Good

Bradford District Care Trust

Long stay/forensic/secure services

Quality Report

Lynfield Mount Hospital,
Bradford,
BD9 6DP
Tel: 01274 494194
Website: www.bdct.nhs.uk

Date of inspection visit: 17 to 19 June 2014
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Lynfield Mount Hospital	TAD17	Step Forward Centre and Moorlands View (Baildon ward, Thornton ward and Ilkley ward)	BD9 6DP
Lynfield Mount Hospital	TAD17	Low secure outreach team	BD9 6DP

This report describes our judgement of the quality of care provided within this core service by Bradford District Care 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 Bradford District Care Trust and these are brought together to inform our overall judgement of Bradford District Care 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 Long stay/forensic/ rehabilitation	Good 
Are Long stay/forensic/rehabilitation services safe?	Requires Improvement 
Are Long stay/forensic/rehabilitation services caring?	Good 
Are Long stay/forensic/rehabilitation services effective?	Good 
Are Long stay/forensic/rehabilitation services responsive?	Good 
Are Long stay/forensic/rehabilitation services well-led?	Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Bradford District Care Trust provides inpatient services for men aged 18 years and over with mental health conditions, who require management under conditions of low security. Services are provided at Moorlands View forensics unit, which is based on the Lynfield Mount Hospital.

We observed staff and people interacting well on all the wards. Staff engaged with people in a caring, compassionate and respectful manner, answering questions and providing support when asked. People appeared to be comfortable approaching staff when they needed support.

The wards used the 'my shared care pathway', which is a recovery and outcomes-based approach to care. The care plans we saw were well documented and described how people's needs were being met at each stage of their care. There were also set dates for care planning approach (CPA) meetings. Feedback we received from people across the wards confirmed they felt involved in decisions about their care.

The wards had good links in the community to make sure that people were prepared when they were discharged back into the community. Across the wards, people were positive about the community links and they described the arrangements that had been made before their discharge.

All of the wards had access to occupational therapy, psychology and other specialist input when it was needed. In addition, staff worked with people to promote independent living skills and social inclusion.

The wards proactively sought feedback from people who used the service and we found evidence that they acted on this feedback and implemented changes as a result.

The trust had a clear vision for the low secure and rehabilitation services, which involved increasing the community provision and working in the least restrictive for people. For example, using de-escalation (managing aggressive behaviour) to underpin people's recovery. It was clear that these strategies were in place and staff understood and knew how to implement them. On the wards we visited, staff told us that the use of restraint was low in response to incidents.

The wards and outreach team had strong governance arrangements in place to monitor the quality of the service delivered. Managers had regular meetings to consider issues of quality, safety and standards, which included monitoring areas of risk such as incidents. These were monitored regularly by senior staff in the service.

Overall, the wards had effective systems in place to assess and monitor risks to individuals. However, we found that risk assessments were not always reviewed or undertaken before a person, who was detained under the Mental Health Act (MHA) 1983, started leave. This is a requirement of the MHA Code Of Practice.

Staff across the wards said that there were enough staff on duty to meet people's needs, but they acknowledged that it was challenging when there were short notice staff absences. On Baildon Ward, we found that staffing issues had impacted on activities taking place and leave away from the ward being accommodated. The ward was trying to manage gaps in staffing by using bank staff and they had appointed a temporary member of staff to cover one member of staff who was on long-term sick leave.

Most staff we spoke with said they had access to the mandatory and specialty training they needed. However, some staff felt they would benefit from specific training to give them better skills and knowledge to help them carry out their roles.

Thornton Ward was not following any guidelines on the use of CCTV in the visitors' room. There was no sign to inform people that CCTV was in use during visits, and relatives and people were not verbally informed of the use of CCTV.

Summary of findings

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

Are services safe?

Requires Improvement

All of the wards, and the low secure outreach team, had a system in place to capture safety performance. Staff told us how they reported incidents through the trust's reporting system, which then went through to the trust's risk team. Management reviewed all incidents and identified potential learning and improvements.

Overall, the wards had effective systems in place to assess and monitor risks to individuals. However, we found that risk assessments were not always reviewed or undertaken before a person, who was detained under the Mental Health Act (MHA) 1983, started leave. This is a requirement of the MHA Code of Practice.

Staff across the wards said there were enough staff on duty to meet people's needs, but they acknowledged that it was challenging when there were short notice staff absences. On Baildon Ward, we reviewed the staffing rotas and community meeting minutes from January to June 2014. We found that staffing issues had impacted on activities taking place and leave away from the ward being accommodated. The ward was trying to manage gaps in staffing by using bank staff and they had appointed a temporary member of staff to cover one member of staff who was on long-term sick leave.

Are services effective?

Good

The wards used the 'my shared care pathway', which is a recovery and outcomes-based approach to care. The care plans we saw were well documented and described how people's needs were being met at each stage of their care. There were also set dates for care planning approach (CPA) meetings. Feedback we received from people across the wards confirmed they felt involved in decisions about their care.

Most staff we spoke with said they had access to the mandatory and specialty training they needed. However, some staff felt they would benefit from specific training to give them better skills and knowledge to help them carry out their roles.

Thornton ward were not following any guidance on the use of CCTV in the visitors' room. There was no sign to inform people that CCTV was in use during visits, and relatives and people were not verbally informed of the use of CCTV.

Summary of findings

Are services caring?

Good

We observed staff and people interacting well on all the wards. Staff engaged with people in a caring, compassionate and respectful manner, answering questions and providing support when asked. People appeared to be comfortable approaching staff when they needed support.

People gave us positive feedback about the community links across the wards. They also told us about the arrangements that had been made before their discharge.

Are services responsive to people's needs?

Good

The rehabilitation and low secure wards accepted referrals from a range of services, including the acute wards, higher secure services and the community.

We saw that plans were being put into place for some people to move into more independent accommodation in the community. Staff also told us that care planning approach (CPA) meetings were held before a person was discharged from the ward, to make sure that they were supported during and after their discharge.

While on the wards, staff worked with people to promote independent living skills and social inclusion. This underpinned the recovery model of rehabilitation.

The rehabilitation ward and low secure outreach team had good links in the community to make sure that people were prepared for being discharged back into the community.

Are services well-led?

Good

The trust had a clear vision for the low secure and rehabilitation services, which involved increasing the community provision and working in the least restrictive for people. For example, using de-escalation (managing aggressive behaviour) to underpin people's recovery. It was clear that these strategies were in place and staff understood and knew how to implement them. On the wards we visited, staff told us that the use of restraint was low in response to incidents.

The wards and outreach team had strong governance arrangements in place to monitor the quality of the service delivered. Managers had regular meetings to consider issues of quality, safety and standards, which included monitoring areas of risk such as incidents. These were monitored regularly by senior staff in the service.

Summary of findings

Background to the service

Bradford District Care Trust provides inpatient services for men aged 18 years and over with mental health conditions, who require management under conditions of low security. Services are provided at Moorlands View forensics unit, which is based on the Lynfield Mount Hospital. The unit includes three wards: Thornton Ward, a 12-bed male admission and assessment ward; Baildon Ward, a 10-bed low secure service; and Ilkley Ward, an 11-bed low secure service with two step-down beds. There is also a Low secure outreach team in place to support discharge from these services.

The Step Forward Centre is a 12-bed unit run by the trust, which provides therapeutic rehabilitation for men and women aged 18 years and over on the Lynfield Mount Hospital site.

The wards provide recovery-focused care and treatment and there is a clear pathway of care through the service.

Our inspection team

Our inspection team was led by:

Chair: Angela Greatley

Team Leader: Jenny Wilkes, Head of Inspection (Mental Health), Care Quality Commission (CQC)

The team included: CQC inspectors, a mental health act commissioner (MHAC), a variety of specialist advisors with representation from nursing, psychology, health care worker, and an Expert by Experience with experience of using mental health services.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

We carried out announced visits of long stay/forensic/ rehabilitation services between 17 and 19 June 2014.

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. During the visit, we held focus groups, and spoke with, with a range of staff, including ward managers, nurses, doctors, healthcare assistants and therapists. We observed a multidisciplinary meeting, a care programme approach meeting and a handover between shifts. We also spoke with people who used the services, their carers and/or families. We observed how people were being cared for and reviewed their care or treatment records of people.

Summary of findings

What people who use the provider's services say

We observed staff engaging with people in a caring, compassionate and respectful manner, answering questions and providing support when asked. People appeared to be comfortable approaching staff when they needed support. Overall, we found that people were positive about the care the experienced.

People gave us positive feedback about the community links across the wards, and they told us about the arrangements that had been made before their discharge. One person said, ''I still have my accommodation in the community and my care coordinator is helping with redecoration before my discharge in five weeks.''

On Thornton Ward we spoke with one person who had recently been admitted to the ward. They told us this was not their first admission and they felt staff did a good job helping them. Another person on this ward told us they attended ward rounds, were involved with their care planning and had received a copy of their care plan. They told us that they could chat to staff informally when they wanted to, but said they would benefit from one-to-one formal time with staff. They said that this had not happened yet because there were not enough staff. One person at the Step Forward Centre described the ward as ''excellent.'' They told us that they felt safe on the ward and felt comfortable talking to staff and that staff were helpful. They said they could talk to staff when they felt distressed.

Good practice

- The wards used 'my shared care pathway', which is a recovery and outcomes-based approach to care. The care plans we saw were well documented and described how people's needs were being met at each stage of their care.
- The rehabilitation ward and low secure outreach team had good links in the community to make sure that people were prepared for being discharges back into the community.
- The trust had a clear vision for the low secure and rehabilitation services, which involved increasing the community provision and working in the least restrictive for people. For example, using de-escalation (managing aggressive behaviour) to underpin people's recovery.
- All of the wards had access to occupational therapy, psychology and other specialist input when it was needed.
- Staff worked with people to promote independent living skills and social inclusion.

Areas for improvement

Action the provider COULD take to improve

- There was not enough evidence that relatives were given adequate information when escorting people during section 17 leave.
- There was not enough evidence that risk assessments were completed before people went on section 17 leave.
- On Baildon Ward, we reviewed the staffing rotas and community meeting minutes from January to June 2014 and found that staffing issues had impacted on activities taking place and leave away from the ward being accommodated.
- Some staff felt they would benefit from specific training to give them better skills and knowledge to help them carry out their roles. For example, the associate practitioners, who worked in the psychology department, completed assessments on people across the low secure wards. No training had been identified to carry out these specific assessments and one staff member said it would be useful to have the relevant training to support them to complete these assessments.

Summary of findings

- Thornton Ward was not following any guidance on the use of CCTV in the visitors' room. There was no sign to inform people that CCTV was in use during visits, and relatives and people were not verbally informed of the use of CCTV.

Bradford District Care Trust

Long stay/forensic/secure services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Step Forward Centre, Baildon ward, Thornton Ward and Ilkley Ward	Lynfield Mount Hospital
Low secure outreach team	Lynfield Mount Hospital

Mental Health Act responsibilities

The Mental Health Act commissioner looked at the rights of people detained under the Mental Health Act (MHA) 1983 across two (Step Forward Centre and Baildon Ward) of the four wards we visited. Overall we found good evidence to demonstrate that the MHA was being complied with.

Overall people were aware of what section they had been detained under, understood their rights to appeal and told us they had an independent mental health advocate (IMHA). They confirmed they had told about their medication and the side effects. People told us about the unescorted and escorted leave they had from the ward and said they were involved in their care planning and setting goals to work towards.

Overall the wards had effective systems in place to assess and monitor risks to individual people.

We found that medication was administered to people within BNF (British National Formulary) limits and in accordance with the relevant authorisation to treatment form.

However, we found that risk assessments were not always reviewed or undertaken prior to a person, detained under the MHA, when commencing leave. This is a requirement of MHA Code of Practice.

There was no evidence to show that some people and their relatives, where appropriate, had been given a copy of the section 17 leave authorisation. It was therefore not clear that people understood any conditions of leave or had been informed of who to contact in an emergency.

In one example, at the Step Forward Centre, there was a risk assessment completed before leave being taken. However, it was not clear on the section 17 form if the

person had agreed to the conditions outlined on the form or whether relatives were fully aware of their responsibilities as escorts or who to contact in the event of an emergency.

In another example on Baildon Ward, we found risk assessments had not been recorded before a person taking section 17 leave. We saw the risk factors for the person were recorded at the end of shifts with limited information and detail of leave. It was therefore unclear how this would inform decisions for future leave to be planned. When raised with the ward manager they reported there were no systems in place to record a risk assessment before section17 leave being taken from the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall we found that services were compliant with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff took all practicable steps to enable people to make decisions about their care and treatment wherever possible. Staff understood the process to follow should they have to make a decision about or on behalf of a person lacking mental capacity to consent to proposed decisions, in accordance with the MCA. There was no one subject to DoLS on the low secure and rehabilitation units.

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

Summary of findings

All of the wards, and the low secure outreach team, had a system in place to capture safety performance. Staff told us how they reported incidents through the trust's reporting system, which then went through to the trust's risk team. Management reviewed all incidents and identified potential learning and improvements.

Overall, the wards had effective systems in place to assess and monitor risks to individuals. However, we found that risk assessments were not always reviewed or undertaken before a person, who was detained under the Mental Health Act (MHA) 1983, started leave. This is a requirement of the MHA Code of Practice.

Staff across the wards said there were enough staff on duty to meet people's needs, but they acknowledged that it was challenging when there were short notice staff absences. On Baildon Ward, we reviewed the staffing rotas and community meeting minutes from January to June 2014. We found that staffing issues had impacted on activities taking place and leave away from the ward being accommodated. The ward was trying to manage gaps in staffing by using bank staff and they had appointed a temporary member of staff to cover one member of staff who was on long-term sick leave.

Our findings

Step Forward Centre, Thornton Ward, Baildon Ward, Ilkley Ward and Low secure outreach service.

Track record on safety

Overall the wards had effective systems to assess and monitor risks to individual people.

All of the wards and the low secure outreach team had a system in place to capture safety performance. Staff explained to us the process they used to report incidents through the trust's reporting system which then went through to the trust's risk team.

We discussed with staff on Thornton ward their contingency planning following a recent incident on the ward. There was an alarm system in place and staff would call the police for an appropriate level of response to assist with serious incidents where assistance was required.

Learning from incidents and improving safety standards

Managers reviewed all incidents and identified potential learning and improvements. Appropriate changes were implemented to minimise the risk of incidents reoccurring. For example, on Thornton Ward staff told us that learning from incidents was discussed during team meetings and care review meetings. We looked at records of these meetings and saw they reflected in detail discussion around incidents and how staff felt they had dealt with incidents. Most people we spoke with across the wards told us they felt safe in the service.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff we spoke with told us they had attended safeguarding training as part of their annual mandatory training. They were able to describe the different forms of abuse and how they would respond to an allegation of abuse. Staff told us they were aware of who the safeguarding lead for the ward was and who held this role within the trust.

Assessing and monitoring safety and risk

At the time of the visit there one person on Thornton Ward had been involved in a number of incidents impacting on people and staff. People on the ward said that staff responded well to incidents and supported them if there was an incident.

Overall, the wards had effective systems to assess and monitor risks to individuals. We found that risk assessments were not always reviewed or undertaken prior to a person, detained under the Mental Health Act (MHA) 1983, when commencing leave. This is a requirement of the MHA Code of Practice.

There was no evidence to show that some people and their relatives, where appropriate, had been given a copy of the section 17 leave authorisation. It was therefore not clear that people understood any conditions of leave or had been informed of who to contact in an emergency.

Requires improvement

Are services safe?

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

In one example, on Step Forward Centre, there was a risk assessment completed prior to leave being taken. However it was not clear on the section 17 form if the person had agreed to the conditions outlined on the form or whether relatives were fully aware of their responsibilities as escorts or who to contact in the event of an emergency.

In another example on Baildon Ward, we found risk assessments had not been recorded prior to a person taking section 17 leave. We saw the risk factors for the person were recorded at the end of shifts with limited information and detail of leave. It was therefore unclear how this would inform decisions for future leave to be planned. When raised with the ward manager they reported there were no systems in place to record a risk assessment prior to section 17 leave being taken from the ward.

The lone working policy was embedded and described to be working well in the low secure outreach team.

All staff had work mobiles. Before staff left to visit people in the community they signed in and out on a whiteboard with the times and details of who they were visiting and when they were back. Staff would contact the office if they ran late and staff in the team would check if a staff member was running late and had not contacted the office in advance.

Overall staff across the wards said they had sufficient numbers of staff on duty to meet the needs of people on the ward but acknowledged that the short notice of staff absences on shift was a challenge. If they required extra staff, ward staff or bank staff from NHS Professionals would pick up these shifts or they could use agency staff but that this was not a regular occurrence. When people required higher levels of observation, they would bring extra staff in to cover this which meant core staffing levels were not affected.

Thornton Ward felt the skills mix on the ward could be improved. Currently the healthcare assistants on the ward were mostly band two and that more band three staff would be beneficial for the ward in terms of experience. One staff member said that band two staff were not able to carry out restraint when required until they received the appropriate training.

Staffing pressures were identified on Baildon Ward's risk register and this had remained on the register due to staff on long-term sick. The ward were working to four staff on the early and late shifts and three in the evening. We reviewed the rotas between 6 January and 15 June 2014 and found that in reality they had struggled to maintain the minimum number of staff on the early and late shift, at times working to three members of staff on shift with at least one qualified member of staff on shift. This was due to staff calling in sick regularly each week. According to Baildon Ward's sickness matrix for May 2014, the sickness rate was higher than the average expected target and more recently during the week of 2 to 8 June 2014, 11 staff were noted down on the rota as off sick. The ward were trying to manage the shift gaps by accessing bank staff from NHS Professionals and they had appointed a temporary member of staff to cover one of the staff members off on long-term sick. We received feedback from people on the ward that staffing issues had had an impact on activities carried out and escorted leave away from the ward being accommodated. The ward manager also confirmed that staffing levels could at times impact on the activity programme going ahead. We saw from community meeting minutes from January to June 2014 that people on the ward had consistently raised the issue of staff shortages and the knock on impact this had on leave and activities.

On Ilkley Ward, the ward manager discussed the issues of staffing pressures and the impact of sickness. They said they could not always accommodate escorts for section 17 leave for people. They tried to reduce the impact of this by permanent staff picking up extra shifts and using staff from other wards. They said that NHS Professionals could not always provide staff to fill the gaps so they would use agency staff instead. They tried to use the same agency staff for continuity.

Understanding and management of foreseeable risks

The wards had systems to deal with foreseeable emergencies with medical emergencies. We saw the emergency equipment for the low secure wards within Moorlands View was accessible via Thornton ward. Records showed that emergency equipment was checked regularly to ensure it was fit for purpose. Staff were equipped with alarms and would use this to call for assistance from other team members. The Step Forward Centre had its own emergency equipment which was checked regularly. The healthcare assistants were trained in basic life support level and qualified staff trained in intermediate life support.

Requires improvement

Are services safe?

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

All of the wards were purpose built and staff confirmed these were mostly ligature free. On Step Forward there was a ligature risk in the disabled toilet. The ward manager told us that this was kept locked unless in use.

Are services effective?

Good

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

Summary of findings

The wards used the 'my shared care pathway', which is a recovery and outcomes-based approach to care. The care plans we saw were well documented and described how people's needs were being met at each stage of their care. There were also set dates for care planning approach (CPA) meetings. Feedback we received from people across the wards confirmed they felt involved in decisions about their care.

Most staff we spoke with said they had access to the mandatory and specialty training they needed. However, some staff felt they would benefit from specific training to give them better skills and knowledge to help them carry out their roles.

Thornton Ward were not following any guidance on the use of CCTV in the visitors' room. There was no sign to inform people that CCTV was in use during visits, and relatives and people were not verbally informed of the use of CCTV.

Our findings

Step Forward Centre, Thornton Ward, Baildon Ward, Ilkley Ward and low secure outreach service.

Assessment and delivery of care and treatment

The wards used 'my shared care pathway', centre on providing a recovery and outcomes-based approach to the care pathway. We saw evidence of well documented care plans that described how individual needs were met at each stage of their care and there were allocated dates set for care programme approach (CPA) meetings. We received feedback from people across the wards confirming they felt involved in decisions about their care.

Risk assessments were carried out by staff during people's initial assessment and reviewed or updated during care review meetings or if people's needs changed. We looked at care records and saw there were comprehensive risk management plans for people. On Thornton Ward, risk management had been identified as a high priority given the acuity of people. Staff told us they worked closely with people to ensure crisis management and relapse prevention plans were clear. On Step Forward people told us they had the opportunity to discuss risk assessments with staff and felt it was a two-way partnership.

On Ilkley Ward most people were self-medicating. This meant they were following a programme which enabled them to be responsible for their own medication. Staff told us they felt this was very positive. They told us people responded well to receiving support and education regarding this aspect of their treatment. Care records evidenced these discussions taking place in one to one sessions between staff and people.

The trust had completed a physical health audit of the wards at Moorlands View which had highlighted shortfalls in the wards approach to meeting people's physical health needs. During our visit, we found significant improvements had been made.

There was a clear system to ensure people's physical health needs were met appropriately across the wards. We saw within people's care records that they had a physical health assessment carried out on admission to the ward. This consisted of various assessments including falls, nutrition, adverse drug reactions/allergies and risks of venous-thromboembolism (VTE). Following this each person had a physical health care plan in place which had been developed by medical staff. We saw records were updated regularly which demonstrated people were receiving various health checks on a regular basis. For example, blood tests on admission to the ward, physical observations and regular discussions about their medication. One staff member told us they used a physical observations chart to record the physical health checks and that if a person fell outside of the normal range, they would raise this with a member of the nursing team. All of the wards had access to GPs.

The Step Forward Centre was a mixed sex ward, which was purpose built, with separate gendered areas in accordance with national guidance.Staff took all practicable steps to enable people to make decisions about their care and treatment wherever possible. Staff understood the process to follow should they have to make a decision about or on behalf of a person lacking mental capacity to consent to proposed decisions in accordance with the Mental Capacity Act.

Are services effective?

Good

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

Outcomes for people using services

Most of the wards were using the 'productive ward' benchmarking tool that enables staff to improve processes on the ward. Staff on Thornton informed us that they were not able to release staff to complete this due to staff pressures on the ward. The information was displayed in a communal area and updated on a daily basis by staff. We saw that staff lateness, unplanned staff absence, violence and aggression and compliments and complaints were audited. On Baildon Ward staff used a whiteboard, which came out of the productive ward work capturing factors pertinent to the Mental Health Act (MHA) 1983 and formed part of a regular audit they completed on the MHA.

The Step Forward Centre were measuring their service against the Royal College of Psychiatrists' standards for the accreditation of inpatient rehabilitation standards and had identified areas for improvement. The ward managers informed us they had secured funding, for the accreditation programme, and were due to sign up later on in the year.

Healthy eating was promoted across the wards. For instance, Step Forward promoted food trays that were designed with 'the eatwell plate.' The eatwell plate highlighted the different types of food that made up a well-balanced and healthy diet.

Staff, equipment and facilities

Most staff we spoke with told us they felt they had access to the mandatory and specialist training needed to carry out their roles. For instance on Baildon Ward staff had completed clinical risk training in the past few years. On Ilkley Ward, we saw dates available for staff training events which were advertised in the ward office. One bank staff member on Step Forward told us they had received a good induction and felt confident to carry out their role.

On Baildon Ward's risk register, the management of aggression and violence and breakaway training was outstanding for staff. The ward manager confirmed that most staff were now up-to-date with this and could be removed from the risk register.

Some staff felt they would benefit from specific training to better equip them with the skills and knowledge required to carry out their roles.

Some staff told us they had not received training in how to meet the needs of people with personality disorders. They said they had struggled at times with people with these issues as they felt they did not have the relevant skills to support them. One healthcare worker from another ward felt that further training in mental health would be beneficial given the client group they were working closely with.

The associate practitioners, who worked in the psychology department, completed assessments on people across the low secure wards. These included assessments of the Structured Assessment of Protective Factors (SAPROV), Risk for Sexual Violence Protocol (RSVP), the Wechsler Adult Intelligence Scale (WAIS) test and the Wechsler Memory Scale (WMS); a neuropsychological test. No training had been identified to carry out these assessments and one staff member said it would be useful to have the relevant training to support them to complete these assessments. They received formal supervision fortnightly from the nurse specialist and ad hoc supervision from the qualified psychologist.

Thornton Ward was not following any guidance on the use of CCTV in the visitors' room on the ward. Thornton Ward's rationale for using CCTV (closed-circuit television) in the visitors' room was for the safety and protection of staff and people. The ward manager informed us the visits were always supervised and that the CCTV was monitored (not recorded) in the nursing office, while a visit was in progress. However, there was no sign to inform people that CCTV was in use during visits. The ward manager confirmed that people were not verbally informed of the use of CCTV. This meant that people's privacy was not fully respected because they were not made aware that they were being monitored. People were therefore not aware of the recording of people's images in line with data protection rules. Furthermore, the ward manager was not aware of whether there was a trust policy on the use of CCTV, nor was there a local policy in place. The ward manager was unable to locate a trust policy on the use of CCTV. Following the inspection, the trust sent us the ratified policy on CCTV.

From the last Mental Health Act commissioner (MHAC) visit report in December 2013, the use of CCTV in the seclusion room had been picked up as an issue of Thornton Ward not following any guidance on its use. We followed up on this and were told that the camera in the seclusion room was no longer in use and had been disconnected. However we saw there was a sign still in place informing people that the CCTV was in use.

Are services effective?

Good

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

Multi-disciplinary working

People using the service attended care programme approach (CPA) meetings with the team assigned to manage their care and treatment. We saw CPA documentation was up-to-date and provided evidence of people's involvement.

We observed a multidisciplinary team (MDT) meeting on Thornton Ward. These meetings were supported across the wards by staff from different disciplines and we saw how other professionals were involved in the assessment of people. We observed that staff were respectful to people during the meeting by listening to them and being inclusive. We observed discussion for one person who staff were concerned about following an incident on the ward. They discussed de-escalation techniques and reviewed their medication in order to reduce their symptoms. In broad terms, staff looked at people in a holistic way taking into consideration factors important to people such as family contact and leave away from the ward.

Appropriate handover between staff took place at the beginning of shifts. We observed a handover on the Step Forward Centre. There was good discussion of people's risks to themselves and others, and the actions needed to minimise these risks. Staff demonstrated by their interactions and behaviour in handover a high level of care and compassion for people.

We saw good evidence of multi-agency working when the service worked with other providers to coordinate care for people. For example, on one ward we saw that out of area care coordinators were invited to ward rounds and it was evidenced in people's notes that the coordinators were kept informed of any developments.

All of the wards had access to occupational therapy and other specialist input when required. The occupational therapist (OT) on the Step Forward Centre was based on the ward and was involved in people's care from the point of admission. People using the service were asked to complete an occupational self-assessment questionnaire to reflect on their own skills and what they prioritised as being important. A person's care plan was then developed and an observation assessment was completed to assess how certain tasks were managed such as cooking and managing finances. The OT also did one-to-one work with people and ran groups on the ward. A holistic approach was taken when considering people's needs. If specialist input was required staff had links in place to refer them on to.

There were two associate practitioners (AP) who were supporting the three low secure wards under the direction of a qualified psychologist. The APs carried out groups on the ward and assessments on people. They were in the process of setting up a unit wide dialectical behavioural therapy (DBT) group to support.

Mental Health Act (MHA)

The Mental Health Act commissioner looked at the rights of people detained under the MHA across two (Step Forward Centre and Baildon Ward) of the four wards we visited. Overall, we found good evidence to demonstrate that the MHA was being complied with.

Overall, people were aware of what section they had been detained under, understood their rights to appeal and told us they had an independent mental health advocate (IMHA). They confirmed they had told about their medication and the side effects. People told us about the unescorted and escorted leave they had from the ward. They said they were involved with their care planning and setting goals to work towards.

Overall, the wards had effective systems in place to assess and monitor risks to individual people.

We found that medication was administered to people within the MHA rules in accordance with the relevant authorisation to treatment form and within BNF (British National Formulary) limits.

On the Step Forward Centre and Baildon Ward we pathway tracked and spoke with a small number of people who were detained under the MHA to monitor whether the service were compliant with the requirements under the MHA.

On the whole, the wards we visited were found to be compliant with the MHA and MHA Code of Practice with the exception of the lack of risk assessments prior to section 17 leave being given which are reported on in the safe domain. The trust had good systems to support the operation of the MHA with a designated MHA administrative staff based at Lynfield Mount.

Good

Are services caring?

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

Summary of findings

We observed staff and people interacting well on all the wards. Staff engaged with people in a caring, compassionate and respectful manner, answering questions and providing support when asked. People appeared to be comfortable approaching staff when they needed support.

People gave us positive feedback about the community links across the wards. They also told us about the arrangements that had been made before their discharge.

Our findings

Step Forward Centre, Thornton Ward, Baildon Ward, Ilkley Ward and Low secure outreach service.

Kindness, dignity and respect

We observed good interaction between staff and people across the wards. Staff engaged with people in a caring, compassionate and respectful manner, answering questions and providing support when asked. People appeared to be comfortable approaching staff when they required support.

Staff we spoke with felt that people received good care on the wards. They told us they felt people were given hope with regard to moving on and recovering. On Thornton Ward we spoke with one person who had recently been admitted to the ward. They told us this was not their first admission and they felt staff did a good job at helping them. Another person on this ward told us they attended ward rounds and had good involvement in their care planning and had received a copy of their care plan. They told us that they could informally chat to staff when they wanted to but said they would benefit from one-to-one formal time with staff, but said that due to limitation of staff this had not happened yet. One person on the Step Forward Centre described the ward as ''excellent.'' They told us they felt safe on the ward and felt comfortable talking to staff and that staff were helpful. They said they could talk to staff when they felt distressed.

We observed staff treating people with dignity throughout our visit and we saw that staff knocked on people's bedroom doors before entering. Thornton Ward had two meeting rooms which were available to people to meet with the nurses and discuss any issues they had. We saw there were small areas of the ward with payphones for people on the ward to make calls. This ensured people's privacy was maintained.

People across the wards came from a wide range of backgrounds. People and staff confirmed there were a range of food options including, for example, halal and vegetarian options. Where English was not a person's first language, staff could access and book interpreters in advance of multi-disciplinary team meetings and tribunals. People could also bring someone along to translate on their behalf. Some staff on the Step Forward Centre spoke Punjabi and Urdu and could therefore communicate with people who spoke these languages. There were translated materials available for people on recovery and illness.

Staff and people across the wards provided examples of where people's individual needs were being met. We saw on one ward a person was supported to do their artwork and they were preparing to exhibit their work. There was a multi-faith room that people on the low secure wards could access. The trust's electronic system captured people's personal, cultural, spiritual needs and we saw that staff translated this in practice. One person had key times for prayers and staff respected this and did not interrupt the person during this time. In another example, staff were reading to a person every night as the person's goal was to learn English.

We received positive feedback from people about the community links across the wards and they discussed with us arrangements that had been made in advance of their discharge. One person said, ''I still have my accommodation in the community and my care coordinator is helping with redecoration before my discharge in five weeks.'' Another said they felt they had developed the ability to live without substance misuse and explained they felt confident in maintaining an addiction free future after five weeks into treatment. Another told us they had a CPA meeting recently which involved discussion around their discharge arrangements. They said they felt staff in this meeting had taken a positive approach to them and had faith in them.

People using services involvement

People were empowered to take ownership of their lives by identifying goals to work towards. People on the Step Forward Centre were clear about the use of the Wellness

Good

Are services caring?

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

Recovery Action Plan (WRAP) modules and that these plans focussed on goal-direction. They were encouraged to work on this over a period of time updating it as they progressed through the programme.

Community meetings were held regularly on the wards. We looked at the minutes from some of these meetings. Discussions centred on activities, the ward environment, comments about the food and use of the communal courtyard. The meetings were attended by people using the service and staff on the ward. We saw examples where people had raised issues or requested specific things and staff had responded to these and made changes where possible.

On the Step Forward Centre there were whiteboards with people's names on them. When raised with staff, they told us that people wanted to know which member of staff was allocated to them and were ok for their names to be on display. No surnames were used.

Emotional support for care and treatment

Across the wards, we saw evidence of relatives' involvement in people's care and staff confirmed they would involve them based on the person's wishes.

There was an expectation that people would complete 25 hours of meaningful activity each week and staff worked with people to identify what activities they would like to engage with. An individualised programme was developed on this basis and this was audited by staff weekly.

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

The rehabilitation and low secure wards accepted referrals from a range of services, including the acute wards, higher secure services and the community.

We saw that plans were being put into place for some people to move into more independent accommodation in the community. Staff also told us that care planning approach (CPA) meetings were held before a person was discharged from the ward, to make sure that they were supported during and after their discharge.

While on the wards, staff worked with people to promote independent living skills and social inclusion. This underpinned the recovery model of rehabilitation.

The rehabilitation ward and low secure outreach team had good links in the community to make sure that people were prepared for being discharged back into the community.

Our findings

Step Forward Centre, Thornton Ward, Baildon Ward, Ilkley Ward and Low secure outreach service.

Planning and delivering services

There were arrangements in place to admit and discharge people from the wards. For example, people were assessed by a psychiatrist and nurse before admission to Thornton Ward to see if they were suitable for admission. Additionally, Ilkley ward had an area dedicated for the purpose of assessment for suitability of moving on from the ward. The focus was on rehabilitation and the skills the person would need for this. People undertook a 12-week programme of assessment which included social skills, cooking, budgeting and attending therapy. At the end of the programme discussions would be held with the person and their care team regarding the suitability for discharge. At the time of our visit we saw the low secure outreach team were supporting a person though this process and this person told us it was going well. The person was being supported with some of their agreed leave off the ward. They told us, ''I'm happy with how things are going. It's great that we are able to be so involved.''

Staff worked with people to promote independent living skills. On Baildon Ward for instance, numeracy and literacy had been identified as challenge in the past and as a result the need for an educational worker had been identified. This had been trialled earlier in the year and proved to be positive. The ward manager said a business case was now being made for this.

Ilkley Ward had identified a problem on admission where they had received referrals in the past for people who were subject to MAPPA (multi-agency public protection arrangements) conditions. As a result the ward involved the MAPPA agencies and found there were restrictions placed on these admissions. The ward was looking at how to identify MAPPA agency referrals prior to admission to ensure the appropriate arrangements and involvement were in place to support people in line with any restrictions placed on them.

People on the low secure wards were encouraged to attend handover. This empowered people and enabled people to challenge assumptions of staff if they did not agree with what was being said.

Right care at the right time

The wards had good links in the community to ensure they people were adequately prepared for an appropriate discharge back into the community. For example, if people required psychology access following discharge staff from the Step Forward Centre could refer people on to the Helios Centre based at Lynfield Mount Hospital. The service provided a day service for outpatients who need specific therapeutic treatments in a supportive specialised environment. Staff told us that if they were referring people on to this service in the community access was usually prompt.

The low secure outreach team supported people on the low secure wards in preparation for discharge from the ward. This was done with a view to establishing early on what the person's pathway would be from the ward. The team were involved from the point of admission and worked closely with people and staff on the ward to ensure a smooth and timely discharge. We tracked a person on the trust's electronic system that had been discharged from Thornton Ward to the low secure outreach team and transitioned to community mental health team. The health support worker discussed how the work they had done with the person around social inclusion. They initially had a

Are services responsive to people's needs?

Good

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

pre-discharge meeting with the person to discuss what they wanted to happen and what support they required with this. Arrangements were made around the person's accommodation and benefits.

Care Pathway

The rehabilitation and low secure wards accepted referrals from a range of services including the acute wards, higher secure services and from the community. We saw that plans were being put into place for some people to move into more independent accommodation within the community. Staff told us that care programme approach (CPA) meetings took place before a person was discharged to ensure they were supported during and after their discharge from the ward. Whilst in the service staff supported people to feel empowered through the promotion of independent living skills and social inclusion which underpinned the recovery model of rehabilitation.

We observed a care programme approach meeting on Thornton Ward led by a consultant psychiatrist. There were a range of representatives from the community, social work, the ward manager, doctors, advocacy and occupational therapy. We saw that the team listened to the person carefully and responded to the points they raised. They discussed a range of issues on the person's understanding their rights, medication, what activities and skills they may want to develop and risks that may hinder their progress. There was good discussion around positive risk taking and how the person may benefit from leave away from the ward and balanced this again risks that may impact on them taking leave.

The low secure outreach team supported people on the low secure wards by facilitating a pathway out of the wards. At the time of the inspection they were also supporting 20 people in the community, who were waiting to be transferred onto the community mental health teams (CMHT). This had been identified as a concern on their risk register. The team had an action plan on how they wanted to move people on but these actions were now classed as outstanding. This meant that people were waiting for allocation of a care coordinator from the CMHTs in order to move forward. The outreach team had proactively engaged with the CMHTs to reduce the delays in people moving on by reducing the barriers in place to the CMHTs taking on people. Staff in the team had offered to support the transition of people in the community by offering dual working with the CMHTs to ensure a smooth handover for the person.

Learning from concerns and complaints

There was information across all of the wards on how to access to advocacy and the patient advice and liaison service. We saw from one person's care record that a referral to an independent mental health advocate (IMHA) had been made and this person was being supported to make an appeal to the tribunal regarding their mental health act status.

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.

Summary of findings

The trust had a clear vision for the low secure and rehabilitation services, which involved increasing the community provision and working in the least restrictive for people. For example, using de-escalation (managing aggressive behaviour) to underpin people's recovery. It was clear that these strategies were in place and staff understood and knew how to implement them. On the wards we visited, staff told us that the use of restraint was low in response to incidents.

The wards and outreach team had strong governance arrangements in place to monitor the quality of the service delivered. Managers had regular meetings to consider issues of quality, safety and standards, which included monitoring areas of risk such as incidents. These were monitored regularly by senior staff in the service.

Our findings

Step Forward Centre, Thornton Ward, Baildon Ward, Ilkley Ward and Low secure outreach service.

Vision and strategy

The trust had a clear vision for the low secure and rehabilitation services, involving increasing the community provision and working to the least restrictive way of working with people which underpinned the recovery aspects of people's care. These strategies for the service were clearly evident and staff had a good understanding and knowledge of these. Staff informed us that the use of restraint was low in response to incidents across the wards we visited. Staff were committed to working within the least restrictive guiding principles. Data we received from the trust supported the relatively low use of restraint within low secure services. The use of restraint was overseen and monitored by the Mental Health Legislation Committee.

There was a clear governance structure in place that supported the safe delivery of the service. Lines of communication from the board and senior managers to the frontline services were mostly effective, and staff were aware of key messages, initiatives and the priorities of the trust. The trust values were firmly embedded in staff's practice as demonstrated through staff's commitment to support people in the service.

Responsible governance

The wards and outreach team had strong governance arrangements in place to monitor the quality of service delivery. They had regular meetings for management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service such as incidents. These were being monitored regularly by senior staff in the service. This helped ensure quality assurance systems were effective in identifying and managing risks to people using the service. We saw an example from Step Forward's ward governance minutes from May 2014 where safeguarding concerns had been discussed. Although there were no open safeguarding alerts open at the time of our visit, staff had discussed one issue which had the potential to escalate. The service had considered the potential risks to people as well as the current risks.

Leadership and culture

Staff told us they felt supported by the management across the services we visited. We saw evidence that staff at all levels had received regular supervision and appraisals and these were underpinned by the values of the trust.

We carried out a focus group with the rehabilitation and low secure service managers. Those who attended expressed feeling supported by their clinical service managers and confirmed they had ownership for the budget on their wards. This meant for example they could increase staffing levels when required.

Engagement

The trust had a whistleblowing policy in place, which staff were aware of and were able to describe to us. This policy provided staff with guidance on how they could escalate a concern they may have without being identified. Most staff we spoke with said they would feel comfortable raising concerns on their ward.

We spoke with the patient advice and liaison service (PALS) officer who visited the wards once a month or more often when required. For instance, they felt Baildon Ward was responsive to making changes based on the issues people raised. They provided examples where people had raised issues about food and these had been acted on.

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.

Performance improvement

All of the services had systems in place to monitor the quality of service delivery. For example, on Ilkley Ward we saw that people's care records were audited every week by a qualified member of staff. They would report any actions required to the ward manager who would then be responsible for ensuring these were carried out. Other audits completed across the wards included medication, hand hygiene observations and MHA documentation.

On the Step Forward Centre's risk register, the lack of psychotherapy had been identified as an issue due to capacity issues in the trust. The ward was funded for 15 hours of psychology a week to support people on the ward. To combat the limited access, the ward reviewed what the specific therapeutic need on the ward was. Cognitive behavioural therapy (CBT) training was subsequently identified for staff on the ward to undertake thereby improving access to therapies for people using the service with the additional benefit of utilising staff skills on the ward.