South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age	Redwoods Centre Somerby Drive Bicton Heath Shrewsbury Shropshire SY3 8DS	RREX9
	St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE13
	George Bryan Centre Plantation Lane Tamworth Staffordshire B78 3NG	RRE58
Community-based mental health services for adults of working age	Trust Headquarters St George's Hospital Corporation Street Stafford	RRE

Summary of findings

	Staffordshire ST16 3AG	
Community-based mental health services for older people	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
Community health services for young people, children and families	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
Community health (sexual health services)	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
Community mental health services for people with learning disabilities or autism	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
	Oak House Mytton Oak Royal Shrewsbury Hospital Shrewsbury Shropshire SY3 8XQ	RREX8
	The Flanagan Centre St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE11
Forensic inpatient/secure wards	The Redwoods Centre Somerby Drive Bicton Heath Shrewsbury	RREX9

Summary of findings

	Shropshire SY3 8DS	
	St George's Hospital - Forensic Corporation Street Stafford Staffordshire ST16 3AG	RRE10
Long stay/rehabilitation mental health wards for working age adults	The Redwoods Centre Somerby Drive Bicton Heath Shrewsbury Shropshire SY3 8DS	RREX9
Mental health crisis services and health-based places of safety	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
	Castle Lodge Attwood Terrace Telford Shropshire TF4 2HQ	RREG4
	St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE12
	George Bryan Centre Plantation Lane Tamworth Staffordshire B78 3NG	RRE58
Specialist communitymental health services for children and young people	Trust Headquarters St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE
Wards for older people with	The Redwoods Centre	RREX9

Summary of findings

mental health problems	Somerby Drive Bicton Heath Shrewsbury Shropshire SY3 8DS	
	St George's Hospital Corporation Street Stafford Staffordshire ST16 3AG	RRE13
	George Bryan Centre Plantation Lane Tamworth Staffordshire B78 3NG	RRE58
Wards for people with learning disabilities or autism	Oak House Mytton Oak Royal Shrewsbury Hospital Shrewsbury Shropshire SY3 8XQ	RREX8

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

Summary of findings

Ratings

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

Overall rating for services at this Provider	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found South Staffordshire & Shropshire Healthcare NHS Foundation Trust to be performing at a level that led to a judgement of good.

We found the trust to be well led at board level and this was reflected in the leadership demonstrated throughout the services provided. The joined up approach from ward to board was tangible and this had a direct impact upon the quality of services and patient experience. We were highly impressed by the senior leadership team individually and as a cohesive unitary board.

We saw some examples of the trust going above and beyond to ensure that services reflected the needs of patients; an example of this being the running of 8 Community Managed Libraries by the Trust in partnership with Staffordshire County Council in order to ensure that patients have access to work experience. The initiative has also assisted in reducing stigma towards people with mental health problems and promoting the wellbeing agenda for local communities.

We found that the core services to be of a consistently high quality and the passion and skills of the staff were fundamental to achieving quality outcomes for people who use the services. We found outstanding practice in the community mental health services for older people where staff demonstrated care and responsiveness that ensured patients and their families were fully involved in decisions about their care.

We did however find that mental health crisis services & health based places of safety require improvements to be made in order to ensure that provision is safe and responsive. Responsiveness within community health (sexual health) services was also not conducive to meeting peoples' needs.

We will be working with the trust to agree an action plan to assist them in improving the standards of care and treatment.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Good

- Wards and environment in community services were clean and with appropriate furnishings. Clinical areas maintained to a high standard. Cleaning records were up to date and demonstrated that the environments were clean. They were welcoming for patients with lots of information posted on noticeboards.
- Caseload numbers were manageable and allowed staff the opportunity to spend time on direct care. All the CRHT teams were able to respond quickly to sudden deterioration in patients' health.
- Staff training and supervision percentages were above trust key performance indicators.
- There were effective measures in place to ensure that information from incidents and investigations was cascaded to all staff.
- There was enough staff to operate the services safely and effectively.
- Clinical rooms were clean and fit for purpose. Staff carried out regular checks on emergency equipment to ensure it was safe for use at any time. Wards adhered to infection control principles. Staff carried out regular audits.
- Staff had undertaken comprehensive ligature risk assessments of all care environments and individual patients to reduce any risks identified by lack of clear lines of sight or ligature risks.
- Risk assessments were comprehensive, completed on admission and reviewed daily in a review meeting involving the whole care team.
- Pharmacists and pharmacist technicians visited wards to check patients' prescription charts and ensure medicines were available. They were involved in patients' medicine requirements from the point of admission through to discharge. This included undertaking a check of patients' medicines on admission to check what current medicines the patient was prescribed. Checks were made to ensure that any known allergies or sensitivities to medicines were recorded accurately on patients' prescription charts. When a patient was discharged, the pharmacy provided a medicine information leaflet specific to the named patient. This information provided a summary of what each medicine was for, how to take it, side effects and any warnings or cautions.

Summary of findings

- Staff knew how to record incidents and learned lessons that improved the future safety of patients.
- Medical revalidation process was in line with national implementation and procedures. There was rapid access to psychiatrists in all areas we inspected.
- Specialist services had received specific management of aggression and violence training relating to the specific patient group they worked with.

However:

- The management medicine was inconsistent across services. Issues we found included medicines not given to patients with serious physical health issues. Intramuscular medication given to patients who refused to take prescribed medication was not recorded as a rapid tranquilisation. There were several episodes where we found the rapid tranquilisation policy was not followed by staff.
- Staff did not follow local policy or the Mental Health Act Code of Practice that supported safe practice when documenting the observations and decision-making in the use of seclusion.

Are services effective?

Good

- The trusts safeguarding processes were aligned with partner agencies in order to ensure that patients were protected from abuse
- Staff participated in clinical audits and monitored outcomes to improve performance throughout the trust by using a recognised tool. Staff on older people's wards used a variety of recognised guidance and tools to promote a culture of safe and quality care.
- Staff had a good understanding of the Mental Health Act. Patients knew their rights and advocacy services had a visible presence on all the wards.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. Care record documents were available in easy-read (accessible) format for patients with a learning disability.
- Consent to treatment documents (T2/T3) showed the appropriate e-BNF (electronic British National Formulary) sections.
- Staff followed best practice guidance when dealing with young people; applying Gillick and Fraser principles in assessing capacity to provide consent for patients under the age of 16 years old.

Summary of findings

- National guidance in relation to waiting times and appointments met. Patients who were able to access walk-in clinics were seen within two hours and patients requiring appointments were all offered appointments within the 48 hour period.
- Patient outcomes were measured using recognised tools such as HONOS & 'My shared pathway'.
- Staff undertook clinical audits in areas such as care records, the provision of nursing 1:1 time, medicine management and the security of the environment.
- Staff had forged effective working relationships with teams outside of the service such as social services and in primary care.
- The mental health services offered modern therapies in line with guidance issued by the national institute for health and care excellence.
- The teams consisted of a range of disciplines such as medical staff, nurses, support workers, psychologists and occupational therapists. There were several examples of effective multidisciplinary working both internally and externally of the trust
- Staff received regular supervision and appraisal. Training levels were high across all services we inspected. Staff received training in the Mental Health Act (MCA) and Mental Capacity Act (MCA).

Are services caring?

Good

- The trust was proactive in ensuring that the patient voice was heard through the patient experience team. The trust also engaged with several patient representative groups. Teams within the trust were proactive in involving patients in different aspects of the service including taking part in staff recruitment.
- We consistently observed staff treating with patients' with kindness, respect, compassion and empathy.
- Carers and former patients we spoke to were positive in their views of staff and stated that they were fully involved in the care of their family member and felt well supported.Most patients we spoke to were also positive in their views of staff and told us that they were involved in their care planning, and staff took time to speak to them about care plans and treatments.
- Information was available to patients on all aspects of their care and staff gave a comprehensive information pack to patients on admission. Carers received information about the service.

Summary of findings

- Patients gave regular feedback on the quality of care on the acute wards through surveys and participation in weekly community meetings.
- In 2015, the Patient Led Assessment of the Care Environment (PLACE) awarded the service scores for privacy, dignity and wellbeing above the average result for all NHS trusts.
- Care records demonstrated that staff involved patients in regular discussions about their care.
- Advocacy services were accessible to patients and had a regular presence on the wards.
- The Trust had taken on the running of eight community managed libraries in partnership with Staffordshire County Council to both support the local community and provide voluntary experience for patients of working and interacting with the community.

Are services responsive to people's needs?

Good

- Staff were knowledgeable and confident when discussing the complaints procedure. All staff were aware of the trusts policy. Learning lessons shared with staff from complaints and investigations. They were discussed in team meetings for reflection, learning and any actions. Patients we spoke with told us the trust listens to and learns from complaints. Several patients and carers shared examples of concerns they had experienced and how staff managed and resolved these and the outcomes and actions communicated to them.
- Wards effectively managed bed occupancy. The average length of stay on wards was short; there were few delays in discharges across the service and beds available to patients in crisis.
- The wards offered patients a good range of activities and space for therapeutic and social activity.
- Children and young people services delivered in a way that met the needs of the local population. Services were flexible and the needs of different children and young people were taken into account so that they were able to access the right care at the right time.
- Most of the trust's services had the quantity and range and of rooms and equipment needed to support treatment and care. Patients could personalise their bedrooms if they wished and wards provided secure storage for patients' belongings.

Summary of findings

- There were activities provided on all inpatient wards. The majority of activity took place on weekdays. However, there were activity co-ordinators who worked flexibly over the weekends to provide activities for inpatients.

However:

- Access to the health based place of safety (HBPoS) at George Bryan Centre compromised patient safety, privacy, dignity and confidentiality. Police and ambulance crew escorted patients into the HBPoS through the acute ward corridors. The lack of space in both the HBPoS at George Bryan Centre and St Georges hospital would affect the ability of staff to carry out physical interventions safely, if required.
- The approved mental health practitioner (AMHP) and doctor did not always attend within three hours as recommended in the MHA Code of Practice. Patients waited in HBPoS for long periods before being seen for assessment.

Are services well-led?

Good

- There was a clear vision and a set of values understood and supported by most staff in the trust.
- There was effective use of risk registers to bring record current and emerging risks or concerns to the attention and monitoring of senior management.
- The trust had a robust governance structure that supported the learning from incidents, complaints and service user feedback.
- The trusts children and adult safeguarding team are significantly engaged with local authority boards at all levels, which underpins effective co-working, shared practice and transparency to eternal scrutiny.
- The trust had a systematic programme of clinical audit used to monitor quality and systems that identified where the organisation should take action. The trust partakes in a number of audits both internal and external. The trust also participates in national quality improvement programmes such as AIMS.
- Commissioners were well engaged with the trusts senior management and met regularly to discuss and monitor services and performance.
- Staff spoke positively of the chief executives connection to services and staff. The trust board had a cohesive group of executive and non-executive directors with varied skills and experience who were proactive within board meetings.

Summary of findings

- Staff morale was mostly good across the services in the trust. We observed motivated and committed staff who told us that they felt they made a difference and were proud of the work they did.
- Leaders were knowledgeable, skilled, and the trust provided opportunities to develop. In the NHS staff survey 2014, on a scale of 1-4, trust employees scored a mean of 4 for feeling they had support from immediate managers compared to the national average score of 3.8'
- There was evidence of services using a variety of tools and methods to monitor and improve quality.
- We observed the several teams and services to be proactive, forward thinking and innovative.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Vanessa Ford, Director of Nursing and Quality, South West London and St Georges

Team Leader: James Mullins, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team of 59 people included:

- CQC inspectors
- CQC assistant inspectors
- allied health professionals
- an analyst
- Three recorders
- experts by experience who have personal experience of using, or caring for someone who uses, the type of services we were inspecting
- Mental Health Act reviewers
- nurses from a wide range of professional backgrounds
- a planner
- senior doctors
- social workers
- people with governance experience

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of the experience 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?

Before the inspection visit the inspection team:

- Requested information from the trust and reviewed the information we received.
- Asked a range of other organisations for information including Trust development authority, NHS England and clinical commissioning groups, Healthwatch, Health Education England, Royal College of Psychiatrists, other professional bodies, user and carer groups. We meet with representatives from these groups prior to inspection.
- Sought feedback from patients and carers through attending user and carer groups
- Received information from patients, carers and other groups through our website

During the announced inspection from the 21 March- 24 March 2016 the inspection team:

- Visited 24 wards, teams and clinics
- Spoke with 146 patients
- Spoke with 2 patient experience leads
- Spoke with 65 relatives and carers
- Spoke with 270 staff members

Summary of findings

- Attended and observed 6 hand-over meetings and multi-disciplinary meetings
- Joined care professionals for 66 home visits and clinic appointments
- Attended 16 focus groups
- Interviewed senior executive and board members
- Looked at 210 treatment records of patients
- Carried out a specific check of the medication management across a sample of wards and teams and looked at 41 medication charts
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Requested and analysed further information from the trust to clarify what was found during the site visits

We also carried out unannounced visits in the 10 days following the comprehensive inspection.

The team inspecting the mental health services at the trust inspected the following core services:

- acute ward and the psychiatric intensive care unit
- wards for older people with mental health problems
- mental health crisis services and health based places of safety
- community based mental health services for older people
- specialist community mental health services for children and young people
- community health for children young people and families
- Sexual health services
- community based mental health services for adults of working age
- long stay rehabilitation
- wards for people with learning disabilities
- community mental health services for people with learning disabilities
- Forensic inpatient/secure wards

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and balanced when sharing their experiences and perceptions of the quality of care and treatment at the trust.

Information about the provider

South Staffordshire and Shropshire NHS foundation trust employ approximately 3248 staff. South Staffordshire and Shropshire NHS Foundation Trust was formed in 2007, as services from South Shropshire were integrated into South Staffordshire Healthcare NHS Foundation Trust

South Staffordshire and Shropshire NHS Foundation Trust have 6 locations registered with the Care Quality Commission (CQC) serving mental health and learning disability needs, including one hospital site: St George's Hospital. It also provides community health services.

The trust provides services across the area of South Staffordshire, Shropshire, Telford and Wrekin and Powys, serving a population of 1.1 million.

The services we inspected included those commissioned by Shropshire Commissioning Group, South Staffordshire Commissioning group and Telford and Wrekin Clinical Commissioning group.

Mental Health Act reviewers have visited the trust on 18 occasions since 2014.

There have been 10 inspections covering 8 locations which are/were registered for mental health conditions. In September 2013, an inspection of George Bryan Centre found that controls and restraint within the environment did not always uphold respect and people's human rights.

Summary of findings

What people who use the provider's services say

Before the inspection took place, we met with groups of carers and family members and other user representative groups. We met with Health watch and local authority representatives.

The main concerns carers and relatives raised during the meetings related to the challenges and obstacles of the crisis teams to respond to patients not on their list, the lack of support and signposting for some carers. The multiple changes to staff involved in care not communicated. Once accepted into a service, people felt most staff were caring, respectful and committed.

A child and adolescent mental health service carer said they had to wait for 4 months following assessment for therapy to start at Sustain Plus. Carers reported that once support was in place it was of good quality.

Patients all said they felt safe and all saw their nurse on a regular basis. One patient wanted us to know he was a regular complainer but wanted to see the CQC to tell us how good the overall service was. Acute wards displayed patient feedback, which staff updated weekly.

Feedback we received was positive and concerned caring and helpful, professional staff, person-centred care; staff treating people with dignity and respect, and the trust having a clean and safe environment. We received two comments from staff that they felt that reception staff were unwelcoming.

Good practice

- A consultant psychiatrist in the CAMHS services had piloted a tele-psychiatry service. Following an initial face to face meeting young people agreed to appointments via skype which could take place at a time of day to suit the patient, families and other professionals involved in the patients care, such as teachers. The trust had supported the pilot and had agreed funding for the service to continue.
- The acute wards and PICU had incorporated new patient focused models of care that had positive impacts on patient care and service delivery. The purposeful inpatient admission (PIPA) model encouraged short admissions with minimal restrictions. The occupational therapy team had introduced the model of creative ability (MoCA) to the wards. The MoCA enabled staff to assess the motivational levels of patients. This helped to define realistic goals for care plans that would progress recovery and give hope to the patient. The Safewards initiative, implemented by the service managers aimed to improve communication between staff and patients on the ward and avoid conflicts caused by misunderstandings.
- We noted that to ensure effective communication balanced against best use of resources that the Wrekin and Telford and North Shropshire teams used 'Skype'. This was to conduct patient planning and discharge meetings with the in-patient service.The in-patient service based in Shrewsbury approximately was a 45-minute drive away.
- The 'Me Tree' on East wing that contained pictures and information about the staff. Patients and relatives said it made the staff real and created talking points about things like hobbies and families.
- The older adults' community service was engaged in a research programme around the use of neuropsychological assessment to reduce the number of brain scan referrals. It was a cost efficiency analysis and anecdotally there had been a slight reduction in the number of scans and cost savings identified.
- Memory Services National Accreditation Programme (MSNAP) awarded to older adults' community services. The services assessed as excellent in improving the quality of memory services for people with memory problems / dementia and their carer. Staff engaged in a comprehensive process of review, through which good practice and high quality care were recognised. Accreditation assured staff, service users and carers of the quality of the service.

Summary of findings

- Services used a range of assisted technology.This was equipment, software or a product system that used to increase, maintain, or improve the functional capabilities of individuals with disabilities. An example was a hearing tool to improve communication.
- Services worked closely with commissioners to agree practical ways of working with the resources available.

For example, working outside NICE guidance, "supporting people with dementia in carrying out assessments and reviews" when there was less of a need to review those within the specified timeframes looked after by other professionals in care homes.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that their policy on rapid tranquillisation is up-to-date and reflects current prescribing guidance from NICE. The trust must ensure that clinical staff have a consistent approach to the use of rapid tranquillisation, understand its risks and record its use and the this is appropriately monitored.
- The trust must comply with the Mental Health Act Code of Practice requirements for documenting observations and decision making in any episodes of seclusion and long-term segregation.

Action the provider SHOULD take to improve

- Ensure safe and sufficient staffing levels to oversee caseloads in the memory clinic, to make sure they can meet people's care and treatment needs
- The trust should review all new construction work on the wards for ligature risks.
- The trust should not place female patients in rooms on male corridors without offering support, risk assessments and seeking ongoing consent from the woman unless there is an urgent clinical need in line with national guidance.
- The trust should ensure staff receive training in writing personalised care plans that reflect an individual patients' voice.
- The trust should monitor and evaluate staff supervision levels centrally and ensure staff receive regular supervision in line with local policy and professional guidelines.
- The provider should ensure that there are quality assurance processes in place in order to provide a consistent approach to care planning.
- The provider should ensure that there is a formal process in place for the review of care plans by the multidisciplinary teams.
- The provider should ensure that areas where confidential information is stored are secure
- The provider should ensure that clinical staff are involved in clinical audits for their area of work.
- The provider should continue to monitor and embed learning from unexpected deaths in the community
- The trust should ensure that there is a robust system for learning from some serious incidents and this shared across the crisis resolution and home treatment teams.
- The trust should ensure that where there are no clinical grounds to delay assessment; the AMHP and doctor attend the HBPoS within three hours. This is in accordance with best practice recommendations made by the Royal College of Psychiatrists.
- The trust should ensure that there are disabled access facilities in the HBPoS at George Bryan Centre and St Georges hospital.
- The trust should ensure that shower/washing facilities are available for patients at HBPoS
- All staff working in CAMHS complete detailed risk assessments and update these regularly.
- The trust should ensure that consent to treatment is recorded and accessible in the electronic records.
- The trust should ensure that patients' receive care plans in a format, which is accessible for them.

Summary of findings

- The trust should that services know who their advocacy provider is and actively promote the use of independent support for patients.
- That calibration of scales used for weighing patients happens regularly.
- The trust should ensure that ligature risks in the communal patient areas are dealt with appropriately.
- The trust should ensure that activities happen on a consistent basis
- The trust should ensure that patients' rights are consistently read and recorded on a monthly basis
- The trust should ensure Patients receive medication prescribed for them. Where the medication is not available; an incident report should be completed.
- The trust should improve access to services for hard to reach groups in society.
- The trust should improve service provision outside normal working hours.
- The trust should develop monitoring systems to ensure that cancelled or early closure of clinics is monitored and assessed.
- The trust should ensure care pathways or arrangements for transition to adult services for children with complex needs are developed.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Detailed findings

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the provider.

Staff had received training in Mental Health Act (MHA) as part of their mandatory training. The trust had a current Mental Health Act policy for which staff told us that they were aware. Staff we spoke to had a good understanding of the Mental Health Act and explained how to apply it to their work with patients.

The majority of MHA paperwork was completed and stored correctly. Regular audits ensured that staff applied the Mental Health Act (MHA) correctly and there is evidence of learning from these audits. All staff reported they were aware that support and legal advice was available from the trusts Mental Health Act office. We found that most patients had their rights under the MHA explained to them on admission.

The place of safety of safety did not have prompt attendance from the AMHP and doctor within the three hour target recommended in the mental health act code of practice.

Access to independent mental health advocacy (IMHA) services was available in accordance with the Mental Health Act (MHA) code of practice. The trust had displayed information informing patients of how to contact advocacy services. Patients we spoke with said they were aware of these services, able to use advocacy services and staff supported them to do so when required.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had a current policy on Mental Capacity Act (MCA) including deprivation of liberty safeguards (DoLS) staff were aware of and could refer to it. This was available on the trust intranet system. Most staff employed by the trust had received training in the Mental Capacity Act.

Staff we spoke to had a good understanding of their responsibilities under the Mental Capacity Act and DoLS. The MCA is not applicable to children under the age of 16. Trust staff working in child and adolescent mental health services (CAMHS) used Gillick competence, which balances children's rights with the responsibility to keep children under 16 safe from harm.

All staff we spoke to within the South Staffordshire and Shropshire CAMHS demonstrated knowledge of Gillick competence.

Advice regarding MCA, including DoLS, within the trust was available from the trusts mental health and Mental Capacity Act specialists. This team also had arrangements in place to monitor adherence to the MCA.

Detailed findings

Staff made appropriate deprivation of liberty safeguards (DoLS) applications when needed. Staff across services assessed capacity on a decision specific basis. Patients were generally involved in decision-making when appropriate and families were involved for those who lacked capacity when making best interest decisions to assist in recognising individual wishes, feelings and culture.

Good

Are services safe?

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

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

Summary of findings

Our findings

Safe and clean care environments

- The physical environment around the trust is generally clean and well maintained. Cleaning rotas were poorly maintained In the Telford and Wrekin Crisis Resolution Home Treatment clinic,. The last indicated clean was on 8 March 2016. The Inspection team found the clinic room to have ants, spiders and cobwebs. A review of team meeting records and discussion with staff showed that this issue had been raised but no actions had been taken.
- Trust-wide ligature risk policy was in date. All inpatient areas had a comprehensive ligature risk assessment every year with a review every six months. Minimal ligature points existed on all wards. Staff had undertaken comprehensive risk management plans and individual risk assessments of all patients to reduce any risks identified. The trust had considered older peoples wards regarding the safety and benefit of rails and aids for patients' assistance. These were all appropriately risk assessed and supervised by staff.
- Overall, the trust scored 0.6% below the England average in the Patient-Led Assessments of the Care Environment (PLACE) 2015 assessments for scores related to cleanliness.
- We found that the layout of the wards generally allowed clear lines of sight for staff to observe patients. Where this was not the case, the trust used staff observation to mitigate this risk.
- On the majority of wards, there were clear arrangements for ensuring that there was single-sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice. However, at the time of our inspection, Holly ward, an older adults ward, had more women than men this meant that three female patients had bedrooms on the male corridor. All bedrooms had en-suite facilities and staff maintained observation of the corridor to ensure male patients did not enter the wrong bedroom.
- The trust had 3 dedicated seclusion rooms at George Bryan Centre West Wing, Newport Ward and Yew Ward. The seclusion room at west wing did not fully meet the recommendations set out in the Mental Health Act Code of Practice. The intercom, which would allow safe communication without opening the door, was broken, with one panel missing on the outside. There was no clock within the line of sight of a patient placed within

the room and there was no access to the room apart from the main door. Any food or drink wanted by a patient would entail the door to be opened possibly putting the patient and staff at risk.

- Most clinic rooms we visited appeared clean and most were fit for purpose. Staff checked equipment regularly to ensure it was in good working order so that equipment was safe for use in an emergency.
- Equipment on most wards was clean, well maintained and clean stickers were visible and in date showing regular checks and maintenance.
- Staff on all wards visited adhered to infection control principles including handwashing. Services conducted environmental audits concerning infection, control precautions (hand hygiene), security of sharps and cleanliness of equipment regularly. The majority of wards had cleaning rotas were available, up to date and complete.
- There is access to appropriate alarms and nurse-call systems in all inpatient wards. However, specialist community mental health services for people with learning disabilities had no alarms fitted in interview rooms. Few patients were seen in clinic locations as most patients were seen at home. Staff risk assessed patients and two members of staff saw those with high risk of physical aggression.

Safe staffing

- From information supplied to us by the trust, the establishment for inpatient staff was 417.92 whole time equivalent (WTE) for qualified nursing staff and 369.77 WTE for nursing assistants. Qualified nursing reported a vacancy rate of 58.7 WTE and nursing assistants had a vacancy rate of 27.8 WTE.
- From information supplied to us by the trust, the overall sickness rate for the trust was 4.77% although there were variations between services. The mental health long stay and rehab wards had the highest sickness rate with 9.49%.
- There were 3248 whole time equivalent (WTE) substantive staff working at the trust and there had been 458 leavers in this period. This amounted to 14.1% of the total WTE.
- The vacancy rate (excluding seconded staff) for the trust was 12.03%. We found that Oak house had a vacancy rate of 32%, which was highest amongst teams with 15 or more staff. Bromley Ward had a vacancy rate, which was amongst the lowest for teams with 15 more staff.
- At the time of our inspection in March 2016, we found that nurse staffing was generally sufficient on the wards. The trust used bank and agency staff where required. Community teams reported minimal use of bank or agency staff. Children and adolescent mental health teams (CAMHS) did not use bank or agency staff at the time of the inspection.
- Bank and agency staff filled 2518 shifts to cover sickness, absence or vacancies. The data submitted was for three months but did not have dates The highest user of bank and agency was Forensic Wards, with bank and agency staff having filled 640 shifts to cover sickness, absence or vacancies. There were 162 shifts not filled in the same period trustwide.
- The trust had a recruitment strategy in place and recognised its workforce recruitment challenges. The trust supported the training of nurses. The trust offered student nurses conditional employment on successful graduation in their third year of training. The trust were focused on improving recruitment through maintaining and improving links with further education, developing apprenticeships and mapping data for workforce retirement planning. The trust were awarded apprentice employer of the year in February 2016.
- Staffing levels and skills mix across the trust was generally good. The trust had estimated the number and grade of nurses on shift in line with the national institute for health and clinical effectiveness (NICE) guidelines.
- On older adult inpatient wards there was sufficient staff including bank and agency to carry out roles required in the care of patients.
- Most community based services allocated care coordinators in a timely manner and responded to urgent assessment requests.
- Medical cover was generally acceptable across most inpatient and community services.

- The trusts audited its management of revalidation through both internal and external processes. No major risks identified and action plans in place to address actions.
- We saw evidence of a firmly embedded medical revalidation process in line with the national rollout of implementation and procedures. According to figures supplied by the trust, all of the trusts 93 doctors had completed revalidation on the date of inspection.
- The trust has a mandatory training target of 85%. Information provided by the trust said compliance was 84%. Mental health community learning disabled, mental health community older people and mental health older people inpatient wards had the highest mandatory training rate of 87%. Acute and PICU wards had the lowest mandatory training rate of 77%.Some of the core skills subjects with the lowest compliance are – Clinical Risk Management at 71%, Fire Safety Instruction and Evacuation (level 3) at 76% and Medicines Management at 77%. Food Safety in Catering was at 57% and Food Safety – General Awareness was at 60% in areas where they were deemed part of core service training.

Assessing and monitoring risk to patients and staff

- The trust has a safeguarding team that oversees and governs all safeguarding alerts and referrals. Between April and October 2015, there were 46 safeguarding alerts. Of the 46 alerts received, four were Alerts and 42 were 'Concerns'. St George's Hospital submitted the most safeguarding notifications with 30. The longest length of time a Safeguarding concern was open before it was closed was 86 days. This was for The Redwoods Centre and concerned the treatment of a family member.

  • The trust had policies in place relating to safeguarding and raising concerns (public interest disclosure procedures). We found that all but a few staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. Most staff described situations that would constitute abuse and could demonstrate how to report concerns. Trust targets 85% compliance with training. Compliance as of 29 February 2016 was Adults level one, Children level 1 and Children level 2: 84%; Children level 3: 83%.

- We looked at the quality of individual risk assessments across all the services we inspected. In total, we saw 89 risk assessments during our inspection. Staff undertook risk assessments within the adult community teams on admission and updated these regularly. All services used a recognised tool (Functional Analysis of Care Environments FACE) to inform risk assessments and other services used the Sainsbury's clinical risk tool 2 in addition to the FACE tool. We looked at 22 care records across the CAMHS service; risk assessments in these records were 64% complete.
- Trust policies for restrictive practices carried out by staff, such as physical restraint, rapid tranquilisation and seclusion are in line with best practice/guidance and up to date. Trust has robust policy framework around the management of violence in services, including a de-escalation/management/intervention (DMI) policy, seclusion policy and long-term segregation policy. The majority of staff were up to date with their mandatory training. The trust used Promoting Safer and Therapeutic Services (PSTS) and De-escalation, Management Intervention (DMI). DMI training gives staff the skills to support patients when they present with behaviours that may challenge in the least restrictive way. From information provided by the trust, PSTS training was 93% and DMI training was 85%.
- There were 34 incidents of use of seclusion across the trust between 1 April 2015 and 30 September 2015. During this time, there were no incidents of long-term segregation and 581 incidents of restraint. This use of restraint involved 155 separate patients. We found inaccuracies in record keeping in some instances of long-term segregation on the adult acute wards, and record keeping was not always in line with trust policy.
- Of this number of restraints 33 incidents involved prone restraint (face down) and 26 resulted in the use of rapid tranquilisation. Norbury ward, the adult acute ward and psychiatric intensive care unit (PICU), as expected had the highest use of both prone and rapid tranquilisation figures for the period.
- The trust risk register of March 2016 detailed six strategic risks that scored 15 of above. These included ongoing delivery of a recurrent sustainable cost improvement programme, not achieving level two in the information

governance toolkit, underperformance of activity against CCG contracts resulting in a loss of income, clinical delivery in genitourinary medicine (GUM) services and staff vacancy rate.

- Inpatient facilities within the trust had appropriate facilities for child visiting including long stay rehabilitation wards, older adult inpatient and adult acute wards. Staff followed safe procedures according to trust policy.

Track record on safety

- The trust reported 130 serious incidents. From information provided by the trust, 127 (97.7%) were unexpected or avoidable death or severe harm of one or more patients, staff or members of the public incidents. The other three (2.3%) were allegations, or incidents, of physical abuse and sexual assault or abuse. There were 103 unexpected deaths, of which 53 were unexpected death of community patient.
- The NHS safety thermometer measures a monthly snapshot of four areas of harm including falls and pressure ulcers. There were three incidents recorded between November 2014 and November 2015, with one new pressure ulcers recorded and one fall with harm in this period. No services where the levels of incidents reported were a particular concern.

Reporting incidents and learning from when things go wrong

- The STEIS (Strategic Executive Information System) which captured all serious incidents data for the trust recorded 139 incidents between October 2014 and September 2015. incidents related to patient slips, trips and falls. Severn linked with aggressive behaviour; one involved the admission of an under 18 to an adult ward. Of the 103 deaths, seven were in the inpatient wards and 53 in the community; 43 were in other services.
- Learning from incidents happened within peer supervision, case studies and team meetings in most teams.
- In most services, staff received feedback about serious incidents and 'lessons learnt' locally and from across the trust in monthly team meetings.
- Staff reported they were aware of how to complete incident forms and their responsibilities in relation to reporting incidents. They were able to explain the process they used to report incidents through the trust reporting systems.

Duty of candour

- Staff in all core services asked about incident reporting and duty of candour told us that they understood what it meant and most were able to give examples. Managers told us they promoted an open and transparent culture. An example given, in older people's community when a manager visited the home of the patient involved, informed them about the incident, offered support, and provided truthful information and an apology.
- The trust's incident reporting reflected the requirement of duty of candour (the organisations responsibility to be open and discuss any error or mistakes, and apologise when necessary).
- Patients in community LD and crisis services gave feedback that they found staff to be open and honest about any incidents or errors.

Anticipation and planning of risk

- Potential risks are taken into account when planning services (e.g. demand fluctuations, staffing disruption, adverse weather)
- There are plans in place for emergencies and major incidents
- The trust had information governance policies in place. However, these did not detail the trusts contingency plans in the instance of fire or water damage rendering all records stored unusable.

Medicines management

- Despite being under resourced since November 2015, the pharmacy and medicine optimisation team provided clinical services to ensure patients medicines were handled safely.
- In response to the NHS England and MHRA patient safety alert: Improving medication error incident

reporting and learning (March 2014) the trust had appointed a Medicine Safety Officer (MSO) who had the responsibility to oversee medication error incident reporting.

- Medicines throughout the trust were stored securely and within safe temperature, ranges and regular audits completed. With the community mental health teams, we saw that fridge temperatures were checked on a daily basis. Staff who transported medication from their bases had access to lockable containers and transported medications in the boot of their cars as directed by policy.
- We found the appropriate legal authorities were in place for staff to administer medicines to people detained under the Mental Health Act 1983. Medical staff in all services kept with prescription charts, so that nurses were able to check that medicines had been legally authorised before they administered any medicines.

Good

Are services effective?

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

Summary of findings

Our findings

Assessment and delivery of care and treatment

- Care records showed in most trust services that staff completed care planning processes in a timely manner following patients' admission. For the acute/PICU wards, the trust managers had set a standard that each patient should have initial assessments and a formulation of need completed within 72 hours of admission. All the records we reviewed met this standard. The Crisis and health based place of safety met their target for assessing patients within a four hour target time. In the CAMHS community team comprehensive assessments were completed within the eight week target from referral to assessment. Staff assessed urgent referrals promptly; usually within 24hours.
- Overall, we found care plans to be complete and up to date. Care plans showed evidence of the involvement from people who use services and staff gave patients a copy of their care plan. In the community mental health service for older people, two of the records we looked at did not have care plans in place but the progress notes specified reviews, assessments and that care plans were to be completed. On the acute/PICU ward out of 32 care plans looked at we found one that was a community care plan. In the CAMHS community teams' staff used the functional analysis of care environments scale to assess risk and level of need. Psychologists used the Wechsler intelligence scale for children (WISC) which assessed skills and ability and these were both recorded in care plans.
- Physical health checks were complete across the trust. On the Acute/PICU wards, we found one patient who had not received a complete physical health examination on admission. In that one case we saw nursing staff had completed physical observations of the patient but medical staff had not completed a physical examination. There was clear evidence of continued reviews of physical health with observations repeated, weight monitored and referrals made for specialist opinion when required. Community mental health services for older people team carried out joint assessments with colleagues in social services. A nurse gave us an example of when a capacity assessment for medication was undertaken while social services completed an accommodation needs assessment. The professionals met for a best interest meeting and developed a joint plan of care for the patient. On the LD wards the Health Equality Framework had been scored for each patient (HEF - a way for all specialist learning disability services to agree and measure outcomes with people with learning disabilities) and staff carried out physical health checks. On the long stay/rehabilitation wards the majority of physical health checks were monitored and recorded on a weekly basis; however, there was no record of patients' body mass index (BMI) or baseline weight to determine if patients' were in a healthy weight range
- Throughout the service, RIO (an electronic clinical record system) is in use. This system was under ongoing development. Whilst this should have allowed timely access to information across services to aid admission and discharge planning, some notes were not universally available to all clinical staff. At the time of our inspection, staff were moving care plans specific to the acute wards and PICU within RIO. They were moving the care plans from a restricted folder to one more generally accessible to other clinical staff. This was responsive to a request from community staff for access to promote continuity in care. Staff reported RIO was not easy to use for CAMHS services. Staff felt it was more appropriate for adult services. The trust scanned paper records into the electronic system and theses were then shredded. Staff used locked cupboards to store paper records, such as the Wechsler Intelligence Scale for Children (WISC), assessments in the CAMHS community team. During the inspection, we were informed that occasionally in Shropshire North there were issues with the electronic

system; at the time of the inspection, it was not possible to access information. The Crisis and health based place of safety team also kept a paper copy of patient demographic details in order for staff to continue carrying out their visits even if the system failed or was slow. This information was stored securely in locked cabinets.

Best practice in treatment and care

- The trust complies with best practice in treatment and care. Across the trust, most teams were aware of and followed National Institute for Clinical Excellence (NICE) guidelines. In the community LD teams, we saw information on patients' medicines based on NICE guidance, which included information, shared with GPs on health checks required for patients on certain medication. The doctors wrote concise entries in the case notes that shows they follow NICE guidance when prescribing medication and associated monitoring of medication; for example, patients who were prescribed antipsychotic medication. Some teams across the trust offered therapies based on NICE guidance including included behavioural family therapy, psychosocial interventions, EMDR, cognitive behavioural therapies and solution focussed therapy. NICE guidance was also discussed during team meetings.
- Across the trust staff used Health of the Nation Outcome Scales (HoNOS) as a way to measure individual treatment and care. This meant that staff could assess a patient's HoNOS score when they were first assessed, at regular intervals to check changes and again when they were discharged. By comparing the records, the outcome of the care and treatment provided for an individual patient could be measured. In the crisis team HONOS was used primarily to ascertain care clusters for individuals. Future patient care pathways and treatments were determined HONOS ratings then.
- The trust used other outcome measures. In the community LD teams' staff completed the Health Equality Framework; the occupational therapist used the Model of Human Occupation Screening Tool (MoHOST) to monitor progress and recovery. In the long stay/rehab team they used the 'Social Functioning Questionnaire' (SFQ) and the 'Vona du Toit Model of Creative Ability' (VdTMOCA) as part of their assessment and recovery treatment plan. In the CMHT clinical outcome scales were used to monitor patient progress such as; the physical health questionnaire (PHQ), Becks depression scale, Liverpool University neuroleptic side-effect rating scale (LUNSERS) and generalised anxiety disorder (GAD) scale. All CAMHS services used the revised children's anxiety and depression scale; a questionnaire, which covered areas such as social phobia, panic disorder and obsessive compulsive disorder for outcome measures. They also used the strengths and difficulties questionnaire, which measured psychological wellbeing.
- There is good access to physical healthcare and physical health is monitored appropriately throughout the trust. Staff considered physical healthcare needs and worked closely with local primary care services. Where there was a need for specialist medical opinion and referral the ward staff would seek to prioritise appointments and provide transport and escorts as required to support patients. Within the crisis team we saw that in each of the teams, they had physical health bags where staff carried them on home visits and monitored physical healthcare issues. The bags contained measuring and monitoring equipment that included blood pressure machines, glucose monitoring equipment and thermometers. On the long stay/rehab wards they had access to a speech and language therapist, chiropodist, physiotherapist and a nutritionist when required.
- The use of audits varied throughout the trust. The trust conducted clinical audits to monitor the effectiveness of services provided. However some staff teams were not able to give any identified areas of improvement from the audits and there was no evidence that the teams used the findings to identify and address changes needed to improve outcomes for patients. The manager of the CMHT working age team at Seisdon had developed a range of audits to counteract this. The manager developed this to improve staff knowledge and increase quality of care delivery within the service. In other services such as CAMHS community, the community mental health services for older peoples team, the crisis team, the LD wards and the long stay/rehab wards staff participated in clinical audits. A capacity audit on the LD wards showed poor compliance with the MCA. Because of the audit, this had improved over the previous year. This was important as poor compliance with MCA procedure had been a finding of the last CQC inspection.

Good

Are services effective?

- The community LD teams offered practical support for patients with voluntary jobs, housing and benefits. The teams had strong links with an organisation ran by and for disabled people that supported patients with any support needed, information and legal advice. In the community mental health services for older people team staff worked in partnership with a number of relevant agencies that enabled support for employment, housing and benefits. We saw this described in care plans; advertised on leaflets; posters and in welcome packs given to patients and carers.
- The acute/PICU ward managers had introduced the Safewards model of care onto the wards. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective. It focuses on improving communication between patients and staff and avoiding confrontations arising from misinterpretations. To develop the approach staff had organised a series of 'getting to know you sessions' with patients on the wards. Out of these workshops, staff had compiled a set of 'mutual expectations' that informed communication and behaviour on the ward. These included patience, mutual respect and taking time to listen as key to good relationships between staff and patients.
- The trust scored below average for proportion of service users reported knowing how to get help in a crisis on the national audit of schizophrenia. The trust also scored below the national average for performance in monitoring of physical health risk factors, particularly poor for monitoring of glucose control, lipids, blood pressure and alcohol consumption, intervention for problems relating to glucose control was below average. Though the availability and uptake of psychological therapies was average, the service users' report of receipt of such therapies was below average. A higher proportion of service users were receiving more than one antipsychotic medication at a time or higher dose than normally expected.

Skilled staff to deliver care

- New staff received appropriate trust and a local team induction. This involved shadowing experienced staff before they could work on their own. Unqualified staff were able to complete the care certificate. Staff told us that they felt they received an appropriate induction. In the community mental health team for older people there was a culture of encouraging staff to develop their skills and progress in their career. There were clear pathways for example for staff to progress from support worker to qualified nurse.We saw examples of career progression throughout each service.The trust had supported learning and development packages for these progression opportunities. In the Crisis and health based place of safety teams all staff were trained to carry out venepuncture, physical health checks, baseline observations blood pressure, heart monitoring, oxygen saturation, temperature and urine testing.
- Healthcare assistants received training in line with care certificate standards and achievement of a care certificate was a standard objective in the first twelve weeks of employment.
- All staff are supervised, appraised and have access to regular team meetings. Eighty nine per cent of clerical staff agreed they have had well-structured appraisals over the past 12 months compared with the trusts average of 89% (NHS staff survey 2014). This was above the national average of 41%. The trust has a policy that emphasises the importance of providing supervision to staff. It sets out that staff delivering clinical services, should attend a minimum of supervision sessions that should last for at least one hour on a monthly basis. . Team managers in CMHTS reported that the role of psychology/psychological therapy services providing supervision and skills development to non-psychologist colleagues was valuable.
- All services across the trust had appraisal rates above 89% for the period of October 2014 to September 2015. The trust score for appraisals was 3.15 which was slightly higher than the national average of 3.11. Of the overall services inspected acute wards had the highest appraisal rate with 95.5%; followed by crisis/place of safety, 93.68% and 93.15% for the older adults wards. The mental health community other specialist services had the lowest appraisal rate with 62.96%.
- Revalidation rate for doctors across the trust was 100%; this included 88 doctors who had been revalidated. Doctors told us that continuing professional development was supported by the trust and they had attended different sessions with other medical staff.
- Each service was multidisciplinary in their approach and had access to a number of appropriate disciplines for the patient group including psychiatrists, occupational

therapists, psychologists, social workers, nurses and support workers. On the acute/PICU and long stay/ rehab wards clinical pharmacists were regularly involved in multidisciplinary team meetings to discuss patients' medicine requirements. The pharmacist answered concerns and gave advice about medicines, particularly any high dose antipsychotic prescribing. Nursing and medical staff told us that the pharmacist was a valued member of the multidisciplinary team.

- Non-medical therapy professionals including occupational therapists and social workers reported feeling undervalued for their role in recovery of patients. Occupational therapists also reported variability in their ability to work professionally, some reported being used generically. Some staff felt they have a lack of professional voice in senior management and leadership forums pivotal to contributing to the trusts service planning and practices.
- Psychology staff reported that the trust actively supported continuing professional development including funding for training and specialist supervision. They raised some concerns that by restricting funding to NICE recommended therapies, this may limit innovation and the ability to benefit from emerging best practice. Accommodation shortfalls (use of shared office space, 'hot desking') were highlighted across services/ geographical areas and were seen as negatively impacting on the service provided and staff well-being (difficulty in accessing rooms to see service users; travelling time for service users; home working leading to reduced MDT contact and the loss of protective home/work boundary).
- Staff in community teams used cognitive behavioural therapy (CBT) techniques and anxiety management. The team in child and adolescent teams had received specialist training in solution-focused therapy and behavioural family therapy to support their roles. Staff working in the crisis teams reported receiving training in physical health venepuncture and supplementary prescribing.
- The organisation had a strong medical staff group represented at all levels and who felt they received the required training and developments and felt supported in their roles. Revalidation of medical practitioners was robust and underway. All consultants have had appraisals. Appraisals led to understanding of training needs and the trust ensured they had time to achieve the goals of the appraisal through training.
- Ward managers, with the support of the Human Resources department, managed performance issues and sickness in a timely manner. One manager from the community mental health services for older people gave us examples of performance issues being identified and managed, following policy, and with support and challenge as a focus.

Multi-disciplinary working and inter-agency work

- The trust scored above the national average in the NHS Staff Survey 2014 in relation to staff recommendation of the organisation as a place to work.
- Regular and effective multidisciplinary team meetings took place. These meetings involved all different professionals within the teams and other external professionals.Robust discussions took place regarding discharge, medications, physical health and psychological therapies. We saw lots of learning from each discipline and patients were at the forefront of all of their decisions. Each discipline focused on how they could support patients and whom else they should involve. There were references to other services throughout the meeting such as fire service and police. The teams worked well with other services in the trust to ensure a seamless pathway of care for patients. Crisis and HBPOS teams had developed strong working relationships with other community mental health teams and effectively shared information regarding patients who moved between services. We found that the teams were based in the same buildings with other community teams such as the Single Point of Access (SPA) team and adult community mental health teams. This meant that there was effective sharing of information and smooth transition of care.
- Despite being under resourced since November 2015 the pharmacy and medicine optimisation team provided clinical services to ensure patients medicines were handled safely. Pharmacists and pharmacist technicians visited wards to check patients' prescription charts and ensure medicines were available. They were involved in patients' medicine requirements from the point of admission through to discharge. This included undertaking a check of patients' medicines on

admission to check what current medicines the patient was prescribed. Clinical pharmacists were regularly involved in multidisciplinary team meetings to discuss patients' medicine requirements. Concerns and advice about medicines, particularly any high dose antipsychotic the pharmacist within these meetings highlighted prescribing. Nursing and medical staff told us that the pharmacist was a valued member of the multidisciplinary team. Although arrangements were in place to ensure that medicine incidents were documented we found there was a lack of consistent arrangements in place to share and discuss safe medicine practice at ward level.

- Handover meetings across the trust were effective. The right aspects of patients need and treatment were the focus in crisis team handovers. On the inpatient wards staff used a clear format for discussions to enable sharing of information.
- Several teams in the trust demonstrated effective working relationships with other internal teams and external agencies. The mental health crisis teams had developed strong working relationships with other community mental health teams and effectively shared information regarding patients who moved between services
- The teams on the wards for older people had developed good working relations with acute hospitals day services and community teams. Managers and clinical leads worked closely across the older adults' service to develop ideas and share good practice. CAMHS teams stated that transition to adult teams for patients had improved following the joint commissioning for quality and innovation (CQUIN) last year with adult mental health services. There was a service pathway for patients aged 16 plus and a transitions group which helps to ensure the pathway was used. Adult and CAMHS psychiatrists did joint appointments with patients during the transition period. The acute inpatient service had adopted a common model of multidisciplinary team working that focused on providing shorter admissions that are more purposeful for patients. This model, purposeful inpatient admissions (PIPA), had the patient focused aim of getting you as well as possible, as quickly as possible with the least intervention.
- The trust has established partnership working with external agencies for the benefit of patients. This was evident through interviews with local Healthwatch and commissioners. Local authorities reported that the trust was open and collaborative in addressing and meeting both children's and adults safeguarding needs.
- Local commissioners reported experiencing regular engagement and meetings at a high executive level of the trust. They said the chief executive was proactive in building relationships. They described the trust as a good partner and gave as an example the eight libraries the trust were helping to manage and how that was breaking down the stigma around mental illness. Commissioners recognised an area of challenge was the lack of a clear arrangement between the trust and local authorities for the frail elderly population.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Mental Health Act (MHA) training had a completion rate of 88% up to December 2015. The Mental Health Act training is listed on training monitoring matrix for the trust. Across the acute wards, 89% of staff had training in the Mental Health Act. The highest was found jointly on Chebsey and the George Bryan West wing with 94% and the lowest on Laurel ward at 78%.
- Staff completed consent to treatment and assessments of patients capacity requirements where applicable and copies of consent to treatment forms attached to medication charts.
- Staff across the trust reported they were aware that administrative support and legal advice on the implementation of the MHA and its code of practice was available for staff from the Mental Health Act office and a Mental Health Act manager.
- Staff across the trust had completed detention correctly; it was up to date and stored appropriately. Regular audits ensure that the Mental Health Act (MHA) applied correctly and there is evidence of learning from these audits.
- Access to independent mental health advocacy services was available and provided by in accordance with the Mental Health Act (MHA) code of practice. Patients we spoke with said they were aware of these services, able to use advocacy services and staff supported them to do so when required.

Good

Are services effective?

- The trust has had eighteen visits between January 2014 and December 2015, there were 115 issues raised throughout the visits. The main issues highlighted were regarding consent to treatment (25 locations), purpose, respect, participation and least restriction (41 locations), leave of absence (17 locations) and admission (22 locations). The following locations had the most issues: Birch Ward (ten issues) and Willow Ward (19 issues).
- Patients throughout the trust had their rights under the MHA explained to them on admission; we saw this consistently occurring thereafter. However, a review of eight records the rehabilitation wards showed that three records did not have a regular record kept of patients reminded of their rights.

Good practice in applying the Mental Capacity Act (MCA)

- There was a policy on Mental Capacity Act (MCA) including deprivation of liberty safeguards (DoLS) staff were aware of and could refer. This was available on the trust intranet system. Trust staff understood and where appropriate worked within the MCA definition of restraint.
- Advice regarding MCA, including DoLS, within the trust was available from the mental health and Mental Capacity Act specialists based in the trust. The central MHA / MCA team had arrangements in place to monitor adherence to the Mental Capacity Act (MCA) within the trust.
- Staff made deprivation of liberty safeguards (DoLS) applications when required. There were 68 DoLS applications made between April and September 2015, the majority of which were from wards for older people with mental health (59).
- Eighty eight per cent of staff employed by the trust received training in the Mental Capacity Act. The trust incorporated mental health act training and mental capacity act training together. The majority of staff reported a good understanding of the Mental Capacity Act (MCA) 2005, in particular the five statutory principles. Staff were able to demonstrate knowledge of how to access support and advice in connection with the MCA.
- The MCA is not applicable to children under the age of 16. Staff used the Gillick competence, which balances children's rights with the responsibility to keep children safe from harm, for those under 16. All staff we spoke to within the South Staffordshire and Shropshire CAMHS demonstrated knowledge of Gillick competence.
- Staff across services assessed capacity on a decision specific basis. Patients on older adult wards were involved in decision making when appropriate and families were involved for those who lacked capacity when making best interest decisions to assist in recognising individual wishes, feelings and culture. Doctors completed and recorded capacity assessments on adult acute wards.

Good

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

- The trust's overall score for privacy, dignity and wellbeing in the patient led assessments of the care environment (PLACE) 2015 was 91.39%, which was above the England average of 86.03%. Myton Oak Community Unit was the only site that did not exceed the national average in this area. This was due to some patients needing their bedroom doors open for personal care needs.
- Eighty six per cent of respondents in the staff Friends and Family Test were either 'likely' or 'extremely likely' to recommend the Trust as a place to work.
- The trust performed about the same than other trusts in the care quality commission (CQC) Community Mental Health Patient Experience Survey for all questions apart from Planning Care which was better than average.
- Throughout our visit, we saw staff interacting with patients in a positive, friendly and respectful manner and most patients we spoke to were positive in their views of staff. We also observed staff speaking about patients positively in referral and multidisciplinary meetings. Most patients we spoke to said that staff addressed their individual needs in care planning and care.
- Patients, carers and former patients we spoke to were over whelming positive in their views of staff. They reported staff treated patients in a dignified and respectful manner.

The involvement of people in the care they receive

- The trust performed similar to other trusts in the care quality commission (CQC) Community Mental Health Patient Experience Survey 2015 for questions relating to: 'have you been told of organising your care and services?' and 'were you in agreeing what care you will receive?
- The trust performed similar to other trusts in the CQC Community Mental Health Patient Experience Survey 2015 regarding 'do you know how to contact this person if you have a concern about your care?'
- Most patients across the trust told us that they had an active role in creating their care plans. Most care plans were individualised and reflected the needs and wishes of the patients. There was evidence that carers were involved in the care plan process across the trust where appropriate.
- The trust had several ways to involve patients. These included encouraging patients to be involved in service development and participating in recruitment panels for staff up to the executive level.
- The trust used user experience surveys to obtain feedback from patients. A bespoke questionnaire developed specifically for the crisis resolution home treatment teams to use within the patient experience electronic system, which was implemented during March 2016.This was to ensure information collected was relevant to the CRHTs.
- The trusts CAMHS community teams were very proactive in involving young people in many different aspects of the service. The CAMHS teams had an active participation worker provided by Youth emotional Support Services. The worker had set up monthly groups for young people and young people were involved in interviewing staff. One young person was designing a booklet about shyness and anxiety based on their experiences. Another stated that being involved in the youth council and taking part in staff interviews had given them the confidence and helped to identify a future career pathway.
- The trust works well with voluntary groups. Those groups have regular contact with specialist groups such as the allied health professional groups to discuss improvement to patient experience.

Good

Are services caring?

- On inpatient wards, there was ample information about the ward environment, facilities and services. There were posters signposting patients and carers towards services such as advocacy. Staff also held community meetings where patients could raise any issues of concern. Patients were also involved in staff interviews across most inpatient wards.

Good

Are services responsive to people's needs?

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

Summary of findings

Our findings

Service planning

- The commissioners we spoke to, gave positive feedback of involvement with South Staffordshire and Shropshire. They said the trust was well organised and delivered services in a very professional and organised way.
- Senior clinicians told us that the trust uses the culture of the organisation to develop strategy and that the culture of patients first is pervasive. The only other considerations are what are better for staff, patients and relatives.

Access and discharge

- Service users can access trust services when they need to including in an emergency. The referral to assessment waiting times averaged at 40.49 days across all core services from information provided by trust.
- The trusts community services for children, learning disabilities and older people demonstrated responsiveness to the urgency of referrals to their teams. Staff received, saw, and assessed urgent referrals within the same working day.
- The community mental health teams had an effective system in place to ensure that people who did not attend assessments were contacted and quickly assessed. The trusts target for routine referrals in community mental health teams was 28 days; all of the teams were exceeding that target. Sustain+ has a staged pathway dependent upon need. At the time of the inspection, some patients were waiting six weeks for assessment but this was often due to arranging appointments for professionals outside of this service to be available.
- The trusts adult, older peoples, learning disability and CAMHS community services were flexible when arranging appointments. Staff only cancelled appointments when necessary and patients were always contacted and given the next suitable appointment.
- There was variation in the waiting times patients experienced in services from referral to assessment and treatment. We found the mean number of days from referral to treatment for the CAMHS teams was 48.8 days, for adults CMHT was 37 days, for the older adults CMHT was 41.9 days, for the community learning disabilities was 49.6 days.
- For inpatient teams: beds are available for people living in the catchment area. The Trust reported that they rarely had to transfer any patients living in the trusts catchment area out of area due to a shortage of beds. Using their rapid review process, the wards were able to manage patient flow such that it was very rare that a patient would return from leave without a bed. When this had happened ward staff negotiated an extended leave if they assessed the patient as low risk. If they needed to return to the ward because things were not going well, spare capacity elsewhere in the service would be used to accommodate their immediate need to be back in hospital.
- Carers at one of our pre inspection focus groups reported that the staff at St George's were always very mindful of difficulties in travelling to Stafford and positively worked to support access and communication. One initiative to overcome difficulties in visitors accessing Redwoods from rural areas with poor transport links was using SKYPE on the wards.
- In acute and PICU wards to overcome difficulties in visitors accessing Redwoods from rural areas with poor transport links was using Skype on the wards so people could remain in contact with family and friends.
- The trust was below the England average between April and June 2015 and above the England average in the most recent submission for discharge of patients on care programme approach (CPA). The England average is 97% and the Trust figures ranged from 94% to 98%. The majority of delayed transfers of care between December 2014 and November 2015 related to

Good

Are services responsive to people's needs?

"Awaiting nursing home placement or availability" at 28% in total. There were low numbers of patients delayed transfer of care for both "Awaiting care package in own home" and "Awaiting community adaptations equipment and adaptations" with two and zero respectively. The majority of delays related to "Awaiting nursing home placement or availability" and "Public funding" with 1,043 and 754 delayed days respectively.

- Oak ward in the Older Persons service had the highest number of delayed discharges between April 2015 and the September 2015 with 12. The manager attributed this number to patients with complex and multiple needs and the identification of funding for suitable longer-term placements.
- Average bed occupancy in the trust in the last 6 months from April 2015 to September 2015 was 81.8%. The Redwoods centre adult acute wards had the highest level of occupancy with 100%. St George's hospital had the lowest level of occupancy at 89% on Milford ward and Norbury ward at 85%.
- The trusts inpatient facilities had 35 delayed discharges in the 6 months April 2015 to September 2015. Oak house had the most delayed discharges over this period with 12 in total.

The facilities promote recovery, comfort, dignity and confidentiality

- Most of the trusts services had the quantity and range and of rooms and equipment needed to support treatment and care. Adult inpatient wards accessed therapy facilities that had a variety of rooms available to support therapeutic activity. All inpatient wards had access to outside space. There was a complaint common across St George's Hospital of a high level of noise on the wards. Patients we spoke with on the ward felt this to be intrusive and distracting. One patient wore ear defenders whilst on the ward as he found the sound levels so distressing. On Norbury Ward, staff members also commented noise levels were not conductive to a relaxing environment.
- All inpatient wards had kitchen facilities for patients to make drinks and snacks when they wanted day or night throughout the week.
- All services were effective in displaying information in different languages and easy read at main receptions and notice boards around buildings. Information included details of patient rights, how to complain and support services available.
- There were activities provided on all inpatient wards. The majority of activity took place on weekdays. However, there were activities available in the evening and at weekends. Birch ward had access to a car so patients could attend activities outside the ward. On the day of inspection, three patients' attended a football group at Shrewsbury football group.
- Patients on both the long stay rehabilitation, adult and older people's inpatient wards could personalise their bedrooms if they wished.
- Inpatient wards for both adults and older people also provided secure storage for patients' belongings.

Meeting the needs of all people who use the services

- The trust served a diverse population with varied social economic profiles, differing between local areas.
- Staff reported that there was easy access to interpreters and British sign language signers to facilitate communication to meet patients' clinical needs.
- All inpatient wards and community team environments were fully accessible to people with physical disabilities. With the exception of the 136 suites at George Bryan Centre and St George's Hospital that did not have wheel chair access to toilet facilities. Wards for older people had equipment necessary to aid mobility in bathroom areas.

Listening to and learning from concerns and complaints

- The Trust received 117 complaints relating to services over the 12-month period from October 2014 to September 2015. Community adult services received the highest number of complaints, 51 in total. Community older people services received the lowest number of complaints with two. Of the 92 complaints received, the trust fully upheld nine and partially upheld 51.
- The Trust has reported 'all aspects of clinical treatment' to be the most frequent cause of complaint, with, communication and attitudes of staff making the top three. There was three whistle blowing notification

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Are services responsive to people's needs?

received by the CQC between January 2014 and November 2015. One notification received August 2015 related to safeguarding concerns and lack of openness and transparency from management.

- The trust listens to and learns from complaints. Patients who we spoke to generally said they knew how to complaint formally also said they were happy to raise issues at community meetings or directly with individual staff. Inpatient wards had various information leaflets readily available on how to make a complaint, compliment and advocacy details. There were also information signposting patients and carers to the patient advice and liaison service (PALS) which dealt with complaints and concerns. Several patients and carers shared examples of concerns they had experienced and how staff managed and resolved these and the outcomes and actions communicated to them.
- The trust had 83 staff that were trained in how to conduct investigations into complaints. In the case of more complex cases or when a more in depth investigation was required staff at band 8 are requested to investigate.
- Staff we spoke to across all services were knowledgeable and confident when discussing the complaints procedure. All staff were aware of the trust's policy. Staff on wards referred complaints and concerns to PALS and managers carried out the investigations on the wards.

Good

Are services well-led?

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

Summary of findings

Our findings

Vision, values and strategy

- There was a clear vision and a set of values. The trust vision was "To be positively different through positive practice and positive partnerships". To achieve this vision, the trust expected to see five behaviours displayed by staff. These behaviours were to be respectful, to be honest and trustworthy, to be caring and compassionate, taking the time to talk and listen; and to work together and lead by example.
- The organisations quality strategy set out the goal over 2015-2017 to provide high quality recovery focused services. The strategy set out clearly that the focus of the service must always be the patients and had four other aims including innovation and expansion.
- The strategy reflected the provider's financial situation. The trust was in positive equity and continued to monitor its budget effectively.
- The leadership team had successfully communicated the vision, values and strategy to staff in all parts of the organisation, which staff demonstrated at a service level. Trust vision and values were on display across all buildings and team bases that we visited. Staff that we spoke to at service level agreed with trust values and consistently reported that the chief executive was well known to them.
- The trust used rapid improvement workshops to bring about changes to local services. These workshops involved staff from different professional groups as well as different grades. These improvement workshops also included patients of the trust. At the time of the inspection, over 40 such events had already taken place. Staff told us about using the rapid improvement workshops to improve aspects of care delivery on their own wards and managers supported changes.

Good governance

- We found that most staff had received statutory and mandatory training. The current training compliance for trust wide services was 84%. Mental Health community other specialist services was the core service with the highest percentage of trained staff with an overall training rate of 93%. Acute and PICU wards had the lowest aggregated rate of training at 77%. Conflict resolution, general induction, promoting safer & therapeutic services and safe handling patients low risk all jointly had the highest rate of completion over 90%. Food safety – catering had the lowest rate at 57%.Food safety, general awareness and safe handling, patients' high risk with 60% each, followed this.
- Staff gave us good reports of accessing specialised training required for their roles and services. Medical staff, nursing and psychology staff told us they had good access to additional training including management programmes.
- The appraisal management rates for non medical staff was good across services inspected across the trust. The trust advised that the supervision policy was not fit for purpose and that a number of challenges had to be overcome. A proposal for a thematic review of supervision over the next three months, with the final report to be submitted to the quality governance committee and subsequently the board.
- Staff on the adult inpatient wards told us that usage of bank and agency was mitigated by block booking the same staff to ensure the quality and consistency of the care received. Staff on the older peoples inpatient wards told us that there were good staff levels and the use of bank and agency were used when an increase in complexity of needs of patients.
- There was evidence of local and clinical audits taking place with staff involvement. These related to the relevant national institute for health and care excellence (NICE). Examples included the physical health

monitoring – prison in reach. We found there had been an audit of the use of section 136 in the place of safety however this had not been effective in the auditing of the quality of recorded information.

- There are currently four risks on the trust risk register. The underperformance of activity against clinical commissioning groups (CCG) contractual targets. Information reporting and management at team/ service/divisional level needs to be developed to enable active performance. The Trust vacancy rate was in excess of 10%, which potentially impacted on providing effective services, maintain staff morale and impacted on supplementary staffing spend.
- The trust had a robust governance structure that supported the learning from incidents, complaints and service user feedback. This included a safe guarding team, an embedding lessons group which feedback to staff from management the outcomes and actions learnt, monthly service / team governance meetings with staff and regular staff meetings and handovers were used to reflect and discuss findings and learning.
- Mental Health Act (MHA) paperwork was consistent in quality and completion across the organisation. There was completion of section 136 monitoring forms and patients being regularly read their rights. Staff fully understood the interface between the MHA, the mental capacity act, (MCA), and the deprivation of liberty safeguards (DoLS) and how to put this into practice.
- There were 581 incidents of restraints between April 2015 and September 2015. This use of restraint involved 155 separate patients. Of this number of restraints 33 incidents involved prone restraint (face down) and 26 resulted in the use of rapid tranquilisation.
- The trust board is aware of its performance through reports from the quality governance committee. Incidents complaints, clinical audits discussed at quality committee and then summarised for the board so they have an overview. If there was a thematic review that may go to the board as well as to the quality committee. The board are made aware of the numbers and themes but not details of every incident. That was reported quarterly because if they were reported monthly then it would be hard to see the themes.
- The trusts children and adult safeguarding team are significantly engaged with local authority boards at all levels, which underpins effective co-working, shared practice and transparency to eternal scrutiny. The trusts recent alignment of children and adult safeguarding to their governance committee had raised the internal profile of safeguarding.
- The trust complied with the Equality Act 2010 and had a clear approach to equality and diversity, both for the people it served and staff.
- Trust information governance policies were in date, had good references to key legislation and guidance and evidence of version control and regular review. There is a robust information governance framework, interviewees could explain how incidents were reported and lessons learnt disseminated in a timely way.
- The trust operated an electronic system (RIO) across the organisation. Staff mentioned that RiO had been unreliable and crashed resulting in staff losing work, which was in the process of being input. Staff had found a work around by typing in word, then copying, pasting into RiO, and deleting the Word document.
- The trust had a systematic programme of clinical audit used to monitor quality and systems that identified where the organisation should take action. The trust partakes in a number of audits both internal and external. These include a fall audit and a triangle of care audit.
- The trust had robust arrangements for identifying, recording and managing risks within the organisation. The trust identified four key items on its risk register:
- Staff morale, motivation and resilience was generally good and impacted on the quality of service delivery seen by the inspection team.
- Commissioners were well engaged with the trusts senior management and met regularly to discuss and monitor services and performance. Generally, commissioners felt the trust is robust and providing assurance to each of the commissioning groups in a tailored manner specific to their commissioning requirements.

Fit and proper persons test

- In November 2014 a care quality commission, (CQC) regulation was introduced requiring NHS trust to ensure that all directors were fit and proper persons. The CQC requires trusts to check that all senior staff met the

stated requirements on appointment and had set up procedures and policies to give continuous assurance that senior remained fit for role throughout their employment.

- The trust had an appropriate Fit and Proper Person policy, which the trust implemented in October 2015. It outlined a robust process for recruitment, appointment and continually evidencing the fitness of Directors in trust employment. The eight files we audited did demonstrate practice to be in line with trust policy.
- Of the eight files, we audited results there were seven current disclosure and barring service (DBS) checks and we received confirmation that the out of date DBS had been done but was not present in the file. All eight files contained evidence of a robust recruitment process, employment history, job descriptions, signed contracts, annual appraisals, self-declaration and declaration of interests. None of the eight files contained competency based interviews or occupational health checks, however we received evidence of these and they were kept in personnel files.

Leadership and culture

- The organisation had a very experienced leadership team led by a much respected chief executive. The medical director was an interim with interviews arranged for soon after the trusts inspection.
- The majority of staff acknowledged that leaders and managers had made significant impact on the culture of the organisation but also highlighted some examples highlighting further areas of work. Most staff believed that positive culture and development would continue.
- Trust staff consistently reported the chief executive to be highly visible, hands on, engaged and accepting of debate and challenge.
- On the NHS staff survey, the trust had a score of 3.67 in relation to the staff recommendation of the organisation as a place to work or receive treatment. This was an increase from 3.52 in 2014 and is above the national average of 3.63. The number of staff that reported suffering work related stress fell from 43% in 2014 to 39% in 2015, which is equal to the national average. The number of staff experiencing harassment, bullying or abuse from staff has risen from 19% in 2014 to 21% in 2015; however, this is still below the national average of 22%.
- Staff morale was mostly good across the services in the trust. We observed motivated and committed staff who told us that they felt they made a difference and were proud of the work they did.
- The trust culture encouraged candour, openness and honesty (staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation). The whistle-blowing process was known in the Trust as the public interest disclosure policy.
- Staff in services shared positive views about their engagement in rapid improvement events. In some instances, staff felt that managers heard the staff voice and had supported their changes. As an example, Bromley ward carried out an improvement workshop to improve the process to determine capacity leading to either DOLs or a section of the mental health act. The result was a better flow chart and changes to documentation.
- The trust compared favourably to the national average of all mental health and learning disability trusts in the NHS Staff Survey 2014. Staff agree they are feeling satisfied with the quality of work and patient care they are able to deliver. There was improvement in the percentage of staff able to contribute towards improvement at work; satisfaction with level of responsibility and involvement; support from senior managers and staff motivation at work.
- The trust performed worse than the national average and in the worst 20% of all mental health and learning disability trusts in the NHS Staff Survey 2014 for: Staff reporting errors, near misses or incidents witnessed in the last month. Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. However, this improved in the 2015 Staff Survey and is now one ofthe trusts top 5 ranking scores; 16% against a national average of 21%.

Good

Are services well-led?

Engagement with the public and with people who use services

- The trust had a patient experience team that involved patients and carers in the planning and delivery of services including local services community meetings.
- The trust received feedback from patients and carers on the care delivered through the patient experience team and through advocacy services.
- In the NHS staff survey 2014 the trust performed favourably for staff being able to contribute towards improvements at work however, they performed poorly for the use of patient/ service user feedback to make informed decisions in directorates/departments. Staff we spoke to felt there was room for improvement in this area.

Quality improvement, innovation and sustainability

- There was evidence of services using a variety of tools and methods to monitor and improve quality. Holly ward was AIMS accredited and other older peoples' wards were seeking accreditation for inpatient health services. Acute wards were planning to apply for the Royal College of Psychiatrist Accreditation for inpatient mental health services (AIMS). Telford & Wrekin CRHT had piloted the crisis plan template that aimed for clinician access and complete robust crisis plans for service users within eight hours of referral. This was in line with the Crisis Care Concordat, 2014.
- The trust participated in national quality improvement programmes; Electroconvulsive Therapy Accreditation Service the Redwoods and St Georges ECT clinics accredited the trust. The Telford and Wrekin memory service was attributed the Memory Services National Accreditation Programme (MSNAP). The Brockington mother and baby unit had perinatal accreditation.
- The trust participated actively in national clinical audits. Specifically the Second National Audit of Schizophrenia (2014) and the National Audit of Psychological Therapies (2013) and had acted on the findings.
- The provider minimised the impact of financial pressures and efficiency changes on the quality of care. They did this by ensuring they stay in positive equity ensuring that they had money available when needed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The care and treatment of patients must be appropriate and meet their needs. The CLDT Shropshire, Telford & Wrekin, CLDT East and CLDT West teams did not have care plans that had clear goals, up to date, person centred, holistic that addressed needs identified in the assessment stage. This was a breach of Regulation 9(3)(b) Regulation

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2)(h) HSCA 2008 (Regulated activities) Regulations 2014 The cleanliness of the clinic room at Telford & Wrekin Crisis and Resolution Home Treatment Team was poor. The clinic room was not clean, it had ants, spiders and cobwebs. There were no cleaning records maintained. Regulation 12 (2) (g) The trust policy on rapid tranquillisation was out of date and did not reflect current prescribing guidance from NICE. Clinical staff have an inconsistent approach to the use of rapid tranquillisation, failing to understand its risks and record its use.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Staff did not consistently record all the observations and reviews required to safeguard a patient when they were in seclusion.

This was a breach of Regulation 17(2)(c)