

# Leeds and York Partnerships NHS Foundation Trust

## Care Quality Commission inspection reports

Briefing pack: For stakeholders

**Please note: this information is to brief you in advance of the publication of the Trust's CQC reports on Friday 16 January 2015. The reports are embargoed until this time.**

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## 1. Core statement

### Leeds and York Trust staff praised as “caring” in Care Quality Commission reports

Staff at Leeds and York Partnership NHS Foundation Trust treat service users with “kindness, dignity and respect” according to latest reports released by the Care Quality Commission (CQC).

The Trust, which provides specialist mental health and learning disability services across Leeds, York and parts of North Yorkshire, was inspected between 29 September and 5 October 2014 as part of the CQC’s comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

The CQC inspectors assess services against five key questions, asking if services are:

- Safe?
- Effective?
- Caring?
- Responsive to people’s needs? and
- Well-led?

They then rate both NHS Trusts as a whole and their individual service areas to help people understand where care is outstanding, good, requires improvement or inadequate. Leeds and York Partnership NHS Foundation Trust has been given an overall rating of “requires improvement” (see summary table below).

Five key questions	Overall rating for Leeds and York Partnership NHS Foundation Trust
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well led?	Requires improvement
<b>Overall</b>	<b>Requires Improvement</b>

The inspectors found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York, the “meaningful and extensive” activities for patients at the Newsome Centre in Leeds and the crisis assessment service at the Becklin centre in Leeds.

There were a smaller number of areas where the inspectors found some issues with services including the quality of the environment where care was being delivered, the level of staffing available at all times to meet the needs of patients and the level of training that staff had received.

Chris Butler, Chief Executive of the Trust, said: “We welcome the reports from the CQC. I am a registered mental health nurse and I’ve been a carer in my personal life so I know what it feels like to both work in and receive services from the NHS. I am therefore of the view that no NHS organisation can be perfect and we must always seek out opportunities to learn, reflect and make things better.

“I am very proud of the staff who have received glowing assessments from both the inspection team and our service users who said they were treated with kindness, dignity and respect. Our staff are our greatest asset and they have demonstrated they provide a first class service which is well regarded.

“The inspectors also found many areas of good and outstanding practice. In fact, 70 per cent of the areas they looked at were rated as good in their report.

“There are some areas of concern that have been highlighted in the report and a small number of those are significant. We have already been taking action to address some of those and we are working on a firm plan of action to tackle the rest.”

## **Services in York and North Yorkshire**

The majority of the concerns raised by the CQC relate to services in York and North Yorkshire, particularly older people’s inpatient care which was rated inadequate. Commenting on this, Chris Butler said: “We realise this report tells a tale of two cities. Services in Leeds have mostly been rated as good whilst there are a number of concerns raised about services in York.

“The report highlights the historical underdevelopment and underinvestment in mental health and learning disability services in York. This is something I am pleased to say that we, and the Vale of York Clinical Commissioning Group, have been addressing together over the last three years and there are many examples of new and improved services we have put in place together.

“We take the issues raised about the suitability of Bootham Park Hospital in York very seriously. We have been working hard with our partners to take immediate action to address them. This includes a £2.7 million scheme to refurbish the three inpatient wards which will be completed later this year. However a longer term solution is needed for inpatient mental health care in York and we are fully committed to working with local partners to see this through.”

## **Action plans**

The Trust has been given five “compliance actions” by the CQC across the organisation which means these are areas that require immediate attention to address essential standards of quality and safety. These include:

- Safety and suitability of premises
- Systems for identifying, handling and responding to complaints

- Ensuring staff receive appropriate training, supervision and appraisals
- Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients' needs
- Eliminating mixed sex accommodation

The Trust has already taken action to address some of these concerns. This includes:

- Moving inpatient children's mental health services in York into newly refurbished accommodation at Mill Lodge in Huntington
- Working with staff at the Worsley Court elderly care unit in Selby to improve the quality of nursing care – this unit has recently reopened following a temporary closure
- Addressing mixed sex accommodation issues by designating Worsley Court as a male-only facility and making the Meadowfields elderly inpatient unit in York a female-only unit.

The CQC has set the Trust 19 “must do” actions and 23 “should do” actions across its clinical services. The Trust will now agree an action plan which addresses the key concerns highlighted in the report as its Trust Board meeting on 29 January 2015.

Chris added: “We will revise our existing action plan to take account of the findings in the CQC's reports. These will be agreed with our partners across Leeds and York along with the timetable for completion.”

You can read all the reports from the CQC on their website here:

[www.cqc.org.uk/directory/RGD](http://www.cqc.org.uk/directory/RGD)

## 2. Service ratings in more detail

The CQC rated 11 mental health and learning disability services provided by the Trust against the five key domains of safe, effective, caring, responsive and well-led. The table below gives an overview of how they were rated.

Service area	Safe	Effective	Caring	Responsive	Well-led	Overall rating
Acute wards for adults aged 18-65	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Long stay / rehab for 18-65 year olds	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Forensic inpatient / secure wards	Good	Requires Improvement	Good	Good	Good	Good
Child and Adolescent mental health service (CAMHS) wards	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Older People's wards	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
People with learning disability / autism wards	Good	Requires Improvement	Good	Good	Good	Good
Community mental health services	Good	Good	Good	Good	Good	Good
Crisis services and Health-based place of safety	Requires Improvement	Good	Good	Good	Good	Good
Community CAMHS	Good	Good	Good	Good	Good	Good
Supported living services (ASC)	Good	Good	Good	Good	Requires Improvement	Good
Community LD/Autism	Good	Good	Good	Good	Good	Good

Overall Trust rating	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
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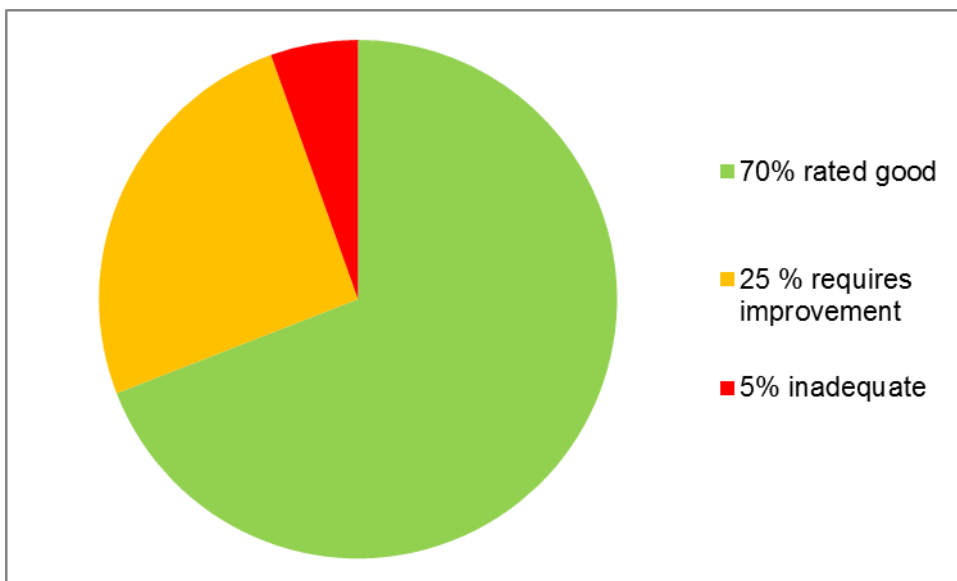
**Why did the Trust get an overall rating of “requires improvement”?**

The CQC inspection team give ratings to service areas and use this alongside a range of other information to calculate an overall rating for the Trust. Any serious issues or breaches of required standards would automatically give a rating of requires improvement or inadequate.

Two or more ratings below good (e.g. requires improvement or inadequate) would generally lead to an overall score indicating requires improvement or inadequate.

The chart below is a representation of the CQC’s findings across the Trust, showing that 70% of our services were rated good, 25% require improvement and 5% were classified as inadequate.

**Proportionality of ratings across services**



More information about how the CQC calculate ratings can be found in [How the CQC regulates Specialist Mental Health Services Provider Handbook](#).

### 3. Some examples of good practice highlighted in the CQC reports

#### In York

- The child and adolescent inpatient ward in York provided mobile phones to young people. These phones did not have a camera facility on them, but allowed young people to put their own SIM cards in them. This meant young people were able to keep contact with friends and family whilst ensuring the privacy of others on the ward was being protected.
- The individualised tailored processes for admission for women with personality disorder onto Rose ward at Clifton House effectively supported patients safely during change and transition.
- The extent of meaningful patient involvement for women with personality disorder on Rose ward at Clifton House to participate in their individual care as partners and to be involved in the running of the ward.
- The Community Mental Health Team has developed excellent partnership working with York St John University through the 'Converge' organisation. Converge provides support and access to courses specifically designed for people who use mental health services.

#### In Leeds

- Inspectors were impressed with the range and scope of meaningful and extensive patient activities on Ward 2 (female patients) at the Newsome Centre at Seacroft.
- The Learning disability inpatients service at Woodland Square provided an excellent short term care service and we were impressed with their dedication and skill. The learning disability inpatients service at Parkside Lodge had been innovative in developing their patient daily activity plans.

- The crisis assessment service in the Becklin Centre, Leeds operated a pilot scheme called the Street Triage Team (STT) which had reduced admissions into the Place of Safety (Section 136 suite) by 28% since its introduction in April 2014.
- The rehabilitation wards in Leeds had a “you said, we did” feedback system for patients. If patients had raised a point within their weekly community meetings, the “you said, we did” provided them with communication on what action had been taken. This was displayed on notice boards within the wards and communicated at subsequent community meetings.



## 4. Actions to improve

The CQC has set the Trust 19 “must do” actions and 23 “should do” actions across its clinical services. The Trust will now agree an action plan which addresses the key concerns highlighted in the report as its Trust Board meeting on 29 January 2015.

### Must do actions

- The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham Park Hospital and the Yorkshire centre for psychological medicine (Ward 40, Leeds General Infirmary).
- At Peppermill Court, Worsley Court, Meadowfields and ward 6 at Bootham Park hospital the provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of patients.
- The provider must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice at Meadowfields, Worsley Court, ward 6 at Bootham Park hospital and Acomb Gables.
- At Worsley Court the trust must ensure that there no delays to the administration of patients medication.
- The provider must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity ‘Assessment and Treatment under the Mental Health Act’, including ensuring staff have access to up-to date trust information and policies.
- The provider must ensure that comments and complaints are handled appropriately.
- The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.
- The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.
- The provider must ensure that the patient group directions (PGD) medication at the crisis assessment service – Becklin Centre, Leeds is reviewed and brought in line with the trust policy and legal requirements.
- The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.

- The provider must take action to ensure rehabilitation wards are both adequately and safely maintained.
- The provider must ensure care records, at Acomb Gables, are kept up to date.
- The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm.
- The provider must take action to ensure children and young people who require inpatient care are cared for in an appropriate environment
- The provider must take action to ensure that all staff receive their mandatory training
- The provider must take steps to ensure all appropriate staff receive training in relation to the Mental Capacity Act and Mental Health Act
- The provider must take action to ensure that all medication charts, observation records and records of Gillick competency and mental capacity assessments are always fully documented.
- The provider must ensure that adequate medical cover is available, both within and out of working hours that meets the needs of the patients across the trust.
- The provider must ensure that the supported living service reports all safeguarding incidents to the national reporting and learning system (NRLS).

## **Should do actions**

- The provider should ensure care plans for patients subject to Community Treatment Orders (CTO's) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients in CMHTs.
- At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.
- At Peppermill Court the trust should ensure that there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment.
- At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.

- At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the 'Quality improvement plan for the community unit elderly services (CUES)' and provide CQC with a monthly update of the progress.
- The provider should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care in low secure services by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).
- The provider should address identified environmental issues including within the seclusion rooms and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.
- The provider should ensure that patients in low secure services have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.
- The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that:
  - staff are aware patient mail can only be withheld in very limited circumstances;
  - there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;
- The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.
- The provider should review the provision of dedicated medical input into the services of the crisis and access service – Bootham Park Hospital, York.
- The provider should review the systems for informing people how to raise concerns and complaints at the crisis assessment service at the Becklin Centre, Leeds.
- The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located on Lime Trees
- The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms on Lime Trees.
- The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner at Lime Trees

- The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.
- The provider should take action to ensure Millside and Acomb Gables have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file
- The provider should ensure that a robust system is in place for the monitoring of safety of food items in fridges across the trust.
- The provider should review systems at trust level for recording and monitoring training uptake.
- The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas.
- The provider should review the information technology requirements of the National Deaf Child and Adolescent Mental Health Service (NDCAMH); this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.
- The provider should ensure effective monitoring arrangements are in place at Hawthorne ICST for people accessing the building.
- The provider should ensure that staff at Hawthorne ICST are using the personal alarm system provided.

## 5. What the inspectors said about our services

### At a glance . . .

1. Child and adolescent mental health services (CAMHS) – Community based services
2. Specialist Eating Disorder Services \*
3. Long stay, forensic and secure services
4. Community mental health services for people with learning disabilities or autism
5. St Mary's Hospital (Specialised Supported Living Service)
6. Services for people with learning disabilities or autism
7. Services for older people
8. Child and adolescent mental health services (CAMHS)
9. Rehabilitation services
10. Crisis Teams and Health Based Places of Safety
11. Community-based mental health services for adults of working age
12. Acute admission wards and psychiatric intensive care units

\* Following the inspection the CQC informed us of a change to the status of the report into the Eating Disorder service. Specialist Eating Disorders is no longer considered a “core service” by the CQC (a decision taken after a draft report and ratings had been shared with the Trust) and therefore ratings have not been included in the final publication.

## 1. Child and adolescent mental health services (CAMHS) – Community based services

Name of service	Address
CAMHS Community Team	Limetrees, York, YO30 5RE
National Deaf Child and Adolescent Mental Health Service (NDCAMH Service)	Limetrees, York, YO30 5RE

**Overall rating:** **Good**

### A summary of the inspectors' findings:

#### **We found the service to be safe:**

Systems were in place which ensured risk assessments were carried out in relation to children and young people who had been referred. Prioritisation of referrals took place by clinical staff. Appropriate lone working arrangements were in place within the NDCAMH service but we found concerns in relation to the lone worker policy and process not being consistently followed within the mainstream CAMHS service. We found incident reporting systems were in place and were being followed.

#### **We found the service to be effective:**

Care plans which adopted a focus on recovery were in place. There was evidence that the physical health of children and young people was being considered by the service. We found the service had an understanding of best practice guidance and demonstrated a commitment to evidence based practice. Staff received supervision and annual appraisals. We found evidence of positive working relationships with a range of external agencies. We found concern in relation to the absence of training for staff in relation to the Mental Capacity Act and Mental Health Act.

#### **We found the service to be caring:**

Staff working in the service had a caring and compassionate attitude towards children and young people. Staff were able to demonstrate examples of how they engaged with children, young people and their parents/carers to ensure they were able to be fully involved in their care.

#### **Overall, the service was responsive to the needs of children, young people and their families:**

The NDCAMH service had carried out much work in order to effectively engage and communicate with people who are deaf. Complaints procedures were in place. Whilst outpatient facilities were clean, both working space and therapy space were of short supply.

**The service was well led:** staff worked in a way which was consistent with the values and strategic direction of the trust. Managers had an awareness of where improvements were needed in their services. Staff reported to us a general sense of being supported by their managers.



## 2. Specialist Eating Disorder Services

Name of Service	Address
Ward 6 Yorkshire Centre for Eating Disorders	The Newsam Centre Leeds, LS14 6WB

### Overall rating:

\* Following the inspection the CQC informed us of a change to the status of the report into the Eating Disorder service. Specialist Eating Disorders is no longer considered a “core service” by the CQC (a decision taken after a draft report and ratings had been shared with the Trust) and therefore the ratings have not been included in the final publication. However; it is important to recognise that the service was rated “good” in all domains and “outstanding” in one in the draft report.

### A summary of the inspectors’ findings:

Overall, people received a good service from the YCED. The service had a clear vision and staff were positive about working towards this. The quality of the service delivered was also monitored on an on-going basis. The service has developed research based practice and made improvement through engagement with patients and carers. Staff were supported in their roles and supervised regularly and had a specialised knowledge of eating disorders.

### We found that this service was safe

The trust had systems in place which identified potential risks to the service and had processes to ensure that these were avoided where possible. Incidents were reported and there were governance systems in place to make sure learning from incidents took place, both in the service and across the trust.

### The service used a number of specialist outcome measures to make sure that its effectiveness was assessed

The clinical governance structure in the service was strong and used learning from incidents, complaints, internal audits and research to improve the service offered. Staff had a good understanding of best practice and were aware of the evidence base of their work.

### Staff were caring and compassionate.

There were some particular areas of outstanding practice in the service. Staff were allocated lead roles in specialty areas in order to support patients appropriately. There were well established working practices and good links with community team and outpatient services.

### The service met the needs of the patients who used it.

Patients told us they were treated with kindness and empathy by staff, who were well-trained and aware of their needs. Patients told us staff treated them with respect and consideration, and the staff were experienced in understanding and treating eating disorders. Patients praised the community and outpatients services and the links between inpatients and community services.

### Staff we spoke with felt that the service was locally well-led



They were able to deliver a good service and felt that they were supported by local managers to understand the aims and values of the trust.

### 3. Long stay, forensic and secure services

Name of service	Address
Westerdale ward, Riverfields ward, Rose ward, Bluebell ward	Clifton House, York YO30 5RA
Ward 2 – male, Ward 2 - female Ward 3	The Newsam Centre, Leeds, LS14 6WB
Field View	Field View, York YO30 5RQ
Community Forensic Team (York) Community Forensic Team (Leeds)	Clifton House York YO30 5RA The Newsam Centre, Leeds, LS14 6WB

**Overall Rating: Good**

#### A summary of the inspectors' findings

**The low secure services were safe;**

Effective systems were in place to assess and manage risks to individuals. The newer women's wards at Clifton House provided a safe environment. There continued to be some environmental safety and ligature risks especially at the Newsam Centre but the risks were mitigated.

**Whilst there were examples of good practice, we found that the low secure services were not always as effective as they could be.**

Many patients commented that activities, leave and access to fresh air was cancelled or curtailed due to the high levels of vacancies and sickness levels. We found good Mental Health Act adherence but there were issues with capacity to consent and seclusion recording; as well as one incident of mail being withheld inappropriately. Staff at Field View were not fully supported to provide effective care.

**Overall the trust was providing a caring service for patients across the low secure wards.**

Throughout the inspection we saw examples of staff treating patients with kindness, dignity and compassion. The service had outstanding examples of how it involved patients in their care and engaged in how services were designed.

**The service was responsive to patients' needs.**

Restrictions were usually kept to a minimum. Patients' individualised needs were met.

**We found that the service was well led:**

There was effective management of the service through regular audit and a commitment to provide high quality care and continuous improvement. We found a breach of regulations relating to staffing levels. We have issued a compliance action. This was because nursing staffing levels at one location, Field View which provided four beds for patients to step-down to lesser restrictions, were not maintained at expected levels at all times and therefore detained patients were not safeguarded. We were given assurances after the inspection promising improvements.

## 4. Community mental health services for people with learning disabilities and autism

### Name of service

West North West Community Learning Disability Services  
York Community Learning Disabilities services

### Address of service

Leeds, LS12 3QE  
York, YO30 4XT

**Overall rating: Good**

### A summary of the inspectors' findings:

#### Is the service safe?

There was evidence of the safeguarding process being used within the team. Staff were aware of the trust's policy and how to implement it. Prevention and management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Staff were aware of the incident reporting process and of the whistleblowing policy and the process they would follow and also how they could escalate issues. We saw that there was a good care planning process in place. There was good evidence of effective multi-disciplinary team working within the service.

**Staff attitudes towards patients were caring** and they spoke about them courteously and with respect. We observed good use of easy read signage or information displayed in the team bases and easy read literature on the Trust's internet page.

There were copies of easy read complaint leaflets available in the community teams. Staff members were fully aware of the complaints process and knew about the patient advice and liaison (PALS) service and how they could direct patients and carers to the department. Fact finding investigations take place post incident to enhance future practice.

#### Is the service well led?

The community teams learning disability direct management team were motivated toward providing the best practice and high quality care. The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake.

## 5. St Mary's Hospital (Specialised Supported Living Service)

St Mary's Hospital, 1 Woodland Square, Leeds LS12 3QE

**Overall rating: Good**

### A summary of the inspectors' findings:

#### Is the service safe?

People who use the service told us they felt safe in their houses. People told us the staff were "Okay" and they "Felt safe with their carers." They told us about their experiences within the service and that they were involved in developing their own care plans.

#### Is the service responsive to people's needs?

Staff understood people's support needs, were enabling and encouraging and treated people with kindness and respect. People who used the service have an individual weekly plan. We saw the staffing levels were adequate to meet people's needs. The properties had been adapted by the landlord to allow people who used wheelchairs and requiring the use of hoists to help them move around to continue to live there.

#### Is the service caring?

People told us that staff were caring.

#### Is the service effective?

People who used the service told us the staff supported them with the daily living and personal care tasks that helped them to live as good a life as possible. We saw evidence that staff received training that enabled them to provide appropriate support to people.

We saw that staff had an annual appraisal and this allowed them to identify and plan for their future training needs. We observed positive interactions with people who used the service and staff.

We saw evidence that CQC had not been notified of incidents that had happened in the service. However they had notified the local authority as required. This was a breach of Regulation 18 of the Health and Social Care Act 2009 (Registration) Regulations 2009.

#### Is the service well led?

Staff told us that there was an open and transparent, culture that encouraged good practice. Staff told us they attended regular team meetings. Staff told us the meetings were useful, and they included discussion about values, diversity, health and safety, training, incidents and activities, and allowed sharing of good practice.

## 6. Services for people with learning disabilities or autism

Name	Address
Acomb Learning Disability Units	Acomb learning disability units, Acomb, York, YO24 4LJ
Parkside Lodge	Parkside Lodge, Leeds LS12 2HE
White Horse View	White Horse View, York YO61 3QN
St Marys Hospital	2 & 3 Woodland Square, Leeds, LS12 3QE

**Overall rating: GOOD**

### A summary of the inspectors' findings:

#### Safe?

We found the learning disability services had safe staffing levels. They assessed and managed risk to patients and staff and staff were aware of the incident reporting system. They assessed the needs of people and planned care and followed best practice in treatment and delivery of care.

We found skilled staff and multi-disciplinary team working was evident. There was adherence to the MHA and the MHA Code of Practice. Medication was stored, handled, administered and disposed of correctly. All wards were able to describe the complaints policy and how these were dealt with.

#### Responsive?

We found that all patients had a physical health check on admissions and there were specialised care pathways developed for some patients. There was evidence of occupation and engagement.

#### Caring?

The 10 patients we spoke to across the five wards reported that they were treated well, patients said they were happy and that there were "good staff here" "they care and help me, they know me". We observed informally staff engaging with other patients in a respectful and caring manner. Patients were involved with their treatment which was individualised and took account of their disabilities. All wards had access to Advocacy services.

#### Effective?

Staff training attendance was variable. Whilst some figures were low, there were plans to increase compliance with mandatory training. We found that the learning disability teams and involved people in the care they received and treated them with kindness, dignity, respect and support. We saw a number of ways that this was done.

#### Well-led?

Generally the learning disability services had good governance procedures in place and staff were aware of the Trust's vision and values. Strong leadership was evident within the learning disability services. All wards were able to describe the complaints policy and how these were dealt with at local level.

## 7. Services for older people

Name of service	Address of service
Peppermill Court Community Unit for the Elderly	Ramsey Close, York YO31 8SS
Meadowfields Community Unit	1a Nelsons Lane, York, North Yorkshire YO24 1HD
Worsley Court Community Unit for the Elderly	Doncaster Road, Selby , North Yorkshire YO8 9BX
Bootham Park Hospital Ward 6	York, YO30 7BY
The Mount Ward 1, Ward 2, Ward 3, Ward 4.	The Mount, 44 Hyde Terrace, Leeds LS2 9LN

**Overall rating: Inadequate**

### A summary of the inspectors' findings:

The wards were clean. Where the environment posed a risk to the patients, staff had monitored the risks and taken action to mitigate the risks. Within the wards for older people with mental health problems, we found significant differences between the Leeds and York services.

The wards at the Mount had sufficient staff to meet the care and treatment needs of the patient's. Safety was a priority at all levels. Patients received care, treatment and support that achieved good outcomes, promoted a good quality of life, and was based on the best available evidence. Patients had access to occupational therapy. Discharge was planned for from admission. Feedback from patients, and those who were close to them was positive about the way staff treated patients.

At the York services, we found patients had not had the same experience. Many staff in York described low morale caused by insufficient staff and a lack of engagement with Trust headquarters.

The trust had recognised that Peppermill Court, Worsley Court and Meadowfields had insufficient medical staff and had plans to increase them. Meadowfields, Worsley Court and ward 6 Bootham Park hospitals were breaching same sex accommodation guidance as specified in the Mental Health Act (1983) Code of Practice.

The trust had recognised prior to our inspection that improvements needed to be made in York and had started to look at ways of improving the wards. The Trust provided CQC with a copy of an improvement plan for Peppermill Court, Meadowfields and Worsley Court and a specific improvements plan for Worsley Court. We found managers had started to make changes but had not completed the work at the time of the inspection.

## 8 Child and adolescent mental health services (CAMHs)

Lime Trees Child, Adolescent and Family Unit,

Lime Trees York YO30 5RE

**Overall rating: Requires improvement**

### A summary of the inspectors' findings:

**Is the service safe?** Whilst quality monitoring was carried out to ensure care was delivered in a safe manner, we found it was not sufficiently robust. We had concern in relation to the number of ward staff who were out of date with some of their mandatory training. The training of staff in the Mental Capacity Act 2005 (MCA) and the Mental Health Act 1983 (MHA) was not mandatory.

The ward provided care to both males and females and bedrooms were located on the same corridor. The unit did not have a formally documented local risk management process for this. Following our inspection, the trust provided one.

To manage the risks of potential ligature points on windows, window latches had been removed and the windows sealed shut, as a temporary measure until the ward was re-located to a new building in December 2014. The service had put a ventilation system in place and made fans available.

We also found aspects of good and appropriate practice. The Trust had been working proactively with a range of stakeholders to ensure the children/young people in their inpatient care were looked after in more appropriate premises. This work had led to the development of a plan to move to a new location in December 2014.

Access to the unit was controlled and monitored by staff. At the time of our inspection, staffing levels were sufficient. A range of risk assessments were carried out. Safeguarding policies and processes were in place. Staff were able to describe their role and responsibilities on safeguarding matters.

Medicines were securely stored and regular checks were carried out. An incident reporting process was in place and followed by staff. Records showed appropriate actions had been taken in response to incidents which occurred.

Care was provided to children/young people by a range of professional disciplines. We observed staff working with children/young people in a caring manner. Children/young people were involved in the writing of their care plans and were aware of their rights to give comments and make, if necessary, complaints. We observed care being delivered in a compassionate manner.

A line management structure was in place and staff were aware of what was expected of them. Supervision and appraisals were provided. Staff felt supported by colleagues and managers should any significant incidents occur.

## 9. Rehabilitation services

Name of service	Address of service
Millside	Millside, Leeds, LS6 4EP
Asket House	Asket House, Leeds, LS14 1PP
Towngate House	Towngate House, Guiseley, Leeds LS20 9PQ
Ward 5, Newsam Centre	Newsam Centre, Leeds, LS14 6WB
Acomb Garth	York, YO24 4LZ

**Overall rating: Requires Improvement**

### A summary of the inspectors' findings:

The trust had a clear vision for the rehabilitation and recovery services for Leeds. Throughout our visit we observed good interactions between staff and patients.

In the Leeds wards we saw evidence of well documented care plans which described how individual needs were met at each stage of their care.

In York, the ward had paper care records. We saw evidence of out of date documentation and in some cases the “my recovery pathway” and “recovery star” were not completed.

We received feedback from patients across the wards confirming they felt involved in decisions about their care. The wards proactively sought feedback from the patients via ward weekly community meetings. Patients were included in their care programme approach review meetings. The links with the community services were disconnected in Leeds.

All wards had access to occupational therapy, psychology and other specialist input. Staff worked with patients to promote independent living skills and social inclusion.

The wards in Leeds 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.

In York, the governance arrangements had recently been implemented. Locally the ward manager monitored quality, safety and standards and highlighted concerns on the risk register as appropriate.

Staff told us that they had sufficient numbers of staff on duty to meet the needs of the patients but acknowledged that they also had reduced numbers of admissions in some areas due to the transition of services. Staff had access to mandatory training and some specialty training. We saw evidence staff supervision and appraisals were routinely undertaken and this was confirmed by staff when we spoke with them.



## 10 Crisis Teams and Health Based Places of Safety

Name	Address
Crisis and Assessment Service	Leeds, LS15 8ZB
Crisis and Access Service	Leeds, LS15 8ZB
Section 136 Suite, Becklin Centre	Leeds, LS9 7BE
Section 136 Suite, Bootham Park Hospital	York, YO30 7BY

**Overall rating: Requires Improvement**

### A summary of the inspectors' findings:

#### Are services safe?

We found that the crisis teams and health based places of safety had safe staffing levels, assessed and managed risk to patients and staff and reported incidents and learned from when things go wrong. However the environment at the section 136 suite was unsafe due to inappropriate furniture, ligature points and medication management systems.

We found that the crisis teams and health based places of safety assessed the needs of people and planned care and followed best practice in treatment and delivery of care. There were skilled staff and multi-disciplinary and inter-agency team working in place. There was adherence to the MHA and the MHA Code of Practice. We found a lack of medical input and effective clinical audit in some teams.

#### Are services caring?

We found that the crisis teams and health based places of safety involved people in the care they received and treated them with kindness, dignity, respect and support.

#### Are services effective?

We found that the crisis teams and health based places of safety managed access, discharge and bed management effectively.

#### Are services responsive?

We found the needs of people who use the service were met responsively. We found that listening to and learning from concerns and complaints was not always in place.

#### Are services well-led?

Overall the crisis teams and health based places of safety were committed to quality improvement and innovation. Effective leadership, morale and staff engagement were in place. Good governance systems were in place. There were issues around monitoring staff training and the management of quality and performance data.

## 11. Community-based mental health services for adults of working age

North East Community Mental Health Team  
Liaison Psychiatry Service for Older People

York YO30 7BY  
Leeds LS9 7TF

**Overall rating: Good**

### A summary of the inspectors' findings:

Overall, we found the service had effective systems in place to keep people safe. However, at Hawthorne ICS we found a lack of monitoring with regards to access to the building which could place staff or others at risk. Overall, we found that patients risk assessments were comprehensive and holistic.

The teams completed comprehensive assessments of patients' needs which included their social, occupational, cultural, physical and psychological needs and preferences. We found good examples of how teams ensured the physical health care needs of patients were being met.

All the teams worked in line with the principles of the recovery model. There was good evidence of effective multi-disciplinary team (MDT) team working across the service and with external partner organisations. The teams provided a range of activities and therapeutic interventions to patients to support their recovery.

Staff were clear about the direction and vision of the team they worked in. The trust had implemented a range of initiatives to improve engagement with these teams to address this issue. The teams were committed and motivated to improve their service through the process of clinical governance. They had established team, formulation and supervision meetings to support them with this process.

Teams proactively sought feedback from patients, stakeholders and carers through the use of audit and used this information to improve services provided. Patients and carers reported they were happy with the service they received and staff treated them with respect and kindness. The teams involved patients and carers in all aspects of their care. Staff were sensitive and respectful of patient's wishes and were committed to providing personalised care based upon the needs of patients.

The York services did not have intensive community service's (ICS) or liaison psychiatry service for older people. This could result in patients' staying in hospital for longer than was necessary.

There were inconsistencies across teams regarding the completion of mandatory training and appraisals which was particularly low in some teams. This had been escalated onto the trust's risk register and there was an action plan in place to address this.

Most staff had not accessed training in the Mental Capacity Act 2005 although the trust had plans in place to ensure staff received this training.

## 12 Acute admission wards and psychiatric intensive care units

Name of service	Address
Becklin Centre Ward 1, Ward 3, Ward 4 & Ward 5,	Leeds, LS9 7BE
Ward 4 and PICU Newsam Centre	Leeds, LS14 6WB
Yorkshire Centre for Psychological Medicine	Ward 40, Brotherton Wing, Leeds General Infirmary.LS1 3EX
Ward 1 and Ward 2	Bootham Park Hospital, York YO30 7BY

**Overall rating: Requires improvement**

### A summary of the inspectors' findings:

We found the design and layout of premises at Bootham Park hospital and ward 40 at the Yorkshire centre for psychological medicine was unsuitable and unsafe for patients. The trust was working with commissioners to relocate these wards. Completion of mandatory training was below the 85% target set by the Trust and plans were in place to address this.

There were clear systems in place for reporting safeguarding concerns and staff understood how to escalate a safeguarding concern.

We found ligature risks within some of the ward environments we inspected some of which had not been identified by the service. We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act Code of Practice. We found a lack of consistency in how patient capacity to consent was assessed under the MHA, at Bootham Park Hospital ward 2 and Becklin centre ward 4 and 5.

We found physical health checks had been completed for patients and use of National Institute for Health and Care Excellence (NICE) guidance to inform care and treatment. We saw some examples of good collaborative working.

Patients were supported to make decisions and choices about their care and treatment. The trust completed audits and had implemented changes to improve effectiveness and outcomes.

Staff treated patients with respect and were kind, caring and responsive to patients. Patients were mainly positive about the staff. The trust provided interpretation services.

Staff were aware of their roles and responsibilities and reported that they felt well supported by their managers. Most were aware of the vision of the Trust and felt that the executive

and senior management of the trust were accessible. Discharge and transition planning was undertaken.

At Bootham Park there were some delays in coordinating and facilitating discharge and transition because of access to suitable housing and accommodation to meet the needs of patients being discharged to the York area.

Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made.

Patients told us they would know how to make a complaint and that they felt involved in their care and treatment. Staff told us they tried to resolve concerns with patients before they became a formal complaint.

Lessons from complaints, incidents, audits and quality improvement projects were discussed at clinical governance meetings. Procedures were in place for the reporting of incidents and that incidents were reviewed and investigated. Learning from these incidents was disseminated to staff.