric intensive care units as requires improvement overall. We rated the core service as requires improvement for safe, effective, responsive and well-led.

Following this inspection we told the trust that it must take the following actions to improve acute wards and psychiatric intensive care units.

Summary of findings

- The trust must ensure that staff are able to observe all areas of the ward on Trinity 2, Ashdale, Elmdale and Priory 2.
- The trust must ensure that staffing levels, skill mix and how staff are deployed are appropriate on all wards.
- The trust must ensure that staff receive appropriate supervision on all wards.
- The trust must ensure that consent to treatment and where appropriate, capacity assessments are completed and recorded appropriately.
- The trust must ensure high doses of medication are monitored.

We issued the trust with two requirement notices that affected acute wards and psychiatric intensive care units. These related to:

- Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment.
- Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing.

This was a short notice, announced inspection.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all nine of the wards at three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 39 patients who were using the service
- spoke with six carers of patients who were using the service
- spoke with 11 ward managers or acting ward managers
- interviewed 87 staff including activities coordinators, advocates, domestic staff, healthcare assistants, Mental Health Act administrators, nurses, occupational therapists, practice governance coaches, pharmacists, pharmacy technicians, psychiatrists, psychologists, student nurses, and ward clerks
- reviewed 44 care records of patients and 13 records of the use of seclusion
- reviewed 127 patient medication charts
- attended and observed 12 meetings and activities including ward reviews, reflective practice sessions and ward-based patient activities
- carried out a specific check of the medication management on all wards
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 39 patients who were using the service during the inspection. Patients were generally positive about the ward environments and the ward staff. We were told that wards were always clean. Most patients told us that they felt safe on the wards, although some expressed concerns about the behaviour of other patients on the

Summary of findings

wards. Patients told us that staff were respectful and caring. Patients told us they knew how to complain if necessary and that they could raise concerns in the community meetings.

Patients were less positive about agency staff than they were about trust staff. We were told that agency staff were not as approachable and were less responsive to patients' needs. Patients on Ward 18 told us that the ward gym had been closed for some time and that it was not clear when it would be reopened. Patients on Ashdale, Beamshaw, Elmdale and Trinity 2 told that that sometimes it felt like there was not enough staff on the ward.

We spoke with six carers of patients who were using the service during the inspection. Carers were highly positive about the ward environment and the ward staff. Carers praised the attitude of staff on the wards and told us that they felt encouraged to ask staff questions. Carers told us that they felt involved in the care provided and that staff kept them informed about any changes or incidents on the wards.

Good practice

Ward 18 employed a designated "carers' link worker". This was a unique role in the trust and was highly valued by both carers and staff on the ward. The carers' link worker was responsible for providing advice and support to carers, which included signposting carers to services available in the community. The carers' link worker was also responsible for keeping carers informed about and involved with the care provided to patients on the ward.

Following an incident, staff on Trinity 2 had implemented a new contact card for patients and carers. Staff had recognised that the wording of the previous contact card did not encourage patients and carers to contact the ward unless there was an issue. The new contact card actively encouraged people to contact the ward if there were concerns and reassured both patients and carers that nursing staff were always available to speak to.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure staff on all wards have the necessary mandatory training to enable them to carry out their role.
- The trust must ensure that all staff receive appropriate supervision on all wards.
- The trust must ensure staff on all wards are aware of and working in accordance with current guidance in relation to the Mental Health Act and the Mental Capacity Act.

Action the provider SHOULD take to improve

- The trust should ensure that agency staff are able to access and update patients' care records
- The trust should review the psychology input on all wards to ensure that patients can access psychological as well as pharmacological interventions.
- The trust should ensure that staff maintain a ward record of postponed or cancelled Section 17 leave.
- The trust should ensure that patients on all wards can make phone calls in private.

South West Yorkshire Partnership NHS Foundation Trust

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

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ashdale	The Dales
Elmdale	The Dales
Trinity 1 PICU	Fieldhead Hospital
Trinity 2	Fieldhead Hospital
Priory 2	Fieldhead Hospital
Beamshaw	Kendray Hospital
Clarke	Kendray Hospital
Melton PICU	Kendray Hospital
Ward 18	Priestley Unit

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.

Detailed findings

Average compliance with Mental Health Act and Mental Health Act Code of Practice training was low at 32%. Staff had a poor understanding of the principles of the Mental Health Act.

Patients had their rights under the Mental Health Act explained to them at regular intervals. On each ward, we saw that statutory Mental Health Act paperwork related to consent to treatment was kept with the medication charts.

All wards had access to an independent mental health advocate, although the process for referrals to the independent mental health advocate was not consistent in the service. Six of the wards had an 'opt-in' system, which meant that patients needed to express an interest in using the advocacy service before they would be referred. Three wards had an 'opt-out' system, which meant that all patients were referred to the advocacy service at the point of their admission.

Mental Capacity Act and Deprivation of Liberty Safeguards

Compliance with Mental Capacity Act and the Deprivation of Liberty Safeguards training was low at 46%. Staff had a poor understanding of the Mental Capacity Act. None of staff were able to identify one or more of the principles of the Mental Capacity Act.

Staff struggled to explain the circumstances that would require a capacity assessment or a best interest decision. Staff were clear that they considered the patient's capacity when making the decision to consent to treatment in weekly ward reviews. However, staff were unclear that capacity is decision specific and should be considered for other decisions.

The trust had a policy on the Mental Capacity Act. Not all staff were aware that the trust had a policy that they could refer to for help with the Mental Capacity Act.

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 nine wards were clean and well-maintained with up to date cleaning records. Furniture was also clean and well-maintained. The wards participated in the 2016 patient-led assessment of the care environment. At least 50% of the teams that conduct these environmental assessments are members of the public known as 'patient assessors'. The nine wards scored 98.5% for cleanliness, which was above the national average of 98.1%. The wards scored 93.6% for condition, appearance and maintenance, which was slightly higher than the national average of 93.4%.

All wards had a fully equipped clinic room with accessible resuscitation equipment and emergency drugs which staff regularly checked. Controlled drugs were appropriately stored with a controlled drug register kept up to date. Clinic rooms had an examination couch to conduct physical examinations. Physical health equipment such as blood pressure machines, electrocardiogram machines, and height and weight scales were clean, working and calibrated regularly. Medicines were stored in fridges in each clinic room and staff monitored fridge temperatures daily. On Priory 2 we saw that there were two gaps in fridge temperature monitoring charts, management raised this in supervision and team meetings. On Clarke we saw that the clinic room temperature had exceeded the maximum level allowed by the trust and that staff had reported this via the trust's electronic incident reporting system.

All wards complied with the Department of Health's national guidance on eliminating same-sex accommodation. Only Melton and Ward 18 were mixed-sex wards. On Melton, all bedrooms had their own ensuite bathroom. On Ward 18 none of the bedrooms were ensuite, however men and women had separate corridors and bathroom facilities. Both wards had separate lounge facilities for men and women. Beamshaw and Clarke had a dividing wall between the wards that could be moved to allocate an additional four bedrooms to one of the wards without compromising the single-sex environment.

All wards were equipped with a personal infrared transmitter system, which allowed staff to wear personal alarms. There were seclusion rooms on Melton, Trinity 1, and Ward 18. There were shared seclusion rooms on Beamshaw and Clarke, on Priory 2 and Trinity 2 and on Ashdale and Elmdale. All seclusion rooms had two-way communication, a visible clock and access to nearby toilet facilities.

All nine wards had an up to date ligature point risk assessment at the time of inspection. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature point risk assessments were conducted in October and November 2016. None of the wards had a layout that allowed staff to observe all parts of the ward. Ligature risks were mitigated by staff supervising communal areas, individual risk assessments and by locking doors to non-patient areas. Following the last inspection, we stated that the trust must ensure staff are able to observe all areas of the ward on Ashdale, Elmdale, Priory 2 and Trinity 2. On Ashdale and Elmdale the trust had fitted convex mirrors so that staff could easily view the areas of the wards that did not have clear lines of sight. On Priory 2 and Trinity 2 the trust stated that the low ceilings meant that the same mirrors would be accessible to patients and so create an additional ligature risk. The wards had, instead, identified a member of staff who was responsible for checking the environment at regular intervals to mitigate the risks from the poor lines of sight on the wards.

Staff carried out environmental audits on a quarterly basis. Hand sanitiser was available at ward entrances for staff and patients. All clinic rooms were fitted with sinks for staff to wash their hands prior to dispensing medication or conducting physical examinations. We saw examples of trustwide audits, which included all nine wards to support infection control principles, including a 'decontamination of medical devices; certification and condemning audit' and a 'hand hygiene and bare below the elbows audit'.

Safe staffing

The service had 123 whole time equivalent qualified nurses and 136.5 healthcare assistants. The service had an average vacancy rate of 15% for qualified nurses. Only two of the nine wards did not have vacancies for qualified nurses. The service had on average a higher number of nursing assistants than the established level. The trust was

Requires improvement

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mitigating the risks of the high vacancy rate for qualified nurses by increasing the number of health care assistants on shift and using bank and agency qualified staff. The combined shift rate is the total number of shifts for in a given period, which are filled by either qualified nurses or nursing assistants The average combined fill rate for shifts for qualified nurses and nursing assistants was 112% in the three months prior to inspection. During the last inspection staff consistently raised with the inspection team that they had concerns about the staffing levels on the wards. Staff opinion on staffing levels had not changed since the last inspection as Staff on all of the wards told us that they were concerned about staffing levels.

In the three months prior to inspection 2260 shifts had been covered by bank or agency staff which was 22% of the total shifts worked in the period. In the same period 307 shifts could not be covered by bank or agency staff where there was sickness, absence or vacancies. Bank staff are staff members employed by the trust who work additional hours. The average sickness rate for the service was 6%, which was higher than the NHS national average of 4%. The average turnover rate for the service was 8%. The turnover rate for Ashdale was 16%, which was significantly higher than the turnover rates for the other eight wards.

- Ashdale had a 25% vacancy rate for qualified nurses. The vacancy rate for healthcare assistants was less than 1%. In the three months prior to inspection bank or agency staff covered 299 shifts. In the same period bank or agency staff could not cover 73 shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 16%. The sickness rate for the ward for the six months prior to inspection was 10%.
- Beamshaw had a 4% vacancy rate for qualified nurses. The vacancy rate for healthcare assistants was 13%. In the three months prior to inspection bank or agency staff covered 32 shifts. In the same period bank or agency staff could not cover 29 shifts where there was sickness, absence or vacancies. The ward had no staff leavers in the six months prior to inspection. The sickness rate for the ward for the six months prior to inspection was 6%.
- Clarke was over establishment levels for qualified nurses by 13%. The vacancy rate for healthcare assistants was 8%. In the three months prior to inspection bank or agency staff covered 86 shifts. In the same period bank or agency staff could not cover 27 shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 6%. The sickness rate for the ward for the six months prior to inspection was 6%.
- Elmdale had a 6% vacancy rate for qualified nurses. The ward was over establishment levels for healthcare assistants by 6%. In the three months prior to inspection bank or agency staff covered 284 shifts. In the same period bank or agency staff could not cover 29 shifts where there was sickness, absence or vacancies. The ward had no substantive staff leave in the six months prior to inspection. The sickness rate for the ward for the six months prior to inspection was 5%.
- Melton was over establishment levels for qualified nurses by 18%. The ward was over establishment levels for healthcare assistants by 8%. In the three months prior to inspection bank or agency staff covered 126 shifts. In the same period bank or agency staff could not cover 59 shifts where there was sickness, absence or vacancies. The ward had no substantive staff leave in the six months prior to inspection. The sickness rate for the ward for the six months prior to inspection was 8%.
- Priory 2 had a 26% vacancy rate for qualified nurses. The ward was over establishment level for healthcare assistants by 23%. In the three months prior to inspection bank or agency staff covered 312 shifts. In the same period bank or agency staff could not cover 39 shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 14%. The sickness rate for the ward for the six months prior to inspection was 3%.
- Trinity 1 had a 32% vacancy rate for qualified nurses. The vacancy rate for healthcare assistants was less than 1%. In the three months prior to inspection bank or agency staff covered 467 shifts. In the same period bank or agency staff could not cover 19 shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 13%. The sickness rate for the ward for the six months prior to inspection was 5%.
- Trinity 2 had a 23% vacancy rate for qualified nurses. The ward was over establishment levels for healthcare assistants by 10%. In the three months prior to inspection bank or agency staff covered 247 shifts. In the

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same period bank or agency staff could not cover three shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 12%. The sickness rate for the ward for the six months prior to inspection was 8%.

- Ward 18 had a 24% vacancy rate for qualified nurses. The ward was over establishment levels for healthcare assistants by 8%. In the three months prior to inspection bank or agency staff covered 407 shifts. In the same period bank or agency staff could not cover 29 shifts where there was sickness, absence or vacancies. The turnover rate for the ward for the six months prior to inspection was 12%. The sickness rate for the ward for the six months prior to inspection was 3%.

Staff told us that there was always at least one qualified nurse on shift at all times. Staff rotas indicated that there was always at least one qualified nurse on shift at all times. Both staff and some patients told us that escorted leave was regularly cancelled. This was primarily due to staffing pressures. There was often not enough staff for the patients to have regular one to one time with their named nurse. The wards did not monitor the number of, or reasons for cancelled leave. Staff told us that there was enough staff on the wards to carry out physical interventions and that staff from other wards could be called to assist if required.

Consultants, staff grade doctors and junior doctors provided medical cover on most wards. All wards apart from Beamshaw, Clarke and Melton had one full whole time equivalent consultant psychiatrist. On Beamshaw and Clarke there was one 0.5 whole time equivalent consultant psychiatrist. On Melton there was one 0.3 whole time equivalent consultant psychiatrist. All wards had at least one staff grade doctor and most wards had one or more junior doctors.

The trust had 14 modules of mandatory training. Average mandatory training compliance in the service was 74%. Five of the nine wards were below the trust target of 80% for mandatory training.

- Ashdale: 63%
- Priory 2: 74%
- Trinity 1: 61%
- Trinity 2: 58%
- Ward 18: 71%

Five of the 14 modules for mandatory training had an average compliance of less than 75%. These were:

- Cardiopulmonary resuscitation: 64%
- Clinical risk: 49%
- Mental Capacity Act / Deprivation of Liberty Safeguards: 39%
- Mental Health Act: 32%
- Moving and handling: 69%.

The low compliance with cardiopulmonary resuscitation could put patients at risk of unsafe care as not all staff were trained in how to respond to patients in an emergency. Six of the nine wards had a compliance rate of less than 80% for this training. The trust's 2016 policy which covered rapid tranquilisation, as required medication and psychotropic medication stated that at least one member of staff per shift should be trained in cardiopulmonary resuscitation. On Trinity 1 only 24% of staff had received training in cardiopulmonary resuscitation. On Trinity 2 and Ward 18 less than 50% of staff had received the training. This meant that the ward could not be assured that at least one member of staff on every shift had received the necessary training.

Assessing and managing risk to patients and staff

The service used the Sainsbury's risk assessment tool endorsed by the trust's 2016 'clinical risk assessment, management and training policy'. During the previous inspection we identified concerns relating to missing risk assessments and staff not reviewing risk assessments in line with trust policy. During this inspection we reviewed 44 care records. Only one of the 44 care records we reviewed did not include a risk assessment. Care records had evidence that staff reviewed risk assessments weekly, monthly or once every two months. Staff updated risk assessments in line with the change in the patient's risk profile. In 21 care records patients had been involved in incidents and we saw that risk were reviewed and updated following the incidents.

Each ward had a sign near the entrance that advised informal patients who wished to leave to seek a member of staff.

All nine wards had a list of banned items that were not permitted on the wards. Examples of banned items included lighters, sharps, alcohol, illicit substances and

patients' own medication. The wards also restricted access to cigarettes and mobile phone chargers, although mobile phones were not prohibited on the wards. Chargers were kept in ward offices, which meant patients, had to ask staff to charge their phones for them. Cigarettes were kept in locked cupboards which meant patients had to ask staff to access them.

Staff on all wards consistently told us that restraint was a last resort and only used after de-escalation had failed. There were no incidents of long-term segregation on any of the acute wards in the six months prior to inspection. In the period 01 June 2016 to 31 December 2016 there were 538 incidents of restraint affecting 186 patients. The wards with the highest number of restraints were:

- Trinity 1 with 151 incidents of restraint affecting 24 patients.
- Elmdale with 102 incidents of restraint affecting 42 patients.
- Ward 18 with 87 incidents of restraint affecting 30 patients.

Prone restraint is a type of physical restraint which involves holding a person in a chest-down position whether the person has their face down or has their face to the side. Staff told us that they tried to avoid the use of prone restraint or use it for the shortest time possible. The trust undertook a specific review of prone restraint durations for October 2016, which showed that no use of prone restraint lasted more than ten minutes. Data showed that the trust-wide use of prone restraint declined between November 2015 and October 2016. The use of prone restraint was considered a reportable incident. Incident reports indicated that following incidents involving prone restraint, staff informed the on-call duty doctor or the ward consultants. In the period 01 June 2016 to 31 December 2016 there were 158 incidents of the use of prone restraint. The wards with the highest number of prone restraints were:

- Trinity 1 with 49 incidents of prone restraint.
- Elmdale with 29 incidents of prone restraint.
- Ward 18 with 26 incidents of prone restraint.

Of the 158 incidents of the use of prone restraint, 89 incidents involved prone restraint to administer rapid tranquilisation. We reviewed ten incident reports of the use of prone restraint made by staff on the trust's electronic incident reporting system. In six of the incidents we saw that prone restraint was used to enable staff to administer intra-muscular medication. In the remaining four incidents we saw that staff used prone restraint as a last resort and documented separately the length of time the patient was held in prone restraint.

In the period 01 June 2016 to 31 December 2016 there were 171 incidents of the use of rapid tranquilisation. The wards with the highest number of uses of rapid tranquilisation were

- Trinity 1 with 54 incidents of the use of rapid tranquilisation.
- Elmdale with 27 incidents of the use of rapid tranquilisation.
- Ward 18 with 20 incidents of the use of rapid tranquilisation.

We reviewed 13 records of the use of seclusion and saw seclusion was used appropriately and followed best practice. Staff documented observations every 15 minutes, there were nursing reviews every two hours and medical reviews every four hours. Staff documented whether patients accepted food and drink. In the period 1 June 2016 to 31 December 2016 there were 237 incidents of the use of seclusion. The wards with the highest number of the uses of seclusion were:

- Trinity 1 with 69 incidents of the use of seclusion.
- Elmdale with 48 incidents of the use of seclusion.
- Ward 18 with 38 incidents of the use of seclusion.

Safeguarding adults and safeguarding children were mandatory training modules for all staff in the service. Average compliance with safeguarding adults training was 90%. Average compliance with safeguarding children training was 89%. Only Trinity 1 and Trinity 2 below the trust target for the two modules:

Trinity 1

- Safeguarding children - 69%
- Safeguarding adults – 77%

Trinity 2

- Safeguarding children – 74%

Requires improvement

Are services safe?

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

- Safeguarding adults – 44%

Staff told us that they knew how to make a safeguarding referral and how to recognise the different types of abuse. The service had made 49 safeguarding referrals in the period 1 June 2016 to 31 December 2016. During the inspection three patients made allegations, which were potential safeguarding incidents. The wards involved investigated appropriately. In one case they made a safeguarding referral, and in another case brought in a member of the adult safeguarding team for advice.

We reviewed the medication charts for 127 patients across the wards we visited. At the time of the last inspection, none of the wards could produce evidence that high-dose medication was safely monitored. The Royal College of Psychiatrists (2014) define high-dose medication as antipsychotic doses that are above the maximum stated in the British National Formulary, which provides national guidance on recommended maximum doses. The trust already had a policy for 'antipsychotics in clinical practice: guidelines for safe and effective use in adults with schizophrenia and includes information on the early onset psychosis in adolescence' at the time of the previous inspection which included a monitoring form in the appendix for high dose medication. Since the last inspection, the trust had worked to reinforce good practice in monitoring high-dose medication. Not all of the wards had patients who were prescribed high dose antipsychotic medication. On the wards where patients were prescribed high dose antipsychotic medication, we saw that staff were using the trust's form to safely monitor the effects. Ward consultants told us that both consultants and pharmacists identified when the monitoring form needed to be implemented.

Track record on safety

In the period 1 June 2016 to 31 December 2016 there had been four serious incidents requiring investigation. At the time of inspection Trinity 1 and Trinity 2 had relocated following a fire in November 2016 on Trinity 2. The investigation into this serious incident was still ongoing at the time of inspection.

Reporting incidents and learning from when things go wrong

The trust had an electronic system for reporting incidents. All staff knew how to use the system. There were 2313 incidents reported in total in the period 1 June 2016 to 31 December 2016. The system had an additional facility where staff could request feedback on their incident report. Ward managers told us that they reviewed all incidents on their wards. Both staff and managers told us that debriefs took place after serious incidents on the wards. Staff on Trinity 1 and Trinity 2 told us that they had felt supported after the fire which had caused their wards to be relocated.

On Trinity 2 we were told that a serious incident was still under investigation following a patient death in January 2017. The patient had used a ligature attached to a radiator in their bedroom. As a result of this incident, the trust had undertaken a review of radiators across the service, identifying where the radiators were on each ward, which posed a ligature risk. The ligature risk assessments for wards with this type of radiator were updated and the trust was in the process of ordering and replacing the radiators. We found that staff on both the affected ward as well as other wards within the trust were aware of this incident and the steps that were being taken to learn from the incident and prevent its reoccurrence.

Following the suicide of a patient whilst on overnight leave, staff on Trinity 2 had implemented a new contact card for patients and carers. Feedback from the carer meant that staff had recognised that the wording of the previous contact card did not encourage patients and carers to contact the ward unless there was a definite issue. The ward manager explained to us that they were concerned that carers might be reluctant to phone the ward until they were sure there was something wrong. The new contact card actively encouraged people to contact the ward if there were concerns and reassured both patients and carers that nursing staff were always available to speak to.

The duty of candour is the requirement that staff are open and honest to patients and other relevant persons when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Every staff member we asked had a good understanding of the duty of candour. Managers were able to give examples of how the duty of candour had been used in practice, with examples including following medication errors and incidents of self-harm where staff felt that more could have been done to protect patients.

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 44 care records and found that most care records were maintained to a consistent standard. All records included a comprehensive assessment of patients; which staff completed soon after admission.

Care records were holistic and recovery focused. Care plans were personalised and had evidence of co-production between staff and patients. In 33 care records, there were separate care plan to address the patients' emotional, mental, physical and social needs. One care record included a personalised care plan to address a patient's specific needs relating to an eating disorder. Another care plan included a personalised care plan to address specific needs relating to mobility problems. The care plans included patient feedback that had been recorded in the patient's own words. This captured the first-person perspective of the patient. Where patients did not wish to take part in a co-produced care plan, staff had ensured that they documented the areas of care for which patients were willing to provide feedback or clearly documented that patients were unwilling to take part in care planning. In 10 records we saw that care plans were generic and not personalised or holistic. Four of these care plans were of patients who had been admitted to the service within the last two weeks. We were told that formulating a holistic care plan for these patients was still work in progress. Three of the five remaining care records, which had generic care plans, were of patients admitted to Ashdale.

Care records showed that all patients received a physical health examination and that staff undertook ongoing monitoring of physical health problems. In 42 of the 44 care records staff had completed a 'cardio metabolic screening tool', which provided baseline figures for height, weight, blood pressure, and electrocardiogram readings. In two care records we saw that a specific care plan had been put in place to address one patient's diabetes and one patient's weight loss goal.

The service maintained care records on the trust's single electronic patient record system. Access to the system was restricted to trust staff using an identification card. The system was used by services across the trust, which meant that staff could access records for patients who were already known to the trust's mental health crisis teams or community mental health teams. As the system restricted access to staff employed by the trust this meant agency staff including qualified agency nurses and nursing assistants could not access the system. Staff told us that agency staff would receive information for how to care for patients in ward handovers, as they could not access the system. Trust staff had to access the system to input notes into care records on behalf of agency staff, as they could not access the system. This meant that agency staff could not easily access detailed information about patients' risks, that there could be a delay in inputting into patients' records and that accountability for notes from agency staff was not clear.

Staff told us that that during the previous inspection the service was affected by the trust-wide issues accessing the system. During this inspection staff told us that the system had improved considerably in the last six months and that incidents where the system crashed or lost information were rare.

Best practice in treatment and care

None of the wards had a full time psychology provision. The wards operated a referral system for psychology, which meant that access to psychological therapies was limited. Guidance from the Royal College of Psychiatrists' 'standards for inpatient wards' states that inpatients must 'have access to specialist practitioners of psychological interventions for one half-day (four hours) per week per ward'. To receive Accreditation for Inpatient Mental Health Services wards should 'have access to specialist practitioners of psychological interventions more than one day per week per ward'. We requested whole time equivalent data for members of the multidisciplinary team. Ward 18 had one 0.4 whole time equivalent psychologist, and Elmdale and Ashdale shared one 0.6 whole time equivalent psychologist. Priory 2, Trinity 1 and Trinity 2 shared one whole time equivalent psychology post provided to the wards from different members of the psychological therapy workforce based in the community teams. Data in relation to whole time equivalent psychologists for wards in Barnsley was not submitted.

The provision of one to one psychological interventions was not consistent in the service. Psychologists told us that whilst they ideally wanted to offer an assessment for every patient who was admitted to the wards, they did not have

Are services effective?

Requires improvement

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the capacity to do this. Psychologists provided input into both the wards and the trust's intensive home-based treatment services, which reduced the amount of time they could spend working on the wards.

On Ashdale and Elmdale, we saw that guidance from the National Institute for Health and Care Excellence was used to inform the provision of meaningful activities on the wards. Most staff struggled to describe how guidance from the National Institute for Health and Care Excellence was implemented on the wards. Ward consultants told us that guidance from the National Institute for Health and Care Excellence was used when prescribing medication and was followed in relation to monitoring the potential physical side-effects of high dose antipsychotic medication.

Occupational therapists and activities assistants on the wards offered a number of open groups for patients to join. Examples of open groups on the wards included breakfast groups, smoothie groups, art groups, florist groups, cooking groups, walking groups, and gym groups. The guidance 'Psychosis and schizophrenia in adults: prevention and management' (Clinical Guideline 178) from the National Institute for Health and Care Excellence states that psychological and psychosocial interventions such as cognitive behavioural therapy and family intervention 'can be started either during the acute phase or later, including in inpatient settings'. . The wards did not routinely offer psychological interventions such as cognitive behavioural therapy for anxiety management, depression and coping skills. Staff told us that this was because of the capacity limitations of the psychologists.

Staff used recognised ratings scales to assess and record severity and outcomes. Care records showed that staff used scales such as a mental health clustering tool, nutritional risk screening tool, a falls risk assessment tool, and the national early warning score tool.

Skilled staff to deliver care

The service had a full range of mental health disciplines that provided input to the wards. Ward staff included activities coordinators, healthcare assistants, nurses, occupational therapists, pharmacists, pharmacy technicians, psychiatrists, and psychologists.

New members of staff undertook a year-long values-based induction in which their values and behaviours were reviewed with their line manager once every three months. The average percentage of non-medical staff that had an appraisal in the last 12 months was 97%. The lowest appraisal rate was Ashdale with an 84% compliance rate. All medical staff in the service had successfully completed their revalidation.

Since the last inspection the trust had implemented a new central database that recorded supervision compliance rates. Baseline data for staff supervision was available for the period September to December 2016. However, the trust stated that this was developmental work, which was still being embedded. In the period September to December 2016 the average compliance for supervision in the service, as recorded on the trust database, was 18%. All wards except Trinity 2 had a compliance rate of less than 30%. Elmdale and Ward 18 had a compliance rate of 0%. Ward managers told us that recording supervision was an area they recognised needing improving in the service. The low compliance with staff supervision meant that staff did not have regular opportunities to review their performance, reflect on their practice, or identify training and development needs. At the time of the last inspection staff did not regularly receive clinical and management supervision. In some cases staff had not received supervision in over 12 months. Some staff told us they received regular supervision whereas others told us it had been months since they had last received supervision.

Ashdale and Elmdale since the last inspection had changed their specification to become single gender wards. The psychologist for the wards had provided additional training for staff in how to work with patients with personality disorders. Several staff told us that this training had improved both their skills and understanding of how to work with the patients on the ward. Staff told us they had received additional specialist training in nutrition, phlebotomy, and venepuncture. Student nurses told us that they had been supported in their placements.

Multidisciplinary and inter-agency team work

We attended multidisciplinary team meetings on six of the nine wards. Each ward had regular and effective multidisciplinary team meetings. Staff invited patients to attend multidisciplinary team meetings. Where patients attended we saw staff supported them and gave them enough time to fully participate in the meeting. During the last inspection we were told that community mental health

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.

staff struggled to attend meetings on Ashdale and Elmdale. During this inspection this had improved and we were told that community mental health staff regularly attended multidisciplinary team meetings.

Staff on all wards were highly positive about the relationship between the wards and the trust's mental health crisis teams. The crisis teams were responsible for gatekeeping all admissions to the wards. Staff from the trust's crisis teams attended multidisciplinary team meetings to assist with planning for eventual discharge.

Each ward had regular input from pharmacists and pharmacy technicians. Pharmacists attended the multidisciplinary team meetings. Both ward managers and ward consultants were highly positive about the pharmacy input on the wards.

Adherence to the MHA and the MHA Code of Practice

Training in the Mental Health Act was mandatory for qualified nurses. Average compliance with Mental Health Act and Mental Health Act Code of Practice training was low at 32%. Only Beamshaw had more than 50% of the staff received training. Staff were not able to identify one or more of the principles of the Mental Health Act.

Administrative support and legal advice on implementation of the Mental Health Act was available from Mental Health Act offices based in each of the four localities. Staff knew, and were highly positive about the Mental Health Act administrators in each of the four localities. Mental Health Act papers were examined on admission by the qualified nurse receiving a new patient and were then rechecked by the Mental Health Act administrators based in the Mental Health Act office at each locality.

Care records showed evidence that patients had their rights under the Mental Health Act explained to them at regular intervals. Mental Health Act records for leave granted to patients was stored appropriately on all wards. Expired leave paperwork was kept as a separate record. On each ward we saw that statutory Mental Health paperwork related to consent to treatment was with the medication charts. This allowed nursing staff to check the treatment status of patients before dispensing medication.

Whilst all wards had access to an independent mental health advocate, the process for referrals to the independent mental health advocate was not consistent in the service. Ashdale, Elmdale, Priory 2, Trinity 1, Trinity 2 and Ward 18 had an 'opt-in' system, which meant that patients needed to express an interest in using the advocacy service before they would be referred. Beamshaw, Clarke and Melton had an 'opt-out' system, which meant that all patients were referred to the advocacy service at the point of their admission.

Good practice in applying the MCA

Training in the Mental Capacity Act and the Deprivation of Liberty Safeguards was added to the trust's mandatory training list in March 2016. Compliance with Mental Capacity Act and the Deprivation of Liberty Safeguards training was low at 46%. The low compliance with this training was evident in the poor staff understanding of the Mental Capacity Act. None of staff were able to identify one or more of the principles of the Mental Capacity Act.

During the inspection we asked staff to explain how the Mental Capacity Act was used in practice on the wards. We found that staff struggled to explain the circumstances which would require a capacity assessment or a best interest decision. Staff were clear that capacity was considered in relation to patients making the decision to consent to treatment in weekly ward reviews; however staff were unclear that capacity should be considered for other decisions.

The trust had a policy on the Mental Capacity Act. Not all staff were aware that the trust had a policy that they could refer to for help with the Mental Capacity Act.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

During the inspection, we saw that staff were kind, caring and respectful with patients. Staff knocked on patients' bedroom doors before entering. Interactions between staff and patients were warm, friendly and with good boundaries. Staff had a good knowledge of patients and appeared to know their individual needs, habits and care plans well. We saw that staff took time with patients. During moments when staff were busy staff reassured patients that they would assist them within a short time and we saw that this was done.

We spoke with 39 patients during this inspection. Feedback from patients was consistently positive on seven of the nine wards, including one of the psychiatric intensive care units. On Elmdale, feedback from patients was broadly positive about the environment and the ward staff, although two patients expressed concern about the treatment of one patient which was investigated by the ward manager. On Melton, patients told us that there was often not enough staff, which meant that the ward was often using agency staff. We were told that agency staff were not as approachable and were less responsive to patients' needs.

The involvement of people in the care they receive

Community meetings took place regularly on most wards, which allowed patients to feedback into the running of the wards. The service had a checklist for admissions, which was used to orientate patients to ward environments. Patients were actively involved and could participate in co-produced care plans. Most care records were personalised and holistic with good evidence of patient involvement and participation. Only one record included evidence of active patient participation in risk assessment, and qualified staff told us that risk assessments were usually based on observations and the patient's mental health history. Patients were invited to attend multidisciplinary meetings and were supported to actively participate in the meetings. Some patients had their own copy of their care plans.

Patients on all wards could access an independent mental health advocate and an independent mental capacity advocate, although the referral system for advocacy differed between the wards.

We spoke with six carers during this inspection. Feedback from carers was consistently positive about the wards. Carers told us that they were invited to multidisciplinary meetings and to discharge planning meetings. Care records showed that carers were contacted by ward staff to provide additional historic background information about patients. Of the 44 care records we reviewed, 34 records included evidence of carer or family involvement which included participation in meetings, and feedback and contribution to care plans. Six of the records had a specific care plan in place to support families and carers. Ward managers told us that the service was able to make referrals for carer's assessments to support families and carers.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

All wards had a clear criteria for referrals. All wards accepted adults over the age of 18, primarily from the trust's catchment area. Due to the single-gender criteria for most wards, only Melton and Ward 18 were able to accept referrals for both men and women. In the period 1 June 2016 to 31 December 2016 the service admitted 1155 patients. Ashdale, Elmdale and Ward 18 had the highest number of admissions and discharges. The average length of stay in the service was 42 days. Clarke, Priory 2 and Trinity 1 had an average length of stay which was higher than the service average. The ward with the longest average length of stay was Priory 2 with an average of 72 days.

Average bed occupancy both including and excluding leave had decreased since the last inspection. Average bed occupancy for the period 1 June 2016 to 31 December 2016 excluding patient leave was 83%. Average bed occupancy for the same period including patient leave was 91%. Beamshaw, Melton, Trinity 1 and Trinity 2 had an average bed occupancy of 85% or less. Elmdale and Ward 18 had an average bed occupancy of more than 100% which was caused by patients being admitted to beds allocated to patients on leave from the ward. This meant that a bed might not always be available to a patient on leave who required early readmission to the ward.

In the period 1 June 2016 to 31 December 2016 there were 172 out of area placements. The trust's acute wards in Wakefield, Priory 2 and Trinity 2 had the highest number of out of area placements at 76. In the same period there were 188 readmissions of patients within 90 days. The ward with the highest number of readmissions within 90 days was Ashdale. This was also the case during the previous inspection.

Staff told us that patients were rarely moved between wards. If patients were admitted to a ward outside of their catchment area then the wards were committed to supporting the patient for the duration of their admission. Since the fire on Trinity 2, staff told us that accessing a bed on the psychiatric intensive care unit had become more problematic for female patients in Wakefield and Kirklees because of the reduction in bed numbers.

The service had 26 delayed discharges in the period 1 June 2016 to 31 December 2016. Elmdale and Beamshaw had the highest number of delayed discharges. The trust had a standard operating procedure for 'minimising delayed transfers of care'. The procedure stated that delayed transfers of care were defined as 'when a person is ready for discharge from care… but is still occupying a bed designated for such care'. The decision to identify a delayed transfer of care required a multidisciplinary team with a minimum membership of the responsible clinician, care coordinator/key worker, inpatient nurse and social worker or other local authority representative. Ward managers told us that because of the requirements of the trust policy whereby delayed transfers of care were not official until agreed by inpatient, community and local authority staff, they felt there was sometimes a difference between the trust figures and the ward perception of the number of patients who were overdue for discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The patient led assessment of the care environment produces a score for privacy, dignity and wellbeing which looks at how the environment supports and promotes privacy and dignity. The average score for the service in this area was 90%, which was above the national average of 84.2%. Only the Dales (Ashdale and Elmdale) scored less than the national average with a score of 78.6%.

The wards had a full range of rooms to support treatment and care including a clinic room and lounge areas. All wards had a designated area for activities. All wards had quiet areas where patients could meet visitors. Priory 2 had an art room for patients which was accessible at all times. Beamshaw and Clark, Ashdale and Elmdale both had a shared activities space with a pool table. Elmdale also had a dance instructor who delivered weekly sessions on the ward. All wards had access to gym facilities although on Ward 18 we were told that the gym was closed and it was not clear when it would be reopened. All wards had access to outside space.

Patients had a secure space in their bedrooms where they could store their possessions. Patients were allowed to have their own televisions or music systems during their admissions on an individual risk basis. In some patients bedrooms we saw that patients had brought family

Are services responsive to people's needs?

Good

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

photographs. Mobile phones were not restricted on any ward. Patients could access a ward phone on all and the ward phone was either wireless or located in a private area.

Patients told us that the food on the wards was of good quality although some patients stated they would prefer more variety in the menu options. The patient led assessment of the care environment produces a score for food and hydration, which looks at the choice of food, meal times and access to menus. The average score for food and hydration was 89.3%. This was 1% than the national average of 88.2%. Only Priestley Unit (Ward 18) scored less than the national average with a score for food and hydration of 83.1%. On all wards patients could make a hot drink or snacks at any time.

Meeting the needs of all people who use the service

All wards were accessible to for patients requiring disabled access. Most wards were on the ground floor. On Ashdale and Elmdale which were on the first floor of The Dales building there was a lift available for patients. The wards also had disabled access bedrooms and bathrooms.

None of the wards had leaflets available in languages other than English although ward managers told us that these could be sourced from the trust's communications department. The trust's website for the each ward had a function, which translated each webpage into a variety of languages that were reflective of the local diverse ethnic groups in South Yorkshire. Language options included Urdu, Pahari, Polish and Arabic. Ward managers told us that the trust had access to an interpreter service which provided both a telephone and face to face interpreter service. On Priory 2 and Trinity 2 we were told that the wards had used the interpreter service to translate care plans into patients' native languages. The service was able to provide food to meet special cultural or dietary requirements including halal and vegetarian options. On Trinity 1 the ward manager told us that the ward was caring for a patient who required a non-dairy diet.

All wards had posters available which provided information on local services, patients' rights, how to complain and how to access the advocacy service. Ward managers on all wards told us that patients had access to a pastoral service. Spiritual support was provided by visiting chaplains and imams, although we were told that patients had been supported to access spiritual support for other faiths as well.

Listening to and learning from concerns and complaints

Staff understood the trust's complaints procedure and told us that they both supported and encouraged patients to make complaints. The wards had community meetings which provided an informal forum for patients to raise concerns. Formal complaints were directed in the first instance to the ward managers to investigate although complaints could be escalated to the trust's complaints department if patients were not satisfied with the manager's resolution to the complaint. Patients told us that they knew how to complain. All wards had posters which advised patients about the complaints procedure.

In the period 1 June 2016 to 31 December 2016 the service received 14 complaints. Five complaints were upheld. One complaint was not upheld. Eight complaints were classed as 'still open' at the time of inspection. None of the 14 complaints had been referred to the Parliamentary and Health Services Ombudsman. Elmdale had five complaints, which was the most in the service. The trust recorded the action taken following upheld or partially upheld complaints.

In the period 1 June 2016 to 31 December 2016 the service received and logged 40 compliments. Trinity 2 received 16 compliments in the period, which was the most in the service. The ward managers of most of the wards told us that the wards had a clear process for logging and managing complaints but that this was not routinely used to capture compliments. Compliments were logged by the trust on an ad hoc basis.

Are services well-led?

Good

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

Our findings

Vision and values

South West Yorkshire Partnership NHS Foundation Trust provided seven acute mental health wards and two psychiatric intensive care units. The trust had adopted a trust-wide mission and values. The trust mission statement was:

- We exist to help people reach their potential and live well in their community.

The trust values were:

- We must put people first and in the centre and recognise that families and carers matter
- We are always respectful and honest, open and transparent, to build trust and act with integrity
- We will constantly improve and aim to be outstanding so we can be relevant today, and ready for tomorrow

We asked 13 members of staff to identify one or more of the trust values. Every member of staff was able to recall one or more of the values. The trust had adopted a values-based recruitment process, which looked at the values and behaviours of potential candidates to see if they matched the values of the trust. New members of staff undertook a year-long values-based induction in which their values and behaviours were reviewed with their line manager once every three months.

Most ward managers knew who the most senior managers in the organisation were. Two managers told us that the chief executive produced a regular bulletin for staff.

Good governance

The wards had effective systems and processes to monitor and assess performance. Ward managers had sufficient authority to carry out their roles. They were able to clearly identify the areas where the wards needed to improve and were able to clearly describe how they planned to achieve improvements. We found on some wards that the managers were new in post; however, they displayed a comprehensive knowledge of their wards and appeared positive about their teams and their role.

Staff and managers identified low uptake of mandatory training as an issue. Managers received regular updates from the trust's central training database, which highlighted training modules which were out of date or were soon to go out of date. Overall compliance with mandatory training in the service was 74% which was below the trust target. Compliance with cardiopulmonary resuscitation was consistently low across the wards and on Trinity 2 and Ward 18 less than 50% of staff had received the training. Average compliance with safeguarding training was above the trust target however Trinity 1 and Trinity 2 were below the target for both safeguarding adults and safeguarding children training.

Systems to monitor compliance with supervision were new in the service and had not yet embedded at the time of inspection. Baseline data for supervision compliance indicated that less than 20% of staff had received supervision in the period September to December 2016. Managers told us that the statistics were not yet reflective of the actual supervision rates on the wards but that this would improve as more staff received the clinical supervision training and were able to input their supervision sessions on to the system. Managers were clear that this was an issue and had clear actions for how to improve compliance figures.

Appraisal rates were consistently high across the wards with an average compliance rate of 97%. The lowest compliance rate for appraisals was on Ashdale, however, at 84% this was still above the trust target of 80%.

Staff on all wards raised concerns about staffing levels. Only two of the nine wards did not have vacancies for qualified nurses. Bank or agency staff had covered almost one quarter of the total number of shifts in the service in the three months prior to inspection. We were told that the trust had implemented regular recruitment days and was working to fill vacancies. Managers were able to respond to shortfalls in staffing by bringing in bank or agency staff and by increasing the number of unqualified staff on the wards. The average combined fill rate for shifts for qualified nurses and nursing assistants was 112% in the three months prior to inspection.

All staff knew how to use the trust's electronic incident reporting system and knew what a reportable incident was. Staff were able to describe how they received feedback both from their incident reports and from incidents themselves. Staff told us about serious incidents on some wards which had affected change both on the ward where the incident happened and on other wards in the service.

Are services well-led?

Good

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

Qualified and unqualified staff had a comprehensive understanding of the duty of candour, which included the responsibility to be open and honest and to apologise if something goes wrong. Staff were able to give examples of how the duty of candour had been used in practice which included apologising to patients after incidents of self-harm.

Compliance with Mental Health Act and Mental Capacity Act training was low across all wards. Whilst the wards had clear and effective procedures to ensure compliance with the Mental Health Act, we found that understanding and practice of the Mental Capacity Act was poor across all wards. Staff struggled to explain the circumstances which would require a capacity assessment or a best interest decision. Care records did not provide evidence that staff considered capacity for decisions other than the decision to consent to treatment.

Managers had access to an electronic performance dashboard on trust's intranet which provided data relating to key performance indicators such as mandatory training, sickness rates, appraisal rates and incidents broken down to individual ward level.

Leadership, morale and staff engagement

Average sickness rates in the service were 6% which is higher than the NHS national average of 4%. The average turnover rate for the service was 8%. Only Ashdale had a significantly higher turnover rate which was 16%.

Staff had a good understanding of the concept of whistleblowing. Staff were able to describe the process for raising concerns and knew that concerns could be raised both within the trust and to external organisations including CQC. Staff knew that the trust had a policy which supported staff to speak up and raise concerns. Staff consistently told us that they felt confident they could raise concerns without fear of victimisation. There were no reported cases of bullying or harassment within the six months prior to inspection.

We found there was a disparity between how staff described their individual morale and sense of job satisfaction to how they described it at a team level. Most staff told us that they were happy in their roles and had high morale. Staff were passionate about their roles and positive about their teams. They described a strong sense of teamwork on the wards. Staff consistently told us that morale in ward teams was low however almost all staff told us their own individual morale was high. With staff on most wards appearing positive about their work, we did not see sufficient evidence of low morale at team level.

However, staff on Melton and staff who provided cover on Melton from Beamshaw and Clarke told us that both the team morale and their individual morale was low. Staff told us that the team had not responded well to a change in local management. Staff consistently told us that high patient acuity meant that staff regularly did not get a break in their shifts.

Commitment to quality improvement and innovation

During the last inspection Melton, Beamshaw and Clarke were applying for the Royal College of Psychiatrists' accreditation for inpatient mental health services. At the time of this inspection Melton had successfully achieved accreditation. Most of the ward managers told us that they wanted the wards to achieve accreditation in the near future.

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 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The trust did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the care and treatment needs of people using the service because: Average mandatory training compliance was below the trust target in the service. Average compliance with cardiopulmonary resuscitation training was 64% which was below the trust target of 75%. Staff had a limited understanding of the Mental Capacity Act. Compliance with Mental Capacity Act and Mental Health Act training was low on all wards. Not all staff received regular supervision. Not all supervision was regularly documented on the trust's electronic database. **This was a breach of Regulation 18(1)(2)(a)**