CareQuality Commission

Somerset Partnership NHS Foundation Trust

Quality Report

2nd Floor, Mallard Court Express Park
Bristol Road, Bridgwater, TA6 4RN
Tel: 01278 432000
Website: www.sompar.nhs.uk

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units.	Rydon Wards One and Two	RH576
Acute wards for adults of working age and psychiatric intensive care units.	Rowan Ward	RH572
Acute wards for adults of working age and psychiatric intensive care units.	Holford Ward	RH576
Acute wards for adults of working age and psychiatric intensive care units.	St Andrews Ward	RH502
Community mental health services for people with learning disabilities	Trust Headquarters	RH5
Wards for older people with mental health problems	Magnolia ward	RH572
Wards for older people with mental health problems	Pyrland 1	RH576
Wards for older people with mental health problems	Pyrland 2	RH576
Forensic inpatient/secure wards	Ash Ward	RH5Y5
Community-based mental health services for adults of working age.	Trust HQ (Mallard Court)	RH5AA

Summary of findings

Community-based mental health services for adults of working age.	Minehead Community Hospital	RH5F5
Community-based mental health services for adults of working age.	Priory Health Park	RH5Y7
Community health services for adults	Dene Barton Community Hospital	RH5X5
Community health services for adults	Minehead Community Hospital	RH5F5
Community health services for adults	Priory Health Park	RH5Y7
Community health services for adults	Shepton Mallet Community Hospital	RH5F7
Community health services for adults	South Petherton Community Hospital	RH5Y8
Community health services for adults	West Mendip Community Hospital	RH5F8
Community health services for adults	Williton Community Hospital	RH5F1
Community health services for adults	Wellington Community Hospital	RH5X9
Urgent care services	Shepton Mallet Community Hospital	RH5F7
Urgent care services	Frome Community Hospital	RH5G5
Urgent care services	Chard Community Hospital	RH5X3
Urgent care services	Burnham-on-Sea War Memorial Hospital	RH5X2
Urgent care services	Bridgwater Community Hospital	RH5X1
Sexual Health Services	Contraceptive and Sexual Health Service	RH5H6
Community health inpatient services	Bridgwater Community Hospital	RH5X1
Community health inpatient services	West Mendip Community Hospital	RH5F8
Community health inpatient services	Dene Barton Community Hospital	RH5X5

Summary of findings

Community health inpatient services	Burnham-on-Sea War Memorial Hospital	RH5X2
Community health inpatient services	Chard Community Hospital	RH5X3
Community health inpatient services	Crewkerne Community Hospital	RH5X4
Community health inpatient services	Williton Community Hospital	RH5F1

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

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

Overall rating for services at this Provider	Good	🟢
Are services safe?	**Requires improvement**	🟠
Are services effective?	**Good**	🟢
Are services caring?	**Good**	🟢
Are services responsive?	**Good**	🟢
Are services well-led?	**Good**	🟢

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

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

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

Summary of findings

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Overall summary

Following the inspection in March 2017, we have changed the overall rating for the trust from requires improvement to **good** because:

- The trust had made significant progress in addressing the concerns we raised following our inspection in September 2015. We have changed the overall trust ratings in the key questions of effective, responsive and well-led from requires improvement to good.

- In the services we inspected, the trust had acted to meet the requirement notices we issued after our inspection in September 2015. Out of 17 core services provided by the trust, 15 are now rated **good** overall.

- In response to our March 2017 findings, we have changed the rating for community mental health services for people with learning disabilities or autism from inadequate to good. Because of the dramatic improvement to these services and the way they had been implemented by managers and the trust, we rated the key question of well-led in these services as outstanding.

- Following the inspection in March 2017 we have changed the ratings for six core services from requires improvement to good: community based mental health services for adults of working age; wards for older people with mental health problems; acute wards for adults of working age and psychiatric intensive care units; community health services for adults; MIU/urgent care; and sexual health.

- In September 2015, we rated eight of the 17 core services as good. Since that inspection we have received no information that would cause us to question those ratings. In March 2017, we sampled one of those eight services, forensic inpatient/secure wards to check if it had maintained the rating of good, which it had.

- We completed a 'well-led' review and found the trust's new chief executive had provided positive and proactive leadership which had enabled its senior leadership team to address the issues we identified in our last inspection visit in September 2015. This had led to an improvement in the trust governance processes.

However:

- Despite improvements across all the services that we inspected, the key question of safe for the trust remains requires improvement.
- Despite seeing improvements in five core services in the key question of safe, there continued to be concerns in community health inpatient units and acute wards for adults of working age and psychiatric intensive care units and community health services for adults. This meant that we have again rated the trust overall as requires improvement for safe.
- We still had concerns about the core service of community health inpatient units. We have again rated this core service as requires improvement overall.
- In the key question of effective we found concerns surrounding the recording of capacity and consent in a number of areas.

The full report of the inspection carried out in September 2015 can be found here at http://www.cqc.org.uk/provider/RH5

At the inspection in March 2017, we did not reinspect the community dental services that we had rated requires improvement in September 2015. CQC will reinspect this core service as part of its ongoing dental inspection programme.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

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

- In September 2015, we rated nine of the 17 core services as requires improvement for safe. We rated two services, community mental health services for people with learning disabilities and community health services for adults, as inadequate. This led us to rate the trust as requires improvement overall for this key question. Following this most recent inspection in March 2017, we have again rated community health inpatient units and acute wards for adults of working age and psychiatric intensive care units as requires improvement. Also, whilst we did see improvements in community health services for adults, there was still work to be done to address the risks in those services, so we changed the rating from inadequate to requires improvement.

- In acute mental health wards and psychiatric intensive care units there were problems with medicines management, concerns on recording of seclusion and restraint, and a number of blanket restrictions.

- Although we found a number of improvements in community health services for adults which meant they were no longer inadequate in the key question of safe, there remained problems with staffing and inconsistent management of wounds which meant that we re-rated them requires improvement.

However:

- We have changed the rating for safe of five of the core services from requires improvement to good. This included community mental health services for people with learning disabilities, which had previously been rated as inadequate. The trust had addressed the issues that had caused us to rate safe as requires improvement following the September 2015 inspection in the following services:

- In wards for older people with mental health problems, the trust had addressed the environmental concerns and training issues identified at our last inspection.

- Community-based mental health services for adults of working age had addressed caseload management issues and were conducting good risk assessments.

Requires improvement 🟠

Summary of findings

- Urgent care services (minor injuries units) had taken action to understand and mitigate risks to the service. The time from arrival to assessment had improved, as had the quality of some areas of record keeping.

- Community based mental health services for people with a learning disabilities had improved its risk assessments which were now comprehensive and identified areas of concern.

Are services effective?

Good ●

We re-rated effective as **good** because:

- In March 2017 we found significant improvements in most areas. The trust had addressed the issues that had caused us to rate effective as requires improvement in September 2015 in the following services. We re-rated these five services as good for effective.

- In forensic/secure inpatient wards the service had ensured that patients' were aware of their section 132 rights when detained under the Mental Health Act, that staff documented patients consent to medicines and ensured that they received feedback from second opinion appointed doctors.

- In wards for older people with mental health problems the trust was meeting its legal obligations under the Mental Capacity Act and do not attempt cardio pulmonary resuscitation decisions were being made and recorded appropriately.

- In urgent care services (minor injuries units) we found improved systems for clinical supervision, and improved delivery of care in accordance with national standards and guidance.

- Community health services for adults had strengthened their arrangements for appraisals and supervision. Multidisciplinary working had improved, as had the use of outcome measures to benchmark and improve services.

- During our inspection of acute mental health wards and psychiatric intensive care units in September 2015, we found that staff had not been gaining consent for treatment or clearly recording it in patients' notes. During our inspection in March 2017, we found staff had not recorded consent in the expected place in 11 out of 29 records. However, the trust produced additional evidence to confirm that staff had recorded consent elsewhere in the patients' notes.

- The trust had also addressed the issues that had caused us to rate effective as inadequate following the September 2015 inspection in the community based mental health services for people with learning disabilities. Service users now had holistic and detailed care plans with an effective clinical team.
- However, although we found that community health inpatients services had met the requirement notices from 2015, we also found additional areas for improvement at this inspection. As a result we have re-rated this service from good to requires improvement. We found pain scoring was not being consistently recorded, and in some cases was inaccurate. Staff felt the organisation had not responded to ongoing concerns and issues raised about medical cover on Exmoor Ward. Fluid balance charts were not being completed effectively and patient information did not always contain up-to-date best practice guidelines. Consent and capacity was not always clearly recorded.
- Two further services remain requires improvement in the key question of effective that were not visited during the March 2017 inspection.

- This is a change of rating since the last inspection.

Are services caring?   Good ●

We rated caring as **good** because:

- At the last inspection in September 2015, we rated caring as **good** overall.

- In September 2015, we rated community mental health services for people with learning disabilities as requires improvement for caring. Following this most recent inspection in March 2017, we have revised the rating for this core service to good following improvements in how they engaged with service users.

- This means the trust now has 16 out of 17 core services rated as good and one as outstanding.

Are services responsive to people's needs?   Good ●

We rated responsive as **good** because:

- In September 2015, we rated eight out of the 17 core services as requires improvement for responsive. This led us to rate the trust as requires improvement overall for this key question.

Summary of findings

Following this most recent inspection in March 2017, we have changed the rating of six of these core services to good. We did not visit the remaining two services that require improvement in this key question at this inspection.

- Due to the improvements we found in March 2017, 15 out of 17 core services are now rated as good.

- The trust had addressed the issues that had caused us to rate responsive as requires improvement following the September 2015 inspection in the following services:

- In community based mental health services for adults of working age, staff were meeting referral to assessment times and waiting lists were being managed well.

- In the community sexual health services we found improved access to clinics, including for patients with limited mobility. Additionally, waiting times for patients had been improved. We therefore re-rated this service from requires improvement to good.

- Community health services for adults had considered the needs of patients when planning and delivering services, and staff were flexible to meet those needs. Although some waiting lists were long, initiatives were in place to reduce the waiting times.

- Community health inpatients services had improved their investigation, learning and response to complaints. Care planning took account of the needs of the patient and activity coordinators had been employed to improve the stimulation available to patients.

- In community based mental health services for people with learning disabilities there were clear criteria for which service users would be offered a service that did not exclude service users who needed treatment and would benefit. Information was accessible and available and waiting times were met.

- This resulted in these services being re-rated to good. This meant that all the services we inspected at this inspection were rated as good for responsive.

Are services well-led?

We rated well-led as **good** because:

- In September 2015, we rated nine out of 17 core services as requires improvement for well-led, and one, community mental health services for people with learning disabilities, as

Good ●

inadequate. This, with a review of the trust's governance and senior leadership, had led us to rate the trust as requires improvement overall for this key question. Following this most recent inspection in March 2017, we have changed six of these ratings to good. We changed the rating for community mental health services for people with learning disabilities to outstanding.

- When we visited in September 2015 the trust had failed to identify the number and severity of issues relating to community mental health services for people with learning disabilities. The trust had improved its systems to identify areas of concern and encouraged staff to engage with them.

- We rated well-led in community mental health services for people with learning disabilities as outstanding because of the dramatic improvements in the service since our September 2015 inspection. This was due to the leadership of the divisional manager, who had just been appointed at the time of our last inspection, and the service manager who had been appointed by the trust to complete the transformation. The team leaders had also embraced the need for change and worked to support their teams in the process. Staff morale was high and staff were keen to show us the improvements to the service. Staff were fully involved in the improvements and changes to the service, with groups of staff from each team reviewing how the service worked for patients and asking is the service safe, effective, caring, responsive and well led. The trust had supported this change with a no blame approach to the staff team following the previous rating of inadequate. The trust had requested support from another NHS organisation with a good learning disability service to help with the improvement plan and there was visible senior management support for the service development, including the chief executive attending meetings in the service and shadowing visits.

- At this inspection, we completed a 'well-led' review and found the trust's new chief executive had enabled its senior leadership team to address the issues we identified in our last visit. This had led to an improvement in the trust governance processes.

- At our last inspection, the culture of the organisation we described as "top down". There had been a marked change in this with managers feeling more empowered and enabled to make decisions. Although this change in culture was still bedding in, staff and managers were positive about the direction the trust was moving in and the leadership style set by the chief executive.

Summary of findings

- At our last inspection, we were concerned that the trust's vision and values were not clear to staff. The trust had new values that had been worked on with staff consultation. At this inspection, the majority of staff were able to identify the new values and some staff described their role in their creation.

- The trust continued to be in a period of considerable change with changes to the relationship with the local authority, new care pathways and the development of the local sustainability and transformation plan. Staff affected by these changes felt more informed than at our last inspection and appropriate consultation with staff appeared to be happening.

- The trust had also addressed the issues that had caused us to rate well led as requires improvement following the September 2015 inspection in the following services which led to a change of rating to good:

- At this inspection, we found community sexual health services had improved their risk identification and management processes. The service had also focussed on longer-term strategies to develop the service. As a result, we have re-rated this service from requires improvement to good.

- Urgent care services (minor injuries units) had improved their risk identification and management processes. We also found learning points and action plans following complaints and incidents had been strengthened.

- In the community health services for adults, we found improved systems for keeping lone workers safe. Risk management had been improved to ensure risks had a nominated owner to follow through monitoring and mitigating actions.

- In acute mental health wards and psychiatric intensive care units staff reported having good morale, great mutual support from their team and that they felt supported by their managers. Three wards had been involved in a quality improvement process involving an outside organisation and teams of other professionals visiting to assess them.

- Although staff in older peoples mental health wards did not feel particularly engaged and were anxious about potential further changes, the trust were taking steps to address the improvements needed. Local governance of the wards was effective, there was high staff morale and ward managers were visible on the ward and respected by the staff team.

- Community-based mental health services for adults of working age had positive leadership within the service which ensured that managers had addressed issues with the waiting list identified at the last inspection.

Summary of findings

However:

- In community health inpatient services we found the service had addressed the requirement notices following our September 2015 inspection. However, further areas for improvement were identified, which is why the rating for well led and the overall service has not changed since 2015.

- We did not visit two other services rated as requires improvement for well-led at our September 2015 inspection.

- Although the trust senior leadership considered risk more carefully than at our last inspection and were proactive in their approach, the trust had adopted an 'exception' rather than a 'positive assurance' model of reporting.

Summary of findings

Our inspection team

Our inspection team was led by:

Team Leader: Gary Risdale, Inspection Manager (Mental Health) Care Quality Commission

The team included a CQC head of hospital inspection, four CQC inspection managers, 18 CQC inspectors, a CQC assistant inspector, two Mental Health Act reviewers and 18 specialist advisors including allied health professionals, doctors and nurses.

Why we carried out this inspection

We undertook this inspection to find out whether Somerset Partnership NHS Foundation Trust had made improvements to the following services since our last comprehensive inspection of the trust:

- Community based mental health services for adults of working age
- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Community mental health services for people with learning disabilities or autism
- Forensic inpatient/secure wards
- Community health services for adults
- MIU/urgent care
- Sexual health
- Community health inpatient services.

That inspection was undertaken in September 2015 where we rated the trust as **requires improvement** overall.

At the last inspection in September 2015, we rated the community mental health services for people with learning disabilities as **inadequate** because we were concerned that staff did not always respond appropriately to meet peoples' individual needs to ensure the welfare and safety of service users. These concerns included the lack of risk assessments, person-centred care planning, and mitigation of risks, incident reporting and working with others where responsibility for care is shared or transferred.

Following the September 2015 inspection we issued a warning notice. The warning notice was served under Section 29A of the Health and Social Care Act 2008 on the 25 September 2015 because of concerns about the safety of community mental health services for people with learning disabilities or autism provided by Somerset Partnership NHS Foundation Trust.

The warning notice required the trust to conduct an immediate review of the service's case load focusing on risk assessments with safety plans being put in place where necessary within six weeks of receipt of the warning notice. It also required the trust to undertake a comprehensive review of the assessment and care planning in the service which it needed to complete within the six months following us serving the warning notice.

We completed an unannounced, focussed inspection on 10 May 2016 to see if the requirements of the warning notice had been met. We found the requirements of the warning notice had been met and that risk assessments were comprehensive and identified all areas of concern for service users. All service users had holistic and detailed care plans that addressed known risks and areas of treatment that service users required. Multidisciplinary team meetings considered risk in a collaborative way.

Following the September 2015 inspection, we also told the trust to make the following improvements to community mental health services for people with learning disabilities:

- The trust must assess, monitor and improve the quality and safety of services provided and improve governance processes.
- The trust must assess monitor and mitigate risks for patients and staff
- The trust must seek feedback from patients, relatives and carers and engage them in evaluating and improving services.
- The trust should ensure that care plans had a version that was available in a format that service users who used the service could understand.

Following the September 2015 inspection, we also told the trust to take the following actions to improve wards for older people with mental health problems:

Summary of findings

- The provider must assess and address in full the risks associated with the physical ward environments as safe as possible, appropriate measures must be implemented to mitigate effectively the risks to people using the service.
- The provider must ensure that the training staff receive is adequate to be able to safely manage aggressive, physically fit and strong older adults.
- The provider must take the appropriate steps to demonstrate that care and treatment are provided with the consent of each patient or other relevant person, and be able to demonstrate that they act in accordance with the Mental Capacity Act 2005 (MCA) in all instances where a patient lacks mental capacity to make specific decisions and to consent to their care and treatment. Specifically, the provider must ensure they act in accordance with the MCA in all instances where a formal instruction to not attempt cardiopulmonary resuscitation (DNA/CPR) is in place.

Following the September 2015 inspection, we told the trust it must take the following action to improve community based mental health services for adults of working age.

- The trust must take action to further mitigate the risks of the 120 patients waiting the allocation of a care coordinator.

Following the September 2015 inspection, we told the trust it must take the following actions to improve forensic inpatient/secure services:

- The trust must ensure patients' capacity to consent to medication is assessed, reviewed and recorded regularly.
- The trust must ensure patients are being given their Section 132 rights on admission and at regular intervals.
- The trust must share the outcome of a second opinion appointed doctor (SOAD) visits with patients.

Following the September 2015 inspection, we told the trust it must take the following actions to improve acute wards for adults of working age and psychiatric intensive care units:

- The trust must ensure that staff have sufficient knowledge of safeguarding procedures and that all safeguarding incidents are correctly identified and

raised. Safeguarding alerts and concerns were not always being made when they should and some staff were not aware of their responsibilities with regard to alerting safeguarding authorities.
- The trust must ensure that consent for treatment is gained and that this is clearly documented.
- The trust must ensure that all sites where rapid tranquilisation is used hold the appropriate medicines to reverse the effects of benzodiazepine medication.
- The trust must ensure resuscitation equipment and refrigerators are checked and maintained.

Following the September 2015 inspection, we told the trust to make the following actions to improve community health inpatient services:

- The provider must ensure that there is suitable access to fire escapes and training for emergency equipment to all at Chard Community Hospital.
- The provider must ensure that risk is properly assessed at the community hospitals and that this is recorded and escalated Patient records should be consistently completed in full.

Following the September 2015 inspection, we told the trust to make the following actions to improve sexual health services:

- Equipment used in the delivery of care and treatment should be maintained and checked in accordance with the manufactures guidelines and trust policy.
- Patient records should be consistently completed in full.
- The trust database which identified mandatory training completed by staff was not kept up to date and did not provide an accurate record.
- Emergency medication and equipment should be clearly labelled for use in an emergency.
- The staffing levels and skill mix of the service should be reviewed to ensure a consistent and timely service can be provided to patients. The main booking line should be accessible to patients when they telephone.
- The provider should ensure that patients with mobility requirements are provided with the means to access the service.

Following the September 2015 inspection, we told the trust to make the following actions to improve community health services for adults:

Summary of findings

- The provider must ensure that patients receive a thorough and timely assessment that includes essential observations and risk assessments that are necessary to detect deterioration in patients' health and wellbeing.
- The provider must deploy sufficient staff to meet the demand in the district nursing service
- Check e-rostering in all district nurse federations
- Check caseload zoning across all Federations and set guidelines for best practice groups
- The provider must ensure that a safe protocol for lone working at night time is actioned and embedded and audited regularly
- The provider must ensure that record keeping is of a consistently safe standard

Following the September 2015 inspection, we told the trust to make the following actions to improve urgent care services:

- Strengthen governance arrangements to ensure that maintenance logs for equipment used on and with patients are up to date and show where equipment is not maintained.
- Strengthen governance arrangements to ensure that all risks to service delivery are outlined in the service's local risk register, and where appropriate are included on the corporate risk register. Also ensure that there are clear management plans to address risks and that these management plans are regularly reviewed.

- Strengthen supervision or one to one arrangements to ensure that all staff receive one-to-one management and clinical supervision in line with trust policy.
- Ensure that the minor injury unit service is compliant with statutory and mandatory training.

These actions related to the following regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 9 Person centred care

Regulation 11 Need for consent

Regulation 12 Safe care and treatment

Regulation 13 Safeguarding patients from abuse and improper treatment

Regulation 15 Safety and suitability of premises.

Regulation 17 Good governance

Regulation 18 Staffing

At our September 2015 inspection we also rated community dental services as **requires improvement**. We did not reinspect this service during this inspection. Community dental services will be visited again for an inspection as part of our ongoing programme of dental inspections.

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 visiting, we reviewed a range of information we hold about Somerset Partnership NHS Foundation Trust and asked other organisations for information. We carried out short notice, announced inspection visits between 27th February and 2nd March 2017.

We looked at information provided to us on site and requested additional information from the trust both immediately before and following the inspection visit relating to the services inspected.

We also carried out a 'well-led review' on the 8th and 9th March 2017 to look at any changes that had taken place in the leadership and governance of the trust since the previous inspection and to assure ourselves the trust was still well-led. This also involved receiving feedback from external stakeholders.

During the inspection visit, the inspection team:

- Visited 38 locations from which the trust delivered services including the trust HQ.
- Spoke with 201 patients and carers.

Summary of findings

- Received 239 comment cards with feedback from people who used services.
- Reviewed 357 patient records, including medication charts.
- Spoke with 323 staff and 45 managers.

- Interviewed members of the senior executive team including the chief executive, chief operating officer, medical director and director of nursing.
- Looked at a range of policies, procedures and other documents relating to the running of the services in the trust.

Information about the provider

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health and learning disability services to people of all ages.

The trust employs 3,838 staff, and has a turnover of £158 million.

The trust provides services from 13 community hospitals across the county of Somerset, and mental health inpatient services on nine mental health wards.

The trust runs seven minor unit units and four dental access centres, including on the Isle of Wight, in Dorset.

The trust has more than one million patient contacts each year.

The trust was inspected in September 2015 as part of our comprehensive inspection programme. We rated the trust as **requires improvement.**

We issued a warning notice following that inspection. The warning notice was served under Section 29A of the Health and Social Care Act 2008 on the 25 September 2015. This was due to concerns about the safety of community mental health services for people with learning disabilities or autism provided by Somerset Partnership NHS Foundation Trust.

We completed an unannounced, focussed inspection on 10 May 2016 to see if the requirements of the warning notice had been met. We found the requirements of the warning notice were met at that time and lifted the warning notice.

The current inspection focussed on areas where we served requirement notices following the inspection in September 2015 to see if improvements had been made. The current inspection took place fourteen months after the publication of the comprehensive inspection report (in December 2015).

What people who use the provider's services say

We spoke with 201 patients and their carers. Patients were overwhelmingly very positive about the staff that looked after them. Patients told us that services were accessible.

Good practice

Community health inpatient services

- The care provided to end of life patients in the community inpatient service was exceptionally good. In one example we were given at West Mendip community hospital, a patient had requested to die outdoors. Nurses at the hospital were able to accommodate this patient's dying wish despite the

challenging weather conditions. Nursing staff put canopies up to keep the patient dry and ensured they remained warm and comfortable. A harp was also playing to help the patient remain relaxed.
- Burnham-on-Sea hospital had adopted 'compassionate interviewing,' a recommendation from the Francis report. Compassionate interviewing was based on the 6C's, (values from the nursing and midwifery council, which all nursing staff should aspire to). The interview incorporated various tasks which

Summary of findings

identified elements of the 6C's demonstrated by the interviewee. Only candidates who demonstrated awareness of the 6C's in their application were invited to interview. This approach ensured staff being recruited were caring and compassionate.

Community health services for adults

- The 'after stroke clinic' at South Petherton Community Hospital had volunteers involved in assisting patients under the direction of the qualified staff. Some of these volunteers had suffered a stroke and they were able to share their experiences with patients. One patient told us this was beneficial to them after their stroke to see how they could improve.

- The trust ran balance and safety courses over eight weeks with follow up at the end of the sessions to encourage people to continue their exercises at home. They were very well attended. Patients we spoke with were very positive about the service.

- Orthopaedic assessment service sessions (OASIS) ran from several locations across the trust. They were delivered by specialist physiotherapists and podiatrists in collaboration with local GPs and orthopaedic surgeons from the local NHS trusts. We observed two clinics. Staff made a thorough examination of each patient, discussed their presenting condition and their treatment options in depth and were very clear about what was to happen next, for example a scan or referral for surgery.

Community-based mental health services for adults of working age

- Staff at the Taunton site had started up a wellbeing clinic for the monitoring of patients physical health and to provide a drop in service for patients' depots medication. Staff monitored patients who had started antipsychotic medication and completed tests in line with NICE guidance on psychosis and schizophrenia in adults and young people. To monitor the side effects of the antipsychotics staff used the Glasgow Antipsychotic Side Effect Scale (GASS). Staff said that they would welcome any new referrals into the wellbeing clinic if they felt they needed a physical check. Staff used a room on the Taunton site that had the appropriate physical monitoring equipment and health lifestyle information. Staff told us that they had helped people stop smoking and used health promotion to encourage healthier lifestyles. There had been an incident with a patient at the wellbeing clinic that had meant staff needing to transfer him to local hospital for chest pains, staff at the clinic had uncovered a serious health condition in that particular patient. Since the start of the clinic, they had offered 756 appointments with 552 appointments attended. The wellbeing clinic had won two trust recognition awards and the managers were looking at options on how they could expand the clinic across the trust.

- Staff at the clozapine clinic at the Taunton site were able to test blood on site to ensure that there was a quick result in order to confirm that patients could be dispensed further medication. The pharmacy technician working at the site was able to dispense medication promptly when the blood test result had been confirmed.

Community mental health services for people with learning disabilities

- Senior managers from the trust were very visible. They went out on community visits with the staff team and had supported the changes to the service which had been rated inadequate with a no blame culture. This had supported dramatic improvements to the service.

Areas for improvement

Action the provider MUST take to improve
Acute wards for adults of working age and psychiatric intensive care units

- The trust must ensure that managers monitor the administration of medication and act on any errors found. The monitoring should include ensuring documents regarding consent to taking medicines under the Mental Health Act are easily accessible to staff and completed correctly.

Urgent care services

Summary of findings

- Ensure training and processes for implementing the Mental Capacity Act 2005 and establishing and recording consent are adequate.

Community Health Inpatient Services

- Ensure the duty of candour regulation is fully complied with in the inpatient service.
- Ensure compliance with the Mental Capacity Act (2005), and in particular capacity assessments and consent recording.
- Ensure medicines are stored and managed correctly across the community inpatients service, and that refrigerator temperature checks are completed.

Action the provider SHOULD take to improve

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

- The trust should ensure that staff understand what a restraint or seclusion incident is and document the incident thoroughly and contemporaneously as per trust policy.

- The trust should ensure there is clear signage to indicate where emergency equipment and medicines are stored and that CCTV is being used to monitor the environment.

- The trust should review current blanket restrictions in place on all wards to ensure they are working within least restrictive principles.

- The trust should ensure that staff record consent consistently in the appropriate section within patients' notes to ensure that this information is easily accessible to all staff.

- The trust should ensure that staff supervision is completed and recorded consistently.

Wards for older people with mental health problems

- The provider should ensure all care plans and records demonstrate involvement with the patient throughout treatment.

- The provider should ensure the staff on the wards have the necessary skills and confidence to effectively manage older people with mental health problems and receive appropriate training to do so within current best practice.

- The provider should ensure that all bedrooms and ward areas protect patient privacy and dignity.

- The provider should ensure managers provide regular supervision as per trust policy.

- The provider should ensure they engage and involve all staff in all potential changes in the wards and support staff to have a voice in these changes.

Forensic inpatient/secure wards

- The provider should continue to roll out Mental Health Act Training.

Community-based mental health services for adults of working age

- The provider should ensure that informal complaints within the service are recorded.
- The provider should ensure that supervision is recorded in order to evidence that staff receive regular supervision.

Urgent care services

- Ensure adequate systems are in place to ensure Patient Group Directives used in minor injury units (MIU) are in date.

- Ensure adequate systems are in place for checking medicines in MIUs are in date and stored appropriately.

- Ensure all staff in MIU comply with handwashing best practice and strengthen the processes to monitor handwashing technique.

- Ensure all patients in MIUs are assessed for pain and that the assessment and treatment of pain is recorded in all cases.

- Ensure appropriate safeguarding assessments for adults and children are recorded in patient records in MIUs.

- Ensure all staff are up-to-date with mandatory training, including safeguarding.

- Consider having a consistent process for identifying and sharing risk alerts on patients' notes across all MIUs.

Summary of findings

- Consider carrying out a training needs analysis for 'sieve and treat' training and other MIU specific tasks for reception staff.

- Consider how patient confidentiality in MIUs can be improved.

- Review the visibility of patients in all MIU waiting areas.

Community health services for adults

- Ensure cupboards used for storing dressings and medicines are within the expected temperature ranges.

- Ensure sharps bins are always labelled with hospital details and the specific area in which they are being used.

- Ensure all the emergency trolleys have in date equipment stored on them. Also that a systematic check of the trolleys is carried out and documented on a daily basis.

- Ensure all staff in clinic settings wash their hands and clean the examination couch between patients.

- Ensure an acuity (dependency) tool is in place across the trust to enable senior staff to see each team's dependency ratings.

- Ensure staffing levels and waiting lists continue to be monitored to ensure safe working practices.

- Ensure community nurses are able to photograph wounds to assess progress or deterioration of wound healing.

- Ensure there is a corporate chaperone policy available to staff.

- Ensure the wound assessment toolkit that is currently being developed is continued and rolled out at the earliest opportunity.

Sexual health services

- Consider how the privacy and dignity of service users in sexual health services' clinic waiting areas can be maintained.

- Continue to improve the booking system for sexual health services.

- Consider the further provision of appropriate bariatric examination couches in key locations around the county.

Community Health Inpatient Services

- Ensure all staff required to complete level three adult safeguarding training have done so.

- Make sure the resuscitation policy stored on the resuscitation trolleys is in date.

- Ensure all equipment is serviced and in date.

- Make sure all clinical waste is put in designated clinical waste bins and not left on the floor.

- Make sure cupboards containing cleaning fluids and detergents remain closed and locked at all times.

- Ensure safe staffing levels are met at all times in the community inpatient services.

- Make sure staff complete patient fluid balance charts to enable accurate monitoring of patients.

- Ensure all staff are up-to-date with their appraisals.

- Establish one consistent method of monitoring pain between the community hospitals.

- Ensure the admission transfer and discharge policy is in date and reviewed according to set timeframes.

- Make sure leaflets available for patients contain the most up to date information from best practice guidelines.

- Ensure patients are receiving regular physiotherapy input to ensure the service provided is responsive to the needs of the patient.

- Make sure there is consistent use of the "This is Me" documentation throughout the community hospitals.

- Continue to strengthen the governance framework across the community inpatient service to ensure it fully supports the delivery of good quality care.

- Ensure there is good oversight and leadership of audits across the community inpatient service to ensure actions are put into practice.

- Ensure matrons have the capacity to lead effectively.

Somerset Partnership NHS Foundation Trust

Detailed findings

Mental Health Act responsibilities

We include our assessment of the provider's compliance with the Mental Health Act in our overall inspection of the trust.

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

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

Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act in our overall inspection of the trust.

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

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

Are services safe?

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

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

Summary of findings

Our findings

Safe and clean environment

- Staff did not always comply with infection prevention and control best practice or policy within the community health services. This was noted particularly within the minor injuries units and community adults service where staff did not always wash their hands between patient contacts.

- Infection control was managed well in mental health services.

Safe staffing

- There were staffing pressures across the community health services, although the trust was well aware of these and taking actions to ensure patients were safe. This had included the temporary relocation of a ward at Minehead hospital to Williton hospital. Recruitment was ongoing to fill vacancies and regular staffing reviews were taking place.

- The trust was a pilot site for the nursing associate roles, 28 posts have been created working closely with a university

- The trust considered acuity of wards when considering staffing numbers and was developing tools to consider acuity in community caseloads. Caseload zoning was used to manage work pressures.

- 95% of staff were up-to-date with mandatory training across the trust.

Track record on safety and reporting incidents and learning from when things go wrong

- We found a positive incident reporting culture in the community health services. Staff were encouraged to report incidents and felt confident doing so. Investigations were completed and learning was shared widely to ensure improvements were made.

Safeguarding

- Across all services, we found safeguarding systems and processes were understood by staff and implemented to keep people safe. Safeguarding concerns were recognised and reported promptly to ensure patients were protected.

- Safeguarding training at enhanced level three training appeared low in community health inpatients. However, this was due to the trust reviewing which staff required this proactively in line with draft national guidelines from NHS England. This meant more staff were required to do the training than previously which had affected the training figures. There was a detailed training plan to meet the new standards. Prior to the new standards being adopted by the trust the compliance rate for level three was 97%.

Seclusion

- We carried out a review of the management of seclusion and segregation across the trust led by two Mental Health Act reviewers. We visited three wards that either had a seclusion suite or a de-escalation room to establish how the policy was applied. We carried out a review of the policy and environment, reviewed seclusion paperwork and interviewed staff across these three areas.

- We reviewed the environment across all three areas. The seclusion suite on Holford ward met the strict national standard in place for seclusion suites.

- The seclusion/ de-escalation suite on Ash ward consisted of a de-escalation room with foam seating. The seclusion suite, which was located further along the corridor, consisted of one room with a foam bed. There was a light porthole in the ceiling which was covered in a green coating, limiting the only natural light. Observation was via the observation panel in the door

Are services safe?

or by CCTV, which was located in the nurses' office on the main ward away from the seclusion suite. The toilet, washing and shower facilities were located opposite the seclusion room across the hall. Staff gave cardboard urinals to patients who were too agitated to use the facilities across the hall. The trust had sought quotes on making changes to the facilities which were a considerable cost. The use of seclusion was rare (six times in the year before the inspection) and so the trust had opted to continue the use of cardboard urinals, but only allowing them into the room when a patient requested them.

- The de-escalation room in Rowan ward was a small room on the ward with no natural light, it included a series of three foam chairs. Staff told us they did not use this room for segregation and tried to use other areas of the ward for de-escalation due to the lack of therapeutic nature of the room.

- SOMPAR had a proactive care policy embedded across the trust since August 2015, that had been updated in August 2016. The trust told us they had updated the policy to reflect the 2015 changes to the Mental Health Act Code of Practice. Staff we spoke to were aware of the policy. However, when we reviewed the policy document it was open to interpretation and terms such as segregation and isolation were used interchangeably.

- We found evidence on Holford ward that the proactive care policy had not always been followed regarding the four-hourly medical reviews of secluded patients. We found evidence that four-hourly medical reviews did not always take place as per trust policy. We found evidence that doctors were not always accessible to complete these reviews. Documentation to end periods of seclusion was inconsistent. We found that seclusion records were not fully completed and the standard of information recording was not consistent.

- On Ash ward, we found that staff had not used the seclusion area for some time and so there were limited number of recent seclusion records to review. Therefore, we reviewed two patients' records from the last six months. We found no completed seclusion review forms for one patient who was secluded. We also found that times and dates on seclusion reviews were not always updated therefore, they were not a true reflection of periods spent in seclusion. For one of the two patients whose records we reviewed on Ash ward had no

evidence of two hourly nursing reviews as per trust policy. We scrutinised documentation for another patient who had been secluded. We were unable to find documented evidence of four-hourly medical reviews taking place over a 12-hour overnight period. The patient eventually stayed in segregation for a period of seven days whilst awaiting transfer to another hospital. During this time in segregation there was inconsistent recording of daily medical reviews, it was hard to find evidence of when seclusion stopped, and segregation started.

Assessing and monitoring safety and risk

- Risk assessments were better in all services and risk was considered both clinically and wider in a more structured way.
- Trust dashboards monitored risk assessment completion on the electronic recording system. It showed that only one percent of records did not have a risk assessment completed and that only seven percent had not been updated in the last 12 months. Managers and clinicians would receive reminders about this.

- Lone-working arrangements had been strengthened across the community health services, but particularly with the community adults service where staff told us they felt new processes kept them safe.

- Medicines management across the community health services was generally well managed, although there were some examples where processes needed to be strengthened. For example, we found some refrigerators were not being checked regularly to ensure they were within acceptable temperature ranges. In two minor injuries units we found some medicines which were out of date and had not been disposed of. Within the community health inpatients service controlled drugs were not always being appropriately countersigned.

- However, we found errors in 13 out of 53 patient medication charts on the acute mental health wards. These included staff not signing to confirm that they had administered medicines. This meant that we were unsure if staff had administered medicines as prescribed. We also found occasions where staff had given patients more "as required" medication than the doctor had indicated staff should administer.

Duty of Candour

Are services safe?

- The trust understood and applied the duty of candour appropriately. This was evident in the majority of services and local teams where staff received training at corporate induction and received an aide memoire to enable them to follow the trust's policy and expectations. We reviewed 15 letters of response to complaints and all were appropriate and gave explanations and apologies where necessary. The trust had commissioned an external audit of its application of the duty of candour requirements which had highlighted concerns within their policy and procedures that the trust had responded to and changed accordingly.

- However, in community inpatient services we found cases where the policy had not been fully followed by staff.

Are services effective?

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

Summary of findings

Our findings

Assessment and delivery of care and treatment

- Care plans and care records were generally of a good standard.

Best practice in treatment and care

- Care and treatment was being delivered in accordance with national guidance and standards, and various audits took place to check performance against these.
- We found that policies and guidance were not always up to date within the community health services. For example, we found the admissions, transfer and discharge policy for the inpatients service was out-of-date by seven months, as were a number of patient group directives (PGDs).

Skilled staff to deliver care

- Staff were encouraged to develop their skills and knowledge. Staff were able to attend training courses if these had been identified as a development opportunity, and often these were funded by the trust.

Multidisciplinary and inter-agency team work

- All services demonstrated strong multidisciplinary working, both internally and externally. In particular, close working relationships with local emergency departments, GPs and the ambulance service had been developed.
- The trust had become more outward facing since our last inspection. This was shown by its engagement with local partners but also in how it requested support from another NHS trust to help it address the concerns we raised in the learning disability service at our inspection in September 2015.

Consent to care and treatment and good practice in applying the MCA

- There were difficulties in the recording of consent and capacity, particularly in community health services. We found generally poor documentation of capacity assessments and recording of consent. The trust was aware of the issues as the trust's county-wide performance report showed that consent was not recorded in 22% of all patient records. This was an improvement from two years ago where consent was not recorded in 50% of cases. However, the 22% not recorded equated to 5,980 patient records. Staff in the governance team would contact individual teams where they noted there was an exception, but there was no coherent strategy to address this.
- The trust provided us with an audit of all 103 patients in mental health inpatient wards at the time of inspection that showed that consent and capacity was recorded for all patients. 20 of these were not in the consent location on the electronic record system but recorded in the running record of the notes which made them difficult to locate in those cases.
- However, there were services that were recording capacity and consent well, for example sexual health services, wards for older people with mental health problems and community mental health services for people with learning disabilities. In these services there was appropriate reporting of consent and capacity which was decision specific.
- Training in consent and the Mental Capacity Act was predominantly through e-learning. The e-learning programme was a package bought from an external provider which covered the principles of the Mental Capacity Act in detail and would take over seven hours to complete. However, it did not have an element of practical application to inform a member of staff how to record consent and capacity on the trust's electronic record system.

Adherence to the MHA and the MHA Code of Practice

- The trust had implemented a process to ensure they had oversight and scrutiny of its application of the Mental Health Act (MHA). This was co-ordinated by a non-executive director (NED) and a Mental Health Act co-ordination lead. The trust, in 2016, formed a mental

Are services effective?

health legislation committee to increase their oversight across the trust. Chaired by the NED and attended by the medical director and the head of mental health services four times a year.

- Examples of the steps undertaken by the trust to ensure it had scrutiny of the application of MHA included reviewing incidents that affected patient safety and experience, meetings with the independent managers three times a year to offer formal training, chairing MHA managers hearings which allowed them to check the quality of the reports submitted. They have good links with the advocacy service and MHA monitoring visit reports were reviewed at the mental health legislation committee.

- We found there were some areas of the Mental Health Act and Code of Practice, which the Mental Health Act

Co-ordination Lead did not appear to have oversight of. This included things such as patient involvement in care plans, recording and authorising of section 17 leave, recording of seclusion or use of extra care areas as we were informed these were the responsibility of the Head of Operations.

- The trust were running a programme of MHA training, currently limited numbers of staff had received the new updated training package. All new staff received the training on induction. However, the trust's action plan highlights that this is the only outstanding action from the previous inspection in 2015. We found that staff delivering care on the wards had an awareness of the MHA and the code of practice and were implementing it correctly.

Are services caring?

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

Summary of findings

Our findings

- At our last inspection in September 2015 all services were rated as good except for community dental services which were rated as outstanding and community based mental health services for people with learning disabilities that were rated as requires improvement.
- At this inspection, the community based mental health services for people with learning disabilities had addressed the issues that had caused us to rate caring as requires improvement following the September 2015 inspection. Service users were more involved in their care. The service was re-rated as good.

Kindness, dignity, respect and support

- We received very positive feedback from patients about the care provided within the trust.
- We observed that staff treated patients with compassion, dignity and respect, and provided genuinely person-centred care.
- Staff took the time to interact with patients and involved them in their care. They ensured patients understood their care and treatment options and supported them to make decisions about their own care.

The involvement of people in the care they receive

- Although some of the environments in community health services did not promote privacy or confidentiality, staff were aware of these challenges and did their best to overcome them. For example, a number of reception areas in the minor injuries units and the sexual health service were open and allowed conversations with receptionists to be overheard. Reception staff in one minor injury unit used a radio to disguise conversations, and generally conversations were conducted quietly so others could not overhear.

Are services responsive to people's needs?

Good 🟢

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

Summary of findings

Our findings

Access and discharge

- The needs of patients and the local population were taken into account in the design and delivery of services.
- Across services we saw good support given to patients with complex needs. In particular, within the inpatients service we saw excellent end of life care provision.
- Most services ensured patients were able to access their services quickly, although there were some long waiting lists in the community adults service. However, these were recognised and initiatives had been introduced to reduce the length of time patients were waiting. In the sexual health service, the countywide telephone booking system struggled to meet demand and patients often reported the line being engaged, unanswered or calls being dropped. However, following our inspection the trust provided us with a plan to address the issues, which included increasing the operating hours of the booking line and speeding up the introduction of internet-based booking solutions.

Meeting the needs of all people who use the service

- The trust had a sufficient budget for translators and information to meet the needs of the local population. The main languages being accessed were Portuguese, Polish and British Sign Language.

Listening to and learning from concerns and complaints

- We found information about how to raise a concern or make a complaint was readily available to patients across all the services.
- Learning from complaints was considered and discussed in team meetings. A new policy and procedure had been created since the concerns raised at the last CQC inspection. There was a robust investigation process in place. A formal action plan was completed for every complaint.
- The director of nursing reviewed letters to complainants that have a clinical component, ensuring that they were patient focussed and had an appropriate amount of detail. This had resulted in an improvement in the quality of the letters. The chief executive saw all final letters before they went out with the case file.
- There were multiple examples of the trust learning from complaints at both a local and trust wide level. For example, the trust had a complaint from a patient who was blind receiving non-accessible letters. This resulted in a change where the trust was rolling out a new system to check at first contact the format that patients wanted information sent in.
- The trust monitored for trends and completed quarterly thematic reviews of complaints and compliments.

Are services well-led?

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

Summary of findings

Our findings

Vision, values and strategy

- At our September 2015 inspection we were concerned that the trust vision and values were not clear to staff. The trust had worked on developing new values with staff consultation. These were simpler and more understandable. They were incorporated in three phrases of: working together; everyone counts; and making a difference. At this inspection, the majority of staff were able to identify the new values and some staff described their role in their creation. For example, the IT manager described how the ethos of working together focussed her team on supporting clinical staff. Staff in the learning disability services described how collaborative the IT team had been in solving the problems of getting pictorial life stories and easy read care plans onto the electronic record system.

- The trust's vision of 'care in the heart of the community' was created in 2014. Staff understood this, although there was acknowledgement it needed review, even though much of it was still applicable and in line with the direction of the sustainability and transformation plans.

- The trust was taking a positive view of the Somerset sustainability and transformation plan and how this would change care pathways for patients in future. The chief executive and senior managers were working closely with other local partners on the plans and implementation. However, there was some concern expressed by various staff about the amount of time that was being devoted to this with no additional resources: staff said this affected some of the day to day roles.

- The trust's future strategy was linked closely to the sustainability and transformation plan. However, senior managers were mindful that the development of mental health services was not as clear as it could be in the plans and that they had to ensure that they kept it on the agenda. This also meant aligning to national strategy and developments. For example, in child and adolescent mental health services.

Good Governance

- The trust board was more proactive in ensuring governance structures and processes were effective since our inspection in September 2015. In particular, all the board members that we spoke with described how they had become more searching and questioning, how they had sought greater assurance about the reliability of data and the sources of assurance which the board members themselves relied upon. They agreed they had some way yet to go to achieve governance maturity. However, it was evident from the board and the quality and performance committee minutes that board members, including non-executive directors, were appropriately challenging and probing. This search for assurance and wariness of complacency and willingness to invest time and effort in formal governance is a necessary key foundation of governance improvement and was a positive change from our previous inspection findings.

- The non-executive directors described how they had sought greater assurance following our last inspection. This had taken the form of more visits to the front-line wards and service areas, deep dives on topics and more questioning in committees and at the board.

- The trust had a clear and fit-for-purpose governance structure. In the last 12 months, the trust had moved board governance oversight of performance from the finance committee to examine performance alongside quality in a new governance committee. The quality and performance committee was attended by the executive directors including the director of nursing as lead for quality and the director for finance as lead for performance. Senior leaders were positive about the change of bringing quality and performance together.

Are services well-led?

This was in line with the management structure changes at division level where the trust had created management triumvirates which include clinical and management leads.

- We judged that this revised committee structure would help ensure that quality performance and risks would be examined together in a simplified structure ensuring the flow of risk, assurance and performance data would be reviewed and escalated appropriately. This could be seen in the trust board and committee agendas and papers.

- The trust recognised and had acted on the lessons learnt from our previous inspection findings in September 2015. Previously the trust's risk identification and escalation processes had failed to alert the board and senior management team to the risks and issues in the trust's learning disability services which we rated as inadequate. The trust had developed a revised risk management strategy. This had led to a revision of the risk management system. This work was reflected in the design and content of the board assurance framework (BAF), corporate risk register (CRR) and divisional risk registers. These registers were well designed; each risk was labelled with a named owner, dated, contained current and target risk scores, and a recognition of the difference between controls and mitigations. Each recorded risk had an up-to-date commentary about how the risk was being treated and recent action on controls and mitigations. The BAF and CRR demonstrated an appropriate distinction between 'strategic' and 'operational' risk (recognising too that these can overlap and interlink). The risks in the BAF and CRR generally were clearly defined and described; and each contained a manageable number of risks.

- In practice, staff told us that risk was more prominent at service and divisional governance meetings. Managers said there was more time for detailed discussion of the risks and their management. For example, at divisional governance meetings over the course of a year each team committed to present their top risks for other to learn from. This also aided service managers' development in understanding how the risks were understood at divisional level and escalated to the board. Managers told us that at every meeting the question "what are you worried about?" was asked, and every meeting ended identifying any new risks that had been raised in the meeting.

- The trust had clearly invested effort into generating better performance and quality data since our inspection findings in September 2015. Several examples of detailed dashboards were examined. The non-executive directors had identified the need to be assured of the integrity of data and had challenged this in specific areas, e.g. pharmacy. The trust was considering using internal audit to provide wider and systematic assurance about data used for decision-making and assurance.

- Managers at all levels from divisional manager to ward and team leaders described a more shared approach to risk, which was open and encouraged concerns to be raised. The trust had a programme called "see something, say something" which encouraged staff of all grades to raise any concerns they had.

- Senior managers and leaders in the trust recognised that at our last inspection the governance systems were designed primarily to hold people to account for performance. The systems were designed to help managers meet targets. However, they now felt they were designed to give staff and managers the information they needed for their jobs in a format that was more useful and focussed on quality of care. This was a significant change in the culture of how information in the trust was used.

- The trust had adopted an 'exception' rather than a 'positive assurance' model of reporting up to board level and whilst the trust has adopted a revised risk management strategy, this did not describe an assurance model , e.g. 'three lines of defence' or similar, nor was this described elsewhere. Therefore, although significant positive changes had been made to the governance behaviours, the processes to support these were not yet fully matured.

- The trust had improved its systems for learning from incidents and complaints since our last inspection. It was part of the NHS England "making families count" programme in how to involve families in investigations when things went wrong.

Are services well-led?

- The trust had good resource and budget management which ran through all levels of the organisation. At the time of the inspection the trust had no deficit and was meeting the challenging financial targets set be commissioners. When asked how this had been achieved compared to other NHS organisations, the finance director did not take the credit but praised good managers in the trust who understood financial governance.

- Safeguarding was managed well through the trust. There had been an emphasis on training in the six months prior to this inspection. The trust had also expanded the number of staff required to undertake level three safeguarding training.

- Commissioners in the local clinical commissioning group (CCG) felt that the trust was responsive and had taken the previous September 2015 CQC inspection seriously. The CCG had confidence in the action plan. The CCG felt there had been progress in the relationship with other providers and NHS trusts and that the trust worked more as part of a system. NHS England which commissioned the forensic service agreed that the trust was responsive and provided detailed evidence in its reports to demonstrate its service delivery.

Leadership and culture

- The appointment of a new chief executive in February 2016 had resulted in a change in culture for the organisation. In our September 2015 inspection, we described a culture that was "top down". Since the arrival of the new chief executive, there had been more empowerment of senior leadership to fulfil their roles. This had filtered down to divisional mangers and to some local managers. Leaders in the trust recognised that this change needed to be embedded further to all parts of the organisation but we saw that managers were more enabled to make decisions and were enthusiastic and positive about the changes the new chief executive had brought.

- The trust encouraged staff to be open about concerns. Senior leadership always asked managers to share their concerns at meetings, this had fed down to team level. The trust had a scheme called 'see something, say something' that staff were able to describe. The senior leadership team were more visible than at our previous inspection in visiting local teams. The divisional managers described getting frequent emails from the chief executive asking them to clarify things following a visit to a service or an enquiry from a member of staff.

- The chair and non-executive directors of the trust felt that the trust and senior leaders were more open to constructive challenge and less defensive when concerns were raised since our last visit.

- However, not all executive and non-executive directors regularly attended all divisional meetings for the divisions they were responsible for.

- Senior managers felt the new chief executive was setting the culture of the organisation to be open and approachable which was an approach for them to model. The chief executive had a regular blog in which he invited comments. This had generated feedback which was acted on. There was also more visibility of executives visiting services. The chief executive regularly visited services.

- The introduction of the new divisional clinical director roles and nursing/allied health professional leads had played a part in ensuring that there was clear clinical leadership within the trust, reporting to the medical director and to the director of nursing. Divisional managers were positive about the change and the support that gave them in managing their portfolios and engaging with clinical staff. Although these posts were relatively new, having been appointed in January 2017, there were multiple examples of the positive impact of this new way of working.

- Since our last inspection the trust had introduced an emerging leaders programme to develop leadership qualities in the workforce.

- The trust understood and applied the duty of candour appropriately. This was evident in the majority of services and local teams where staff received training at corporate induction and received an aide memoire to enable them to follow the trust's policy and expectations. We reviewed 15 letters of response to complaints and all were appropriate and gave explanations and apologies where necessary. The trust had commissioned an external audit of its application of the duty of candour requirements which had

Are services well-led?

highlighted concerns that the trust had responded to within their policy and procedures were changed accordingly. However, the policy was not always applied fully in community inpatients.

Fit and Proper Person Requirement

- The trust had systems in place to ensure board members were fit and proper. However, these systems did not fully meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 5: Fit and proper persons: directors. This regulation ensures directors of NHS providers are fit and proper to carry out this important role.

- The trust's recruitment and selection policy and procedure (May 2015) confirmed the requirement for director level appointments to meet the standards of this regulation, and for this to be evidenced. The policy stated checks would be made in accordance with the regulation, and made reference to a separate Disclosure and Barring Service (DBS) policy. The recruitment and selection policy did not provide detail about how the recruitment process and checks would be managed to meet the requirements of the regulation.

- The trust's list of posts requiring a DBS check stated that the chief executive and board appointments required a basic DBS disclosure check. However, an advanced DBS is required for those working with vulnerable adults and children and, because board members visit clinical areas, CQC required the trust to take action immediately to meet the requirements of the Health and Social Care Act regulations.

- When we raised this with the trust they took action to request enhanced DBS checks for all directors who had only had a basic check.

- The trust had introduced a self-declaration form for directors, which required them to sign to say they remained compliant with the fit and proper persons' requirements. A recruitment checklist and an ongoing compliance checklist had also been introduced. These were stored in the personnel files as evidence of relevant checks being completed.

- We reviewed the personnel files of seven directors on the board, including the chair, chief executive, executive and non-executive directors. The files provided evidence that relevant checks had been completed in accordance with the trust's policy.

Engagement with the public and with people who use services

- The trust had an 18-month public and patient involvement strategy. Participation of patients in services was more advanced in areas which traditionally had stronger participation, such as child and adolescent mental health services and community learning disabilities services. The trust was looking at those models to see how other services could learn from that.

- The trust had an event called 'feedback February' which had involved the patient advice and liaison service (PALS) visiting services and wards. This had generated over 500 pieces of feedback which were being collated at the time of the inspection.

- The trust was trialling new ways to engage people who use their services. For example, access audits had been completed at four sites. The trust had requested local organisations that supported people with sight loss and wheelchair users to visit the sites and produce a report on accessibility. This produces reports with photographs to improve the experience of people with disabilities. For example, a photograph of a water cooler in place that prevented a disabled toilet door from fully opening. This photo was then used for training to help staff understanding of how things can impact patients. The result was moving of a play area, the water cooler, and storage of wheelchairs and changing the door fittings, all of which were impeding the use of wheelchair users at the site.

Quality improvement, innovation and sustainability

- There was a positive relationship between the trust and staff side (unions), with regular meetings and appropriate consultation on the majority of changes. Staff side felt that the trust was responsive to issues raised and addressed issues.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Acute wards for adults of working age and psychiatric intensive care units** The completion of medicine administration records was inconsistent and managers did not act promptly on errors made by staff. Staff had given patients more as required medication than the doctor had prescribed. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Community Health Inpatient Services** 11(1) Care and treatment of the service users must only be provided with the consent of the relevant person. 11(3) If the service user is 16 or over and is unable to give consent because they lack the capacity to do so, the registered person must act in accordance with the 2005 Act. 11(1) There were inconsistencies and a lack of understanding and clarity about how and where consent should be recorded across the community hospitals we visited. Some patients had paper documentation completed and some did not. Some patients had their consent

electronically recorded, however there were inconsistencies with how this was recorded. Some staff told us that if they felt the patient lacked capacity, they would get the patient's family to sign the consent form on their behalf. Confusion had arisen following advice that the paper consent forms were not fit for purpose and should not be in use, but no alternative solution had been provided.

11(3)

Staff we spoke with did not understand or feel confident with the relevant consent and decision making requirements and guidance, including the Mental Capacity Act 2005. Staff told us they received minimal training around the Mental Capacity Act and were provided with no training on how to complete a mental capacity assessment. Staff told us they could recognise whether or not a patient had capacity but did not know how, or feel confident, to undertake appropriate actions to formalise and document a capacity assessment if required.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Community Health Inpatient Services** 12 (2) (g) the proper and safe management of medicines 12 (2) (g) Staff on Exmoor ward were neither following the trust's policy or working in line with best practice with regards to the management of controlled drugs. Controlled drugs were being countersigned by a healthcare assistant, rather than a registered nurse. We saw no risk assessment completed, despite the deviation from the trust's policy.

Requirement notices

Medicines were not always being stored safely. Liquid medicines did not always have the date they were opened recorded. This issues had been identified at our previous inspection in 2015 but remained unresolved.

Medicines refrigerators did not always have temperature checks completed and were not always locked.

Twelve of the 55 prescription charts we checked contained omissions and reasons for these were not documented.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **Community Health Inpatient Services**

20(4) the notification given under paragraph (2) (a) must be followed by a written notification given or sent to the relevant person containing –

20 (4) (a) the information provided under paragraph (3) (b)

20 (4) (b) details of any enquiries to be taken in accordance with paragraph (3) (c)

20 (2) (c) the results of any further enquiries into the incident, and

20 (4) (d) an apology

The community inpatients service did not provide written notifications, including an apology and details of the investigation findings and actions taken, in order to meet this regulation.

This section is primarily information for the provider
Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
	Urgent care services
	11(1) Care and treatment of service users must only be provided with the consent of the relevant person.
	Arrangements for recording consent were not clear. The 'capacity to give consent checklist' in MIUs included the term: 'Fraser competent'. Fraser guidelines are only for contraceptive advice. The correct standard should be Gillick competence, which refers to a child's capacity to make specific decisions.
	The consent checklist was not clear and could also be interpreted that consent could be gained from a carer of an adult who had decision making capacity. This was not in line with the Mental Capacity Act (2005) and best interests decision making.