Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Trust Headquarters

2150 Century Way, Thorpe Park, Leeds, LS15 8ZB

Tel: 01133055000

Date of Inspections: 18 December 2013
12 December 2013
11 December 2013
10 December 2013

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Result
Assessing and monitoring the quality of service provision	✖ Action needed

Details about this location

Registered Provider	Leeds and York Partnership NHS Foundation Trust
Overview of the service	Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disability services to patients within Leeds, York, Selby, Tadcaster, Easingwold and parts of North Yorkshire. The Trust Headquarters is the administrative site where the corporate functions for the Trust are based.
Type of services	Community based services for people with a learning disability Community based services for people with mental health needs Prison Healthcare Services Rehabilitation services Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	4
Our judgements for each standard inspected:	
Assessing and monitoring the quality of service provision	6
Information primarily for the provider:	
Action we have told the provider to take	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, 11 December 2013, 12 December 2013 and 18 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health and reviewed information sent to us by other authorities. We reviewed information sent to us by local groups of people in the community or voluntary sector and were accompanied by a specialist advisor.

What people told us and what we found

During our inspection we spent a great deal of time looking at the governance in the hospital and spoke with Trust staff that had specific roles relating to continuous monitoring and improvement. We were supported on this part of the inspection by a specialist advisor in governance.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 15 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

All organisations providing NHS Care are required to have a comprehensive programme of quality monitoring and improvement in place. Organisations refer to the processes of quality assurance as 'governance'. We asked the service to show us what systems were in place for monitoring the quality of the service and how they ensured that their governance processes resulted in the continuous improvement of patients' care. We visited the headquarters of the service where the records were stored.

A professional advisor in organisational governance supported the inspection team in assessing the Trust's management systems to ensure that effective structures were in place to deliver safe care.

During our inspection, we identified concerns in the quality monitoring within some of the services. While the Trust had a system in place to ensure risks were escalated, we found there was insufficient attention given to assure the action taken to reduce the risks had been implemented. We also found that the mechanisms to identify risks on wards in specific services were not in place and as a result presented risks to users of the service. This was particularly the case with respect to ligature points.

We found that risks were identified and placed on departmental risk registers. All departmental and corporate risk registers detailed the areas of concern, the level of risk and likelihood of occurrence, along with the actions taken to eliminate, reduce or control the risk. The Trust provided reports and committee minutes which showed that departmental risk registers were updated and a system was in place to escalate risks to the corporate register.

We found that the Trust had a paper and electronic incident reporting system in place. At

the time of our visit a new electronic incident reporting process was being introduced. A quarterly risk management report detailing the level and type of incidents reported had been submitted to the Trust board for review.

There was an overarching Quality Committee chaired by a Non-Executive Director, with patient safety and risk committees reporting into the Quality Committee. These groups discussed serious incidents, complaints and patient experiences and linked into a number of sub-groups. At ward level we saw evidence that these areas were being discussed within teams.

We saw that there were arrangements in place for investigating incidents and dealing with complaints. The Trust held a monthly meeting to review resolution and learning from serious untoward incidents, safeguarding incidents and any other areas of concern. We attended a meeting where the Trust reviewed incidents which had recently occurred. We saw evidence that they had been investigated. However, it was not always clear from the investigation reports or minutes of meetings in which they were discussed, that any recommended actions had been implemented.

We looked at the Trust's systems for managing complaints. These were managed centrally by a complaints manager. Once a complaint had been made, the complaints team would contact the person who had made the complaint directly and agree a reasonable timeframe for when the investigation would be completed.

The Trust had a risk register; we were shown how this was reviewed at local and corporate level. A risk register was used at ward, department and corporate level to keep senior managers informed of the key risks in each area. We reviewed the Trust risk register and saw that risks related to the delivery of care and the service were assessed.

As an example the Trust had identified a risk regarding staffing and it had developed an action plan to improve staffing across the Trust. The Trust was in the process of reviewing staffing levels across the Trust. This meant that, whilst we acknowledged that there was room for improvement in staffing, the Trust had gone some way to improving the staffing levels. We saw that there were procedures in place to monitor staffing ratios across all wards and departments to ensure that issues were identified at an early stage.

Although there were clear plans to address shortfalls in the service at a senior level, we found that systems to check the quality of the service provided at ward level were not always being followed. We were particularly concerned about ligature risks. A ligature risk is anything that could be used to attach a cord, rope or other material for the purpose of strangulation. New kinds of ligatures and ligature points are always being found and this requires ward/unit staff to be constantly alert to potential risks.

We inspected the environment at several locations and we found ligature risks were present and needed urgent review to ensure patient safety. Staff on the wards told us they completed six monthly reviews of the clinical areas to identify and manage ligature risks. We asked to see the latest review however the three wards were only able to provide a review completed in 2012. We looked at the risk register and Board Assurance Framework for the Trust and the ligature risks were not entered on them.

Patients were encouraged to express their views about the service provided. They could do this in a number of ways including direct contact with the staff, completion of questionnaires or through patient user groups. Where patients had raised quality concerns through completion of questionnaires or the patient user group these had been reviewed

and acted upon by the provider.

We looked at the systems for sharing lessons learned information across the Trust. These were an opportunity to learn of new developments and to share ideas. Information about lessons learned was shared via the Trust intranet and the use of screen savers to highlight lessons learned, key messages and to promote training which was available to all staff. Staff we spoke with who were based on wards told us they had regular staff meetings.

In one ward, we found the care plans had not been reviewed, monitored or audited. This lack of reviewing of records meant that patients were at risk of not receiving appropriate care and treatment. We raised this lack of checking and monitoring with senior staff on the ward at the time and they agreed that there was no evidence of checking patient records to ensure that patient care and treatment was comprehensive.

We saw that there was an annual audit schedule in place and evidence of audits carried out in areas such as the Care Programme Approach. All audit activity was reported and monitored by the Effective Care Group. With some audits we looked at we saw that actions had been identified and were being implemented. However, it was not always clear from the evidence provided what the findings from the audits were and whether any action had been taken as a result to drive improvement in the service.

We raised our concerns with the Trust who developed and provided an action plan to the inspectors to address the concerns which we had raised in relation to the care and welfare of patients. The Trust is providing a monthly update of the action plan to the Care Quality Commission.

This section is primarily information for the provider

✖ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Regulation 10(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to— (a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and (b) identify, assess and manage risks relating to the health, welfare and safety of service users and others.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.