

# Worcestershire Health and Care NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Worcestershire Health and Care NHS Trust is the main provider of community, specialist primary care and mental health services to the population of Worcestershire and beyond. Services are integrated with a variety of partners, and the trust work closely with commissioners, voluntary organisations and communities to deliver services.

Mental health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people
- Community mental health services for people with learning disabilities or autism

Community health services:

- Community health inpatient services
- Community end of life care
- Community health services for adults
- Community health services for children, young people and families.
- Community dental
- Sexual health.

The Trust's services are provided from over 100 sites – a wide range of community settings including community hospital wards, acute mental health wards, recovery units, people's own homes, community clinics and outpatient departments. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.

The Trust employ about 4,000 staff in clinical and non-clinical roles and record over 26,000 patient contacts every week.

The Trust organise clinical teams into five Service Delivery Units (SDUs):

- Adult Mental Health and Learning Disability
- Community Care – North
- Community Care – South
- Children, Young People and Families
- Specialist Primary Care (including Dental Services, Sexual Health Services).

Community and mental health services are provided to a population of approximately 560,000 across Worcestershire's 500 square miles. This covers the city of Worcester together with the towns of Bewdley, Bromsgrove, Droitwich, Evesham, Kidderminster, Malvern, Pershore, Redditch, Stourport-On-Severn, Tenbury Wells and Upton-Upon-Severn.

# Summary of findings

The trust was inspected in January 2015 as part of the CQC comprehensive inspection programme and all core services were inspected. We re-inspected the trust in May 2016 to understand if the trust had acted upon the issues we raised as part of the inspection in January 2015. At the time of the May 2016 inspection, Worcestershire Health and Care NHS Trust did not comply with Regulation 12, safe care and treatment. During this inspection, we found the trust now complied with this regulation. We inspected two wards in January 2017 and May 2017 that were unannounced. At the time of the May 2017 inspection, Worcestershire Health and Care NHS Trust did not comply with Regulation 18, staffing. During this inspection, we found the trust now complied with this regulation.

The trust had eight Mental Health Act reviewer visits between 2 March 2016 and 2 January 2018. There were no clear themes across the Trust that would lead us to specifically review a particular service or area.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

# Summary of findings

## What this trust does

Worcestershire Health and Care NHS Trust provides community, specialist primary care and mental health services to the population of Worcestershire from over 100 sites.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected seven complete core services. These were selected due to their previous inspection ratings or, our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided. Five provided mental health services and two provided community health services. One service was rated as outstanding. All the other services were rated as good at the time of the inspection. One of those services had one domain rated as outstanding. Three of those services had one domain where it was rated requires improvement.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The trust operated collaboratively as a board, that meant executives and non-executive directors shared responsibility and liability for decision-making.
- There was a holistic understanding of performance, which sufficiently covered and integrated people's views with information on quality, operations and finances.
- The trust board were very visible across all services of the trust. We were told of many examples of how the board visited and supported clinical services.

# Summary of findings

- The trust understood the challenges to quality and sustainability, and identified the actions required to address them. This was aligned to the wider health and social care economy of Worcestershire. There was good leadership at trust board and sustainability and transformation partnership level.
- The trust had refreshed their vision and values for the trust. The strategy and priorities of the trust was aligned to the vision and values, and reflected their part in local sustainability and transformation plans. Staff had an understanding of the vision and values in relation to local services.
- Overall, the trust was a good place to work in. Staff often told us it was the best organisation they had worked in. The trust was recognised as a disability confident employer and had been named in the top 100 employers of apprentices.
- Governance systems from ward to board provided good performance management information to make decisions.
- The trust communicated well with patients, carers, staff and stakeholders. The majority of groups felt included in decisions about service re-design and development. The youth board was a good example of patient involvement and demonstrated that the trust listened to their views and acted on their suggestions.
- There were robust arrangements in place to identify, record and manage risks. Patients mental and physical health was assessed, and care and treatment planned.
- The trust worked hard to improve quality and innovation, for example, the digital exemplar programme.
- Recruitment of staff was a challenge to the trust but they were proactive in attempts to employ people across many of their services.
- The trust recognised its staff in a number of ways, through a simple thank you to formal awards.
- There was a culture of learning and research across the trust.

However:

- In a partnership arrangement with another trust outside of Worcestershire, governance arrangements were complex. However, the trust had learnt lessons and had served notice of the partnership.
- The policy and procedures for learning from deaths should be reviewed and updated to reflect the gaps we identified.
- Ward managers in one trust core service could not always identify how many staff had received training, supervision or appraisal.
- We identified good medicines management across most of the trust however, we saw errors in administration of medication on the acute mental health treatment ward.
- Although we saw good adherence to, and understanding of the Mental Capacity Act across the trust, there was evidence that decision specific mental capacity assessments were not always fulfilled when staff completed DNACPR forms in community health inpatient services.

## Are services safe?

Our rating of safe improved. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- All areas of the trust were clean and had the necessary equipment for staff to undertake their work.
- The trust managed risk to patients with regular assessments and audits. Managers and the multidisciplinary teams made changes to the service or their practice when they identified risk to patients. The trust had improved its buildings and processes to reduce ligature risks across services.

# Summary of findings

- Although there were staff vacancies across the trust, there were enough staff with the right skills and qualifications to deliver safe care and treatment.
- Staff had good access to patient records and stored them safely. Staff knew how to keep patients safe and reported incidents, including abuse, when necessary. Staff learnt lessons from incidents.
- There was good medicines management across most services. However, we found concerns about practice on the acute mental health treatment ward.

However:

- We found problems with fire safety on one ward. Staff did not adhere to fire safety standards despite prompts to do so.
- Staff in community health services raised concerns about caseload sizes because of staff vacancies and difficulty in recruiting specialist staff.
- Staff did not always follow lone working practice in the mental health crisis teams.

## Are services effective?

Our rating of effective stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- The trust developed individualised care plans that were patient centred and up to date. Staff regularly reviewed and updated care plans.
- Staff provided a range of care and treatment interventions that was delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). Staff monitored and reviewed the effectiveness of the medicines prescribed.
- The trust ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff assessed and met nutritional and hydration needs for patients. Staff supported and encouraged patients to live healthier lives.
- Multidisciplinary teams across the trust worked well together and patients had access to specialist staff when required.
- The majority of teams received supervision and appraisal. However, we were not assured that all staff in older people mental health wards had access to regular supervision and appraisal.
- The majority of teams had good knowledge of the Mental Health Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff had access to and were up to date with training in the Mental Health Act and Mental Capacity Act. However, not all staff in community health inpatient services understood their roles. We could not find evidence that decision specific mental capacity assessments were always fulfilled when staff completed do not attempt cardio-pulmonary resuscitation (DNACPR) forms.

## Are services caring?

Our rating of caring stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- Staff were kind, compassionate and respectful when caring for patients and carers. Overall, staff were respectful of patients' privacy and dignity. We saw examples of staff going 'above and beyond' when delivering care and treatment.
- We heard many stories from patients and carers describing the caring and understanding nature of staff. Most patients and carers we spoke to were involved in their care planning.

# Summary of findings

- Patients and carers were able to feedback about the service and care they received in a variety of ways.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- Services were planned with local people and staff had a good understanding of the needs of patients in their community.
- Admission and discharge of patients was well planned and patients were involved in decision about their care pathway. Wards were using the 'Red2Green' initiative to support timely discharge back to the community.
- Referrals to community teams were triaged and assessments undertaken in a timely way and below expected local and national targets.
- The majority of buildings met the needs of patients and staff. However, there were small bed-bays in two services that could compromise patient privacy and dignity. For the purpose of this report, we have used the term bed-bay. The CQC defines any room with more than one bed within it as a dormitory.
- Patients and carers knew how to complain and raise concerns. Accessible information was available to patients and staff to better understand services available to them.

However:

- Patients did not always have timely access to routine appointments in community health services. Also, some patients had to wait longer than expected for certain services. However, there was limited commissioning for some of the specialist community services which limited the trust's ability to meet the demand. Across community mental health teams, some patients had to wait for psychological based therapies. Although these waits had reduced due to recruitment of psychology staff.

## Are services well-led?

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as good because:

- The vision and values of the trust were reflected in the behaviours and attitudes of staff. Staff knew who most of the senior managers were and spoke highly of their local team leaders. Staff were proud to work in the trust and the County of Worcestershire.
- Staff consistently described a positive culture across the organisation. Staff raised concerns when they needed to without fear of retribution. They spoke of a learning lessons approach to incidents.
- Robust governance systems were embedded across services. Managers knew who to report to and received information from the senior team that was relevant to their job.
- Staff sickness levels in the trust was low. Vacancies across the trust were in line with national figures however, retention of staff was good. Staff had good access to training and most staff accessed supervision and appraisals.
- Local managers encouraged innovation and engagement with trust initiatives to enhance patient care. Staff had the opportunity to enhance their careers within the trust.

# Summary of findings

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole trust. They also show the previous ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found evidence of outstanding practice in the following core services: community mental health teams for adults of working age, mental health crisis teams and place of safety, long stay rehabilitation wards, mental health wards for older people, community health inpatient services, and community health services for adults. Detail of outstanding practice in the core services can be found in the evidence appendix.

## Areas for improvement

We found areas of improvement including four breaches of legal requirements that the trust must put right. We found 10 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued three requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of four breaches of legal requirement in four core services. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following outstanding practice:

### Community mental health teams for adults of working age

- We noted the outstanding practice of receptionists, particularly in the north team. The receptionist showed a good knowledge of patients and was skilled at putting them at ease and being welcoming and reassuring. We noted during our visit a bright and positive atmosphere in the two central reception areas that was a good introduction to the service for patients.
- Throughout the service, in spite of the challenges presented by major changes in the service, we encountered a consistently positive approach from staff at all levels, which indicated good management of change and a patient-centred 'can do' approach by staff.

### Mental health crisis services and health based places of safety

- The service had developed and implemented a 'getting well' plan which was a care plan that patients could create with staff about their own recovery. This was being fully implemented across all the home treatment teams when we inspected.

# Summary of findings

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

- Staff from the wards held a daily meeting with the home treatment teams and the discharge coordinator who was responsible for working on cases, which were complex. This system means that a patient's journey was followed closely so that they spend the least amount of time possible as inpatients and free up space for new patients needing treatment. This system had been nominated for a national award in 2017.

## **Wards for older people with mental health problems**

- The level of cleanliness in all three wards was of an exceptionally high standard.
- The designated high impact ambassadors were allocated for key areas of clinical practice such as infection control, falls prevention, nutrition, carers, skin care and more. These members of staff took the lead in implementing best practice and improvements in these key clinical areas. For example, the service reported a significant reduction in falls.

## **Community health inpatient services**

- Staff were focused on continually improving the quality of care. Worcester city inpatient unit (WCIU) were part of a national programme 'Living well to the very end – Patient and family-centred care'. They were one of 20 services nationally, taking part. Involvement in the programme had facilitated the team in carrying out an in-depth skills analysis, to identify future education needs and develop a comprehensive engagement process with patient and relatives, which had enabled the team to improve their service.
- The trust used 'Schwartz Rounds'. These were a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provided a confidential space to reflect on and share experiences.
- A therapy matron had been in post since July 2017. They provided leadership to the occupational therapists and physiotherapists in the community hospitals and the adult speech and language therapy service. This was a new role for the organisation and a title not used elsewhere in the country.
- Staff had developed grab bags that were used in the event of patients falling. If a patient had a fall, staff could get the grab bag. This contained a laminated falls proforma, slide sheets and gloves, swabs, pocket tape, non-slip socks and laminated falls signs to display and a pen torch. The grab bag enabled staff to respond quickly and appropriately to the patient.

## **Community health services for adults**

- Senior staff had developed a cognitive brain exercise app which gives guidance on how patients living with stroke could exercise their brains. This app was underway and could be downloaded to patients when ready. Staff said this would help improve patients 'cognitive skills'.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve**

We told the trust that it must take action to bring three services into line with legal requirements. This action related to three services.

# Summary of findings

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

- The trust must ensure staff used for medication management on Hillcrest ward are adequately trained and supervised to ensure safe practice is used.
- The trust must ensure that, in accordance with fire regulations, fire doors on Holt Ward are closed at all times and not propped open.

## **Wards for older people with mental health problems:**

- The trust must ensure that all staff receive regular supervision.

## **Community health inpatient services:**

- The trust must ensure that staff undertake decision specific mental capacity assessments when completing do not attempt cardio-pulmonary resuscitation (DNACPR) forms.

## **Action the trust SHOULD take to improve**

### **Community health service for adults**

- The trust should ensure staffing levels are adequate to meet the needs of patients referred to the service.
- The trust should ensure staff caseloads are consistent across the service

### **Mental health acute wards and psychiatric intensive care wards for adults of working age**

- The trust should ensure patients on Holt ward have access to areas such as the toilets without having to wait for doors to be unlocked.
- The trust should ensure that physical observations of patients following rapid tranquilisation are carried out and recorded promptly.
- The trust should ensure staff engage in a meaningful way with patients in the communal areas of the ward.

### **Mental health crisis services and place of safety**

- The trust should ensure that staff monitor and record the room temperatures where medicines are stored to ensure they are safe to use.
- The trust should ensure that the lone working policy is applied consistently across all home treatment and crisis teams.

### **Mental health wards for older people**

- The trust should ensure that all patients are given copies of their care plans.
- The trust should consider the use of bed-bays in Athelon ward to ensure that privacy and dignity for all patients is not compromised.

### **Community mental health teams for adults of working age**

- The service should ensure the waiting times for psychology assessments are reduced.

# Summary of findings

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of the trust remained the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The trust operated collaboratively as a board, that meant executives and non-executive directors shared responsibility and liability for decision-making.
- There was a holistic understanding of performance, which sufficiently covered and integrated people's views with information on quality, operations and finances.
- The trust board were very visible across all services of the trust. We were told of many examples of how the board visited and supported clinical services.
- The trust understood the challenges to quality and sustainability, and identified the actions required to address them. This was aligned to the wider health and social care economy of Worcestershire. There was good leadership at trust board and sustainability and transformation partnership level.
- The trust had re-designed their vision and values for the trust. The strategy and priorities of the trust was aligned to the vision and values, and reflected their part in local sustainability and transformation plans. Staff had an understanding of the vision and values in relation to local services.
- Overall, the trust was a good place to work in. Staff often told us it was the best organisation they had worked in. The trust was recognised as a disability confident employer and had been named in the top 100 employers of apprentices.
- Governance systems from ward to board provided good performance management information to make decisions.
- The trust communicated well with patients, carers, staff and stakeholders. The majority of groups felt included in decisions about service re-design and development. The youth board was a good example of patient involvement and demonstrated that the trust listened to their views and acted on their suggestions.
- There were robust arrangements in place to identify, record and manage risks. Patients mental and physical health was assessed, and care and treatment planned.
- The trust worked hard to improve quality and innovation, for example, the digital exemplar programme.
- Recruitment of staff was a challenge to the trust but they were proactive in attempts to employ people across many of their services.
- The trust recognised its staff in a number of ways, through a simple thank you to formal awards.
- There was a culture of learning and research across the trust.

However:

# Summary of findings

- In a partnership arrangement with another trust outside of Worcestershire, governance arrangements were complex, but clear to the trust and its partners. Notice had been served on the partnership as partners recognised the need to focus on local relationships and service sustainability within their own respective STP footprints.
- The policy and procedures for learning from deaths should be reviewed and updated to reflect the gaps we identified.
- Ward managers could not always identify how many staff had received training, supervision or appraisal.
- We identified good medicines management across most of the trust however, we saw errors in administration of medication on the acute mental health treatment ward.
- Although we saw good adherence to, and understanding of the Mental Capacity Act across the trust, there was evidence, that decision specific mental capacity assessments were not always fulfilled when staff completed DNACPR forms in community health inpatient services.

## Ratings tables

| Key to tables                           |           |               |                      |                 |                  |
|---|-----------|---------------|----------------------|-----------------|------------------|
| Ratings                                 | Not rated | Inadequate    | Requires improvement | Good            | Outstanding      |
| Rating change since last inspection     | Same      | Up one rating | Up two ratings       | Down one rating | Down two ratings |
| Symbol *                                | ↔         | ↑             | ↑↑                   | ↓               | ↓↓               |
| Month Year = Date last rating published |           |               |                      |                 |                  |

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

| Safe                  | Effective             | Caring                | Responsive            | Well-led              | Overall               |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Good<br>↑<br>May 2018 | Good<br>↔<br>May 2018 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for a combined trust

|               | Safe                  | Effective             | Caring                | Responsive            | Well-led              | Overall               |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Community     | Good<br>↑<br>May 2018 | Good<br>↔<br>May 2018 |
| Mental health | Good<br>↑<br>May 2018 | Good<br>↔<br>May 2018 |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

|   | Safe                   | Effective                             | Caring                 | Responsive             | Well-led                     | Overall                |
|---|------------------------|---------------------------------------|------------------------|------------------------|------------------------------|------------------------|
| Community health services for adults                    | Good<br>↑<br>May 2018  | Good<br>→←<br>May 2018                | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018       | Good<br>→←<br>May 2018 |
| Community health services for children and young people | Good<br>Jun 2015       | Good<br>Jun 2015                      | Good<br>Jun 2015       | Good<br>Jun 2015       | Good<br>Jun 2015             | Good<br>Jun 2015       |
| Community health inpatient services                     | Good<br>→←<br>May 2018 | Requires improvement<br>↓<br>May 2018 | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018 | Outstanding<br>↑<br>May 2018 | Good<br>→←<br>May 2018 |
| Community end of life care                              | Good<br>Jun 2015       | Good<br>Jun 2015                      | Good<br>Jun 2015       | Good<br>Jun 2015       | Good<br>Jun 2015             | Good<br>Jun 2015       |
| <b>Overall*</b>   | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018                | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018 | Good<br>→←<br>May 2018       | Good<br>→←<br>May 2018 |

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

|  | Safe                                  | Effective                             | Caring                       | Responsive                   | Well-led                     | Overall                      |
|--|---------------------------------------|---------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units       | Requires improvement<br>↔<br>May 2018 | Good<br>↔<br>May 2018                 | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        |
| Long-stay or rehabilitation mental health wards for working age adults           | Good<br>↑<br>May 2018                 | Good<br>↔<br>May 2018                 | Outstanding<br>↑<br>May 2018 | Outstanding<br>↑<br>May 2018 | Outstanding<br>↑<br>May 2018 | Outstanding<br>↑<br>May 2018 |
| Wards for older people with mental health problems                               | Good<br>↔<br>May 2018                 | Requires improvement<br>↓<br>May 2018 | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        |
| Wards for people with a learning disability or autism                            | Good<br>Jun 2015                      | Good<br>Jun 2015                      | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             |
| Community-based mental health services for adults of working age                 | Good<br>↔<br>May 2018                 | Good<br>↔<br>May 2018                 | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        |
| Mental health crisis services and health-based places of safety                  | Good<br>↑<br>May 2018                 | Good<br>↔<br>May 2018                 | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        |
| Specialist community mental health services for children and young people        | Good<br>Jun 2015                      | Good<br>Jun 2015                      | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             |
| Community-based mental health services for older people                          | Requires improvement<br>Jun 2015      | Good<br>Jun 2015                      | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             |
| Community mental health services for people with a learning disability or autism | Good<br>Jun 2015                      | Good<br>Jun 2015                      | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             | Good<br>Jun 2015             |
| <b>Overall</b>   | Good<br>↑<br>May 2018                 | Good<br>↔<br>May 2018                 | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        | Good<br>↔<br>May 2018        |

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health services

## Background to community health services

Worcestershire Health and Care NHS Trust is the main provider of community health services to the population of Worcestershire. For more information, please see background to the trust.

## Summary of community health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- We inspected two core services. We rated both as good. We also took into account the ratings of the trust's two other community health services, previously all rated good.

However:

- We continued to have concerns in effective for community health inpatient services. See Areas for improvement section above for details.

# Community health services for adults

Good   

## Key facts and figures

Worcestershire Health and Care NHS Trust is the largest community service provider in Worcestershire. The majority of community services were delivered in the patient's own home. The trust introduced the enhanced care patient pathway in November 2012. The enhanced care teams were responsible for; rapid response crisis intervention, earlier supported hospital discharge, care home admission avoidance and virtual ward case management. Most of the services across Worcestershire were delivered by integrated care teams which provided a 24 hour, 365 days a year service. The teams were located across the trust for example; Wyre Forest in Kidderminster, Worcester, Malvern, Princess of Wales in Bromsgrove, Evesham and Pershore Hospitals. The aim of the services is to provide high quality, short term, rapid-response, emergency services to those individuals who are either acutely unwell or recovering from an acute episode of care and have some potential for rehabilitation and recovery. Patients were identified by their GPs and admitted to virtual wards. Lead GPs oversaw virtual wards for each surgery and the community team. The virtual wards' aims were to reduce hospital admissions by identifying patients who were at high risk of admission into hospital and treating them more effectively in the community.

Community nursing teams were located throughout the city and county areas across community care north and south teams. Each area had planned visit teams which provided scheduled and unscheduled care.

This service was previously inspected as part of a comprehensive inspection in January 2015, when we rated the community health service for adults as good. This inspection was part of a wider trust unannounced inspection.

As part of the inspection we visited locations where community nursing teams were based including health centres and community hospitals.

The inspection team:

- Accompanied staff on visits to patient homes and observed staff interaction with patients.
- Observed patients attending clinics
- Spoke with the service managers for each service visited.
- Spoke with 60 staff members; including, nurses, physiotherapists and occupational therapists.
- Attended a podiatry engagement meeting.
- Attended and listened to a goal setting meeting.
- Listened to a daily conference call.

We spoke with 10 patients, four relatives and 60 members of staff. We looked at 23 sets of patient records and reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

- Our rating of this service stayed the same. We rated it as good because:
- We rated safe, effective, caring, responsive and well led as good.

# Community health services for adults

- Patients were protected from avoidable harm and abuse, systems were in place to investigate incidents and concerns and staff received suitable training in safety systems. Risk assessments were completed and care plans implemented to keep patients safe and promote wellbeing.
- Care and treatment were planned and delivered in line with evidence based guidance and standards, and systems were in place to ensure trust policies reflected the latest guidance.
- Patients were happy with the care they received and were very complimentary about the staff who cared for them. We observed care being delivered in a kind and caring way, by staff who demonstrated compassion and experience.
- We observed robust multidisciplinary working to provide co-ordinated patient care.
- Most patients were seen for an initial assessment in a timely manner once they had been referred.
- The needs of patients were taken into account when planning and delivering services. Staff were flexible to meet the needs of patients.
- Patients were given information about how to make a complaint or raise a concern. There were systems in place to evaluate and investigate complaints.
- Staff were aware of the organisation's values and strategy.
- There were robust governance and risk management systems in place.
- Staff were innovative and worked with external organisations to examine where local improvements could be made.
- Despite the work pressures staff were compassionate, sensitive and kind to people who use the service.
- Senior managers provided good leadership and were visible and accessible to both people who use the service and staff.

However:

- The service had challenges in recruiting sufficient specialist staff which meant that the service, in particular specialist community nursing, was understaffed at times which had an impact on caseloads. However, we saw no evidence that patient care was compromised.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- There was a positive incident reporting culture across the services provided. All staff we spoke with knew how to report an incident and received feedback when they reported incidents.
- Staff stored patient records securely and had access to them via a secure log in.
- Staff had good knowledge of safeguarding procedures and felt supported in raising any safeguarding concerns.
- There were reliable systems in place to ensure that standards of cleanliness and hygiene were maintained. All the areas we visited appeared visibly clean.
- Evidence provided by the trust showed 91% of staff were up-to-date on mandatory training which was above the trust's target of 90%.

# Community health services for adults

- Staff completed risk assessments as part of initial assessments. Recognised assessment tools were used to inform care plans and treatment.

However:

- Although we saw no evidence that patient care was compromised, staff reported an ongoing pressure on staffing levels due to vacancies and challenges in recruiting sufficient specialists. This had an impact on caseloads.
- Evidence initially provided by the trust showed 51% of staff were up-to-date on safeguarding adults level three training which was below the trust target of 90%. This meant that not all senior staff had necessary safeguarding level three competencies required to protect patients from abuse. However, the trust had taken action to address this and data provided at the time of our subsequent well-led inspection showed compliance had increased to 86%.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Evidence based guidance, standards, best practice and legislation ensured safe planning and delivery of patients' care.
- Patients received evidence based care in line with national guidelines. We saw patient's own goals were documented; discharge was well managed and patients were encouraged to manage their own health.
- Pain assessment and management was integral to patient care and treatment. Community and therapy staff asked patients about their pain and its management.
- Staff confirmed they received supervision during their monthly meetings.
- There were clear referral pathways in place. Staff we spoke with were aware of these and how to access the services.
- All necessary staff, including those in different teams and services, assessed, planned and implemented patient care.
- Staff we spoke with understood how consent and decision supported patients to make decisions as required by legislation and guidance, including the Mental Capacity Act 2005 (MCA).

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff were observed delivering care in a variety of settings, including patients' own homes and in clinics. All staff were observed to deliver care in a caring manner.
- 'Friends and Family' 2016/2017 data showed that 96% of patients would be extremely likely or likely to recommend the community care north and south service to their friends and family.
- Patients we spoke with said their privacy and dignity was respected within their homes.
- We observed staff being caring, sensitive and supportive to patients' needs in their own homes and in clinic settings.

# Community health services for adults

- Staff understood the impact that a person's care, treatment or condition would have on their wellbeing and on those close to them both emotionally and socially.
- We observed patients and their relatives being involved in their care. Time was taken to listen to patient's concerns and then care was planned and delivered.
- Patients were routinely involved in planning and making decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and delivered services in a way that met patient's individual needs.
- Therapists and nurses planned and performed visits together to provide joined up care for patients.
- Staff had undertaken training in the specific needs of patients living with dementia and learning disabilities and the involvement of families was encouraged.
- Staff identified vulnerable patients through the trust's electronic system and had awareness of their individual needs.
- The trust's average referral to treatment time (RTT) target for district nursing was five days and the waiting times from initial referral to assessment was two days which was better than the trust's target.
- The average RTT for lymphoedema specialist services was 10 weeks, which was better than the trust and national target of 18 weeks.
- Patients did not have to wait long for an initial assessment and treatment in most services the trust offered.
- Staff discussed complaints and any identified learning during team meetings. We saw evidence of shared complaints between localities.

However:

- Patients did not always have timely access to routine appointments. Data provided by the trust showed there were long maximum waiting list times for certain services. These services did not have the national 18 week wait requirement but were monitored locally in trust performance reports.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Senior staff understood the challenges to provision of good quality care in community settings and could identify the main risks, challenges and opportunities.
- Most staff reported that clinical leads within specialities were knowledgeable, visible and easily accessible.
- Staff found their managers friendly and supportive.
- Staff we spoke with described the trust's vision and values. They understood their role in adult community health services and knew about plans.

# Community health services for adults

- We found a positive culture among the community services we visited. Staff spoke of being proud of their teams and the care and support they were able to provide to patients.
- The trust had a lone working policy and had devised systems that suited each area to ensure the whereabouts of staff, particularly out of hours was known to members of their team.
- There was a governance framework that ensured responsibilities were clear while quality and risks were understood and managed.
- The services risk management and performance management arrangements was robust and managers had good oversight of the risks identified within the service.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found two areas for improvement in this service. See the Areas for improvement section above.

# Community health inpatient services

Good   

## Key facts and figures

The trust has six community hospitals providing inpatient care. Evesham Community Hospital, which has 71 beds, Malvern Community Hospital which has 24 beds, Pershore Community Hospital which has 26 beds, Princess of Wales Community Hospital which has 60 beds, Worcester City Inpatient Unit which has 47 beds and Tenbury Community Hospital which has 16 beds. The trust provided community inpatient services across seven sites, offering general rehabilitation, specialist stroke and neuro-rehabilitation, and specialist palliative care.

In April 2017, the trust consolidated the county's 32 stroke rehabilitation beds into a new specialist Stroke Rehabilitation Unit (SRU) at Evesham Community Hospital.

We inspected five hospitals; Evesham Community Hospital, Tenbury Community Hospital, Pershore Community Hospital, Worcester City Inpatient Unit, and Princess of Wales Community Hospital.

This service was previously inspected as part of a comprehensive inspection in January 2015, when we rated the community health inpatient services for adults good. This inspection was part of a wider trust unannounced inspection.

The team included one inspector and two specialist advisers.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

During the inspection visit, the inspection team:

- spoke with the leadership team and senior clinical staff including the community care service delivery lead, head of community hospitals, community services manager and the therapy matron.
- spoke with 15 patients who were using the service
- spoke with seven carers
- spoke with 38 other staff members including doctors, nurses, occupational therapists, psychologists, social workers, health care assistants and administration staff.
- looked at 18 patient records and medicine charts across all sites.
- carried out a specific check of the medication management of the inpatient wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

- Our rating of this service stayed the same. We rated it as good because:
- We rated well-led as outstanding, safe, caring and responsive as good, and effective as requires improvement.
- The service kept people safe by ensuring sufficient staff with the right training, supervision, knowledge and skills were in place. Risk assessments to patients were thorough and staff planned care accordingly. Staff followed infection control procedures and wards were clean. Medicines management was effective. Incidents were investigated and managers ensured that staff learning was in place.

# Community health inpatient services

- Staff used best practice and national guidance to complete comprehensive assessments of their patients. Staff were suitably skilled and worked well within multidisciplinary teams. Patients physical health and hydration needs were appropriately met. Measures were in place to effectively monitor treatment outcomes.
- Patients' told us staff treated them respectfully and they were involved in their own care. Staff provided emotional support to patients.
- The trust planned and provided services in a way that met the needs of local people and were delivered where possible in a way to ensure flexibility, choice and continuity of care. The service took account of patients' individual needs. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice. The service treated concerns and complaints seriously and lessons learnt were shared with all staff.
- Quality improvement initiatives were evident across this core service. This has led to improvements in the quality of care and the leadership managers offered to therapy staff. Staff reflected the vision and values of the trust, and there was a positive culture of support and involvement for patients, carers and staff. The trust had effective systems for identifying risks and planned to eliminate or reduce them. The trust was committed to improving services by learning from when things go well and when they do go wrong, promoting training, research and innovation.

However:

- We could not find evidence that decision specific mental capacity assessments were always fulfilled when staff completed do not attempt cardio-pulmonary resuscitation (DNACPR) forms.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Risks to people who used services were assessed, and their safety was monitored and maintained. Staff had developed grab bags to be used when a patient falls.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Community health inpatient services

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always understand their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Most staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However we could not find evidence that decision specific mental capacity assessments were always fulfilled when staff completed do not attempt cardio-pulmonary resuscitation (DNACPR) forms. This was a breach of Health and Social Care Act regulations and this was the reason we rated effective as requires improvement.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients and relatives confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

# Community health inpatient services

- The trust planned and provided services in a way that met the needs of local people and were delivered where possible in a way to ensure flexibility, choice and continuity of care.
- The service took account of patients' individual needs. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs.
- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Although staff did not always understand their roles and responsibilities under the Mental Capacity Act (2015), the trust took immediate action to remedy this.

## Outstanding practice

We found four examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found one area for improvement in this service. See the Areas for improvement section above.

# Mental health services

## Background to mental health services

Worcestershire Health and Care NHS Trust is the main provider of mental health services to the population of Worcestershire. For more information, please see background to the trust.

## Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- We inspected five core services. We rated one as outstanding and four as good. We also took into account the ratings of the trust's three other mental health services, previously all rated good.

However:

- We continued to have concerns in safe for acute wards for adults of working age and psychiatric intensive care units, and in effective for older people's mental health wards. See Areas for improvement section above for details.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding  

## Key facts and figures

Worcestershire Health and Care NHS trust provided two high dependency wards for patients with mental health conditions, who require a high dependency model of rehabilitation, to support and manage their conditions before preparing them to live independently in the community.

Cromwell House was a mixed gender 10 bedded community based inpatient service based in Worcester. It provides a twenty four hour service offering intensive input for patients who experience complex mental health difficulties, usually psychosis, and have persistent symptoms and severe levels of social and functional impairment. It provides care to people aged between 18 and 65 years who may be detained under a section of Mental Health Act and have a home address within the catchment area.

Keith Winter Close was a mixed gender 15 bedded inpatient service based in Bromsgrove. Three of those beds were used flexibly to meet the needs of patients. It provides a twenty four hour service, offering intensive input for patients who experienced complex mental health difficulties. Patients usually had psychosis, and had persistent symptoms and severe levels of social and functional impairment. It provides care to people aged between 18 and 65 years who may be detained under a section of the Mental Health Act.

Both services were compliant with mixed-sex accommodation guidance.

At the last comprehensive inspection in January 2015 we rated two key questions, safe and effective, as requires improvement so we re-inspected all five key questions.

Our inspection was unannounced meaning staff and patients did not know we were coming to enable us to observe routine activity.

Before the inspection visit, we reviewed information we held about the wards and requested information from the trust.

During the inspection visit, the inspection team:

- visited both wards and looked at the quality of the ward environments
- observed how staff were caring for patients.
- spoke with seven patients on the wards and two family members
- spoke with the ward managers and responsible clinicians
- spoke with 11 other staff members including occupational therapists, student nurse, qualified and unqualified nurses, healthcare assistants, specialist doctor and a peer support worker.
- reviewed medication management including the medication administration records for all 22 patients
- looked at the care and treatment records of nine patients
- attended and observed three meetings; two shift handovers and a morning meeting known as a 'huddle'
- we attended and observed a cooking group
- we looked at a range of policies, procedures and other documents relating to the running of the wards.

# Long stay or rehabilitation mental health wards for working age adults

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- We rated caring, responsive and well-led as outstanding, and safe and effective as good.
- Since the last inspection, the wards had acted on our feedback and there had been significant improvement in the quality of patient care. The wards had comprehensive ligature risk assessments and action plans in place. The self-administration of medicines policy was being followed. The wards completed clinical audits and regularly monitored the quality and effectiveness of the wards.
- All staff had received training on the Mental Health Act and the Code of Practice and systems were in place to monitor and check all MHA documentation adhered to the requirements of the MHA. All staff had received training in the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Safety was managed well on the wards; systems in place to monitor safe and the quality of the wards. The wards met safe staffing levels to keep patients safe. All patients had comprehensive risk assessments and management plans in place, which were reviewed and updated regularly. Staff raised safeguarding concerns and reported incidents. The fire alarm system at Keith Winter House was audible throughout the building.
- All patients had care plans, which were recovery focussed, personalised, holistic and updated regularly. Rating scales and outcome tools were used to measure and monitor a patient's progress in treatment. Staff had the skills and competencies to deliver effective care and received regular supervision and annual appraisals.
- Staff treated patients with dignity and respect, were kind and compassionate and support the patient to understand and manage their care and treatment. Staff had built a very good rapport with patients, supported the patients to achieve their goals and ensured all their needs were met.
- Patients were encouraged and supported to develop skills to prepare them to live independently in the community. Each patient had discharge plans in place that involved other agencies and providers, who engaged with the patients to achieve the plan. Patients engaged with a range of activities on the wards and in the community to build on the skills needed to live independently and had access to volunteering schemes, education and employment.
- Managers demonstrated strong leadership of the wards. The staff respected the managers, felt supported and were given the opportunities for career and professional development. The wards developed a culture of openness and staff were encouraged to raise concerns, and were fully involved in developing and delivering improvements to practice.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff undertook environmental checks and audits to ensure safe standards were met. The wards were visibly clean and maintained to a high standard.
- All patients had up to date risk assessments and management plans that were regularly reviewed and updated. Patients were encouraged to take ownership of their risks and staff supported them to manage them.
- Clinic rooms were organised and free from clutter. Medication charts were in order and medication was checked and in date. Staff completed daily checks on the temperature of the fridges and clinic rooms.

# Long stay or rehabilitation mental health wards for working age adults

- The staff were up to date with their mandatory training and a range of professionals delivered safe care and treatment.
- Staff knew how to raise safeguarding concerns and report incidents. Learning learned from incidents informed changes to practice to improve the care of patients.
- Patients had lockable cabinets in their rooms to store personal items and keep them safe.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Patients received effective person centred care, delivered through an individualised care plan, which detailed physical health, psychological and wellbeing needs and recorded the wishes of the patient. The patients received a copy of their care plan.
- The multidisciplinary team had the qualifications, skills and specialist training to meet the needs of the patients and support patients to achieve independent living. The team attended shift handovers and met weekly to review each patient.
- The care of the patients followed best practice and national guidance and outcomes were monitored using recognised rating scales.
- Staff had completed the Mental Health Act and Mental Capacity Act training and confidently applied the training to their practice. The Mental Health Act paperwork was in good order, patients had their rights explained to them on admission and every eight weeks thereafter.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- The wards undertook extensive pre-admission assessment that ensured patients were fully prepared for the ward environment.
- Patients and family members said they were treated with compassion, dignity and respect. Patients were empowered to make decisions and discussed their preferences with staff about their care and staff supported them to achieve their full potential. Staff encouraged and supported patients to positively manage identified risks to achieve their goals.
- The staff were kind and caring and patients reported staff would 'go the extra mile' for patients. Staff knew their patients well, which was demonstrated in their interactions with patients. Patients said they felt highly valued and felt staff fully understood their needs and worked with them to address them.
- Family and carers were fully involved in the care of the patient, they attended care and treatment reviews and were included in care plan discussions. The care plans were holistic, written in the patient's voice and recovery focused.

# Long stay or rehabilitation mental health wards for working age adults

- The wards offered an extensive range of group and individual activities and in the community. Staff involved patients in decision making when reviewing the activity schedule and involving external agencies to deliver activities on the ward and in the community.
- The wards held weekly community meetings and daily morning meetings that enabled patients the opportunity to raise concerns, give feedback on their experiences on the wards, and suggest service improvements. Staff acted on and took seriously patient feedback.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- There was a pro-active and flexible approach to manage the whole care pathway for patients. Staff had an excellent understanding of the preferences of patients, often with complex needs, and tailored the service around them.
- The wards had clear admission criteria. The wards would work with other professionals pre-admission to make the transition to the wards seamless and patients received a full orientation to the wards on arrival.
- Patients were treated as individuals and their care and treatment package was developed to meet their needs, which took into account their choices and wishes.
- Discharge planning started at the point of admission to the wards. Staff reviewed progress made with the patient against the actions set during one to one sessions and at care and treatment reviews. This meant all agencies involved in the patient's care, were working towards discharge, increased the success of the patient on discharge and reduced readmissions.
- The wards practiced positive risk taking and encouraged patients to take ownership of their identified risks. Staff supported patients to develop skills to help them manage and reduce risks, this included completing road safety assessments.

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- The local leadership team were well known to staff and patients and had a presence on the wards. Staff spoke highly of the local leadership team and felt valued, and supported by them. They said they loved working on the wards and were passionate in delivering good quality care and treatment to patients.
- The managers involved staff and external stakeholders to review processes, including care pathways, to establish more efficient and effective ways of working.
- The managers had developed a culture that was caring and compassionate that allowed staff and patients to be open and honest and they felt confident to raise concerns, offer feedback and participate in discussion about the service.
- Staff were given opportunities to progress their careers on the wards and had access to ongoing professional development. This had resulted in a stable, competent, a highly motivated and consistent staff team.

# Long stay or rehabilitation mental health wards for working age adults

- The wards had robust governance systems in place. Incidents and risks were monitored and discussed at shift handover, team meetings and multidisciplinary meetings.
- The managers encouraged innovation, had supported staff in developing and adopting good practice and shared learning to improve effective and efficient standards of care. Staff were empowered to develop new ways of working to enhance safe patient care and had specific project areas to deliver, which managers monitored to ensure continuous improvement was achieved.

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

Good   

## Key facts and figures

The trust's acute wards and psychiatric intensive care unit were for adults care for people up to the age of 65. Two wards were based in Worcester at the Newtown Hospital site and one in Redditch.

We inspected all three wards over the two sites:

- Holt Ward was in Worcester. It was an assessment ward for male and female patients. It had 14 beds. Patients generally stayed on this ward for up to two weeks before moving on to Hillcrest for treatment or back out to the community under the care of the community teams.
- Hillcrest was in Redditch. It was a 25 bedded treatment ward for males and females. Its focus was on treatment and recovery so that patients could be discharged back to their own home or longer term care if this was required.
- Hadley psychiatric intensive care unit was in Worcester on the same site as Holt Ward. It was a nine bedded ward for males and females. This ward sometimes took patients from out of county if a bed was available.

All three wards were compliant with mixed-sex accommodation guidance.

During the inspection in January 2015, the wards were rated as requires improvement in all five domains. At the time of this inspection, a fourth ward was open but this has since been closed as the trust moved to the assessment and treatment model. Hillcrest ward had a subsequent unannounced inspection in January 2017 when no breaches of regulation were identified. Hadley PICU had an unannounced inspection in May 2017 when one breach of regulation was identified relating to staff receiving regular supervision. The wards did not receive a rating during these inspections.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine daily activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team

- spoke with 15 patients and received feedback from one carer
- spoke with the managers or acting managers for each of the wards
- spoke with 18 other staff members; including doctors, nurses, healthcare assistants, occupational therapists, peer support workers and chefs.
- observed multidisciplinary ward meetings on two wards
- reviewed 15 records relating to patients care plans, risk assessments and physical health
- reviewed Mental Health Act paperwork and 10 prescription charts

## Summary of this service

Our rating of this service improved. We rated it as good because:

- We rated effective, caring, responsive and well led as good and safe as requires improvement.

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

- Risks had been identified and were mitigated through the purchase of specialist equipment and working practices. Ward areas and bedrooms were clean and well presented.
- There was plenty of staff for patients to have one to one time with their named nurses. Staff were qualified and experienced to undertake their roles. Records were complete, contained all the information required to deliver care and were stored securely.
- Care was provided in line with national guidance including that set out by the National Institute of Health and Care Excellence. Patients had access to a range of treatment options and nationally recognised tools were used to monitor their effectiveness.
- Staff received an adequate induction and mandatory training annually.
- We observed staff offering support and care to the patients on the wards. Patients stated that they felt well cared for and that they would recommend the service. Staff understood the needs of the individual patients and treated them with respect. Carers and family members were encouraged to engage in the recovery process.
- Patients we spoke to stated that they knew how to use the complaints process and that they would feel comfortable to do so if required. Advocacy services were in place to support patients who felt they needed to raise concerns or make formal complaints.
- Information gathered as a result of investigations into complaints or incidents had been fed back to staff and there was evidence that this information had informed change.

However:

- Staff did not always adhere to health and safety protocols. We saw that a number of fire doors had been propped open on Holt Ward.
- There were practices in place around the administration of medication on Hillcrest that could have caused errors.
- Patients on Holt Ward did not have access to their own bedrooms and toilets were locked off. This required that patients found a member of staff to unlock the door before they could access them. Some observation practice could have compromised patient dignity.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found that, on Hillcrest ward, administration and management of medication did not follow safe practices. We saw a nurse signing all medication charts at the end of the medicine round. This could increase the risk of medication errors. We also observed a nurse preparing six sets of patient medication in advance by placing them into medicine tots that were then labelled up with paper. A second nurse took these to the patients in question or called the patient to the clinic to collect theirs. This presented an increased risk of medication errors and was not best practice.
- Holt Ward staff did not always adhere to fire safety standards. We found that fire doors on Holt Ward were propped open. We asked for them to be closed but found that staff had propped them open again later in the day.

However:

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

- The service had carried out risk assessments on ligature points and introduced measures to reduce the risk from these. We found ligature points at all of the locations we inspected. There was safety equipment in place to maintain the safety of staff and patients including radios and personal alarms.
- The wards we inspected were clean and well presented. We saw cleaning rotas for all three wards which showed that they were cleaned regularly. Clinic rooms were fully equipped with accessible resuscitation equipment which was in date and calibrated.
- Wards had enough staff to adequately meet the needs of the patient groups. A tool had been used to estimate and monitor the amount of staff at the right levels and this was reviewed every six months.
- Patient's records were complete and demonstrated good practice. We found that all patients had a physical health assessment on admission. Where required, on-going monitoring of physical health issues was evident. There were no blanket restrictions in place and risk assessments and care plans were person centred and individual.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- All 15 patient records that we checked demonstrated good practice. Records were individualised and were updated regularly. Patients received assessments in a timely manner upon admission and we found that initial assessments were undertaken prior to admission where possible.
- All wards provided care and treatment in line with national guidance including the National Institute for Health and Care Excellence. Patients had access to psychology and occupational therapy and the wards used nationally recognised tools such as the Model of Human Occupation Screening Tool as part of their assessments to ensure activities met individual needs.
- Staff received an appropriate induction when starting on the wards and there was a complete mandatory training package in place to ensure that staff were updated in their knowledge. Staff received regular supervision and appraisal, and all three wards were compliant with trust set targets.
- Copies of paperwork relating to the Mental Health Act were stored securely and where required the correct paperwork was attached to patients files. Staff regularly audited Mental Health Act paperwork.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients and were supportive. We saw that staff had developed working relationships with patients and we were informed by patients we spoke to that they felt they were well looked after by the staff they worked with.
- Staff we interviewed understood the individual needs of the patients they cared for. We also observed two ward reviews where we saw involvement of the patient being reviewed. These were undertaken regularly and there was evidence in patient's notes that these reviews resulted in changes and improvements to patient care.

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

- Staff used the admission process to orientate new patients to the wards. Patients received a welcome pack which contained information leaflets about a broad range of support services. There was also information about how to make a complaint, meal times, visiting times and the use of mobile phones.
- All wards we inspected displayed information in the reception area for carers and visitors. They encouraged families to attend ward reviews with the patients consent. The service received feedback from families and carers via comment cards that were accessible in the reception areas of the wards.

However:

- Staff did not fully engage with patient's in the communal areas of the ward. They completed their daily tasks but we saw little social interaction between staff and patients.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust had processes to monitor patients' wellbeing so they could be discharged as soon as they were ready. The trust had developed a system to monitor patients on the wards on a daily basis. Staff held a daily meeting with home treatment teams and a discharge co-ordinator. This meant that patients could be discharged as soon as they were ready.
- Patients had access to secure storage for their personal possessions on Hillcrest and Holt Wards. On Hadley Ward, patients could ask staff to lock valuable items away but there was no access to secure storage in bedrooms. We were informed that this was under review.
- Patients were encouraged to maintain close links with carers and family members and there was good access to visiting rooms on site. Visitors were also welcome to visit the wards.
- All patients we spoke to stated that they knew how to make a complaint and felt comfortable to do so if they needed to. Patients had access to advocacy services to support them if required. Formal patient complaints were passed on to the Patient Advise and Liaison service and we saw evidence that patients received feedback from managers concerning their complaints.

However:

- Patients had to use a small bed-bay in one ward. The trust recognised the need to re-design and update old buildings in their estate, including where bed-bays remained in place. This was a key priority for the trust in 2018/19. This meant, on Holt ward, that had the bed-bay, privacy and dignity for patients could be compromised.
- Not all patients had immediate access to their own rooms. Holt ward had a four bedded dormitory which were used for male patients. Male patients did not have access to toilets in the main ward areas and the only facilities available were behind locked doors as they were in the bedroom corridor. Two patients informed us that they sometimes had to wait to use the toilet.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

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

- Managers were experienced and had the right skills and abilities to run a service that provided quality sustainable care. Staff knew and were committed to the trusts visions and values and these were reflected throughout the supervision and appraisal process. Staff could feedback to managers about changes to the service.
- Staff stated that they felt respected by managers and valued for the work that they did. All staff we spoke to stated they felt that they trust was a good employer, teams worked well together and they were proud of the work that they did.
- Ward level governance structures were fit for purpose. Bed management was effective and staff had received regular supervision. Training levels were above trust set targets and staff participated in audits. There were regular staff meetings and handovers had a clear structure to ensure information was passed on to all staff.
- Staff, patients and carers had access to information from the trust in the form of newsletters, the intranet and information displayed on the wards. They were also regularly asked for feedback so that improvements could be made as and when required.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found five areas for improvement in this service. See the Areas for improvement section above.

# Mental health crisis services and health-based places of safety

Good   

## Key facts and figures

Mental health crisis services and health-based places of safety provided by Worcestershire Health and Care NHS Trust are part of the trust's mental health and learning disability service delivery unit. Services are provided for people in mental health crisis aged 17 and above or those requiring assessment under Section 136 or 135 of the Mental Health Act 1983. Patients are usually seen at home and as an alternative to hospital admission.

We inspected the whole core service which included three home treatment teams, South Worcestershire, Wyre Forest and the Bromsgrove and Redditch team, one crisis assessment team based in Worcester City and one health-based place of safety based at Newtown hospital, Worcester.

Care Quality Commission (CQC) last inspected the mental health crisis teams and the health-based place of safety in January 2015 as part of a comprehensive inspection of Worcestershire Health and Care NHS Trust.

Our inspection was announced two working days before we visited (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The team included two inspectors, one specialist adviser and one expert by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

During the inspection visit, the inspection team:

- spoke to the managers of the five teams
- spoke with nine patients who were using the service
- spoke with four carers
- spoke with 22 other staff members including doctors, nurses, occupational therapists, psychologists, social workers, health care assistants and administration staff.
- attended and observed three hand over meetings
- attended and observed eight home visits
- looked at the environment of the health-based place of safety
- looked at 10 medicine charts of patients in the home treatment team
- looked at 17 patient records within the home treatment team, five within the crisis team and four within the health-based place of safety.
- carried out a specific check of the medication management of the home treatment teams and the crisis team
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.

# Mental health crisis services and health-based places of safety

- The service kept people safe from avoidable harm by ensuring sufficient staff with the right training, supervision, knowledge and skills. Risk assessments were thorough and staff planned patient care around their needs. Staff had good awareness of safeguarding issues, incidents were reported, and lessons learnt cascaded to staff.
- Staff used best practice and national guidance to complete comprehensive assessments of their patients, and communicated their needs within the multidisciplinary team, the wider trust and with their external partners to ensure patients received effective and consistent care and treatment.
- Patients told us staff treated them respectfully and they were involved in their own care. They felt they were listened to and both patients and carers were provided with relevant information and support to manage their condition.
- The teams responded to patients quickly and managed their caseload effectively to ensure they could provide care when the patient required it. Teams were meeting their targets and dealt with complaints effectively.
- There were good governance arrangements in place and experienced managers and staff monitored the quality of the service they provided through the use of audits, patient feedback, incidents and complaints and key performance indicators. Staff were positive about the trust and had developed innovative ideas with their teams.

However:

- The trust lone working policy was inconsistently applied across the home treatment teams, which meant staff could be at risk if colleagues did not know of their whereabouts.
- Staff in the home treatment teams did not monitor the temperature of the rooms where medicines were stored. This meant that staff could not be sure that medicines had remained within optimum temperature ranges and their efficacy had not been compromised. However the trust rectified this immediately when we informed them.
- Patient involvement in care planning was variable across the home treatment teams, and not all patients had received a copy of their care plan, however the service had recently implemented a 'getting well' plan to improve this.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff were aware of what and when they needed to report incidents and staff and managers received appropriate feedback. Incidents were reviewed by senior managers and lessons learnt were cascaded to staff regularly.
- Staff assessed and monitored patients' physical health regularly using a range of tools and techniques. Staff had received physical health training and had access to a range of equipment and resources.
- Staff always undertook a thorough risk assessment of each patient and discussed patients' risks at each handover and clinical review, planning care and treatment appropriately.
- We saw that staffing was sufficient to provide patients with safe care, and the majority of staff had received and were up to date with their training requirements.
- The health based place of safety was clean and appropriately furnished. Staff managed patients' risks by providing adequate staffing, completing risk assessments of the patient and the environment and patient observation.
- Staff were aware of what, when and how to report incidents and safeguarding issues. Incidents were reviewed by managers and lessons learnt were cascaded to staff regularly.

However:

# Mental health crisis services and health-based places of safety

- The trust lone working policy was inconsistently applied across the home treatment teams, which meant staff could be at risk if colleagues did not know of their whereabouts.
- Staff in the home treatment teams did not monitor the temperature of the rooms where medicines were stored. This meant that staff could not be sure that medicines had remained within optimum temperature ranges and their efficacy had not been compromised.

## Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff completed thorough and comprehensive assessments of their patients which led to holistic needs based care plans.
- There was good communication between all members of the multidisciplinary team and colleagues within the wider trust and their external partners, which ensured staff gave consistent care and treatment to their patients.
- The teams used audits to identify areas of good practice and where they could make improvements. Staff followed national guidance and best practice, and outcomes were monitored using recognised rating scales.
- The multi-agency operational policy for use in the health-based place of safety had been updated to incorporate recent amendments to Mental Health law and included a local policy guidance for Worcestershire.
- Managers monitored data from the health based place of safety to ensure staff followed guidance set out in the Code of Practice.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff were kind, caring and respectful. Patients felt included in their care and told us staff had supported them to manage their condition.
- Carers felt listened to and staff sought their views. They were provided with relevant information so they felt involved in the planning of care.
- Staff across all the teams encouraged patient and carer feedback and the trust would collate responses received and provide staff with comments made.

However:

- Patient involvement in care planning was variable across the home treatment teams, and not all patients had received a copy of their care plan, however the service had recently implemented a 'getting well plan' to improve this.

## Is the service responsive?

Good  → ←

# Mental health crisis services and health-based places of safety

Our rating of responsive stayed the same. We rated it as good because:

- Staff responded to all referrals to the crisis team quickly and triaged them appropriately. The home treatment team were flexible and offered patients choice with their appointment times and where they wanted to be seen.
- Staff responded quickly to telephone calls and patients in crisis and were available 24 hours a day.
- The health-based place of safety completed 100% of Mental Health Act assessments within 24 hours in line with Mental Health Act law and escalated any delays appropriately.
- Patients were given a range of information and the teams dealt with any complaints effectively.
- The health-based place of safety environment was secure and promoted comfort, dignity and privacy.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers were suitably skilled, knowledgeable and experienced to effectively lead and manage staff, ensuring they received the right training, supervision and information to provide good quality care to their patients.
- Staff told us they were aware of the trust vision and values and felt respected and valued by senior managers. The trust promoted a positive culture and staff were recognised for good work by managers and through the annual staff awards.
- Staff received feedback on complaints, incidents and changes being made to the service. The service had made improvements to the service and ensured all staff had access to the embedded lessons log to view themes and trends across the trust.
- Staff monitored the quality of the service through the use of key performance indicators, audits and staff and patient feedback. Action plans were in place and senior managers monitored and scrutinised results in regular manager meetings.
- The service was accredited by the home treatment accreditation scheme and they had implemented innovative ways of working to improve the quality of care their patients received.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found two areas for improvement in this service. See the Areas for improvement section above.

# Wards for older people with mental health problems

Good   

## Key facts and figures

The wards for older people with mental health problems are part of the trust's services for older people with mental health problems. They are located within two hospitals run by the trust. Athelon ward at Newton Hospital in Worcester and New Haven at Princess of Wales Community Hospital in Bromsgrove. New Haven is a 30 bedded unit with two wards Woodland and Meadow wards. New Haven had the flexibility of shifting three bedrooms over to either wards depending on where demand is required for more beds.

We inspected all three wards based on these two hospitals:

- Woodland ward (New Haven) is a 15 bedded mixed gender assessment service for people over the age of 65 experiencing difficulties with their mental health. It serves the people of Worcestershire. All patients have single rooms with ensuite facilities.
- Meadow ward (New Haven) is a 15 bedded mixed gender assessment service for people over the age of 65 experiencing difficulties with their thinking, behaviour or communication which may be due to dementia. It serves the people of Worcestershire. All patients have single rooms with ensuite facilities.
- Athelon ward (Worcester) is a 14 bedded mixed gender assessment service for people over the age of 65 with mental health needs, as well as younger people who are experiencing difficulties with their thinking, behaviour or communication which may be due to dementia. It serves the people of Worcestershire. The ward offers a mixture of single rooms and two small bed-bays with separate male/female areas.

All three wards were compliant with mixed-sex accommodation guidance.

During the inspection, we visited all three wards across two sites.

At the last inspection, the wards had all key questions (safe, effective, caring, responsive and well- led) rated as good. We re-inspected all of the key questions to see if they had made improvements towards a rating of outstanding.

Our inspection between 23 and 24 January 2018 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit we reviewed information that we held about this service and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with 14 patients who were using the service
- spoke with six relatives of patients who were using the service
- interviewed 22 members of staff including nurses, health care assistants, a psychologist, occupational therapists, social worker and doctors
- observed care and treatment
- looked at 18 care records and 36 patients' medicine prescription charts.
- interviewed key members of staff including the ward managers, service matron and lead pharmacist.

# Wards for older people with mental health problems

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, caring, responsive and well-led as good and effective as requires improvement.
- Staff identified and appropriately managed environmental risks. The wards had access to emergency and medical equipment that was regularly checked and well maintained. The level of cleanliness in all three wards was of exceptionally high standard.
- The wards had enough staff that were experienced and qualified, and had the right skills and knowledge to provide safe patient care. Staff reported incidents appropriately and shared lessons learnt from the investigations. The wards had regular and effective multidisciplinary team meetings and worked well with other external organisations.
- All patients had up-to-date, comprehensive risk, physical health and mental health assessments that informed risk management and care plans. Staff regularly reviewed and updated care plans that were personalised, holistic and recovery orientated.
- Staff followed good practice in medicines management and monitored and reviewed the effectiveness of the medicines prescribed in line with the national guidance. Patients had good access to physical healthcare, including access to specialists, and their nutritional and hydration needs were met.
- Staff treated patients with kindness, dignity and respect. Staff understood the needs of individual patients and involved them and their relatives in their care and treatment. Staff enabled patients and families to give feedback about the service.
- The service had plans to escalate discharges and avoid unnecessary delays. Patients had access to information about their care and treatment and could be provided in an accessible format or different languages. Staff knew how to protect patients who raised concerns from discrimination and harassment.
- The service had robust governance processes to manage quality and safety. The managers had the skills, knowledge and experience to perform their roles and supported and valued staff to contribute to the strategy of the trust.

However:

- In our last inspection in January 2015, we asked the trust that this service should ensure that managers give regular formal supervision to staff. When we inspected this time we found staff were still not receiving regular supervision.
- Athelon ward was an old design building with a mixture of single beds and small bed-bays which meant that privacy and dignity for patients in the bed-bays could be compromised.
- Staff did not give patients copies of their care plans and not all patients could make a call in private.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- All wards had up-to-date environmental risk assessments. Staff identified and appropriately managed environmental risks such as blind spots and ligature points. Although on Athelon ward, there was a corridor with three bedrooms that could be used by male or female patients, all wards complied with mixed sex accommodation guidance.

# Wards for older people with mental health problems

- The wards had enough staff to provide safe patient care although they occasionally relied on bank and agency staff to fill shifts to cover sickness absence or vacancies.
- The level of cleanliness in all three wards was of exceptionally high standard. Staff adhered to infection control principles. The wards had access to emergency and medical equipment that was regularly checked and well maintained.
- All patients had up-to-date, comprehensive risk assessments that informed risk management and care plans. These were regularly reviewed by multidisciplinary team. Staff assessed all patients and identified any risks associated with pressure ulcers and falls.
- Staff received training in safeguarding and knew how and when to make a safeguarding alert. Staff demonstrated an awareness of how to protect patients that were particularly at risk from bullying, harassment and discrimination.
- All information needed to deliver patient care was available to all relevant staff when they needed it.
- Staff followed good practice in medicines management and did it in line with national guidance. Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance.
- Staff reported incidents appropriately. Managers investigated the incidents, shared the outcomes with staff and made changes where needed to improve practice. Staff received debrief and support after a serious incident.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- In our last inspection in January 2015 we asked the trust that this service should ensure that managers give regular formal supervision to staff. When we inspected this time we found staff were still not receiving regular supervision. This was a breach of Health and Social Care Act regulations and this was the reason we rated effective as requires improvement.

However:

- On admission staff completed a comprehensive mental health assessment of each patient that identified their needs including physical health needs.
- Staff developed care plans with patients that were personalised, holistic and recovery orientated. Staff regularly reviewed and updated the care plans.
- Staff provided a range of care and treatment interventions suitable for older people and was delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). Staff monitored and reviewed the effectiveness of the medicines prescribed.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff assessed and met nutritional and hydration needs for patients. Staff supported and encouraged patients to live healthier lives.
- Staff used a range of outcome measures to assess and record severity and outcomes. Staff participated in clinical audits to monitor and improve the effectiveness of the service provided.

# Wards for older people with mental health problems

- The teams had access to the full range of specialists that were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group.
- The wards had regular and effective multidisciplinary team meetings that involved different professionals within the team and sometimes externals. Staff shared information about patients at effective handover meetings.
- The wards had effective working relationships and strong links with other relevant teams both internal and external to the organisation that ensured effective sharing of information.
- The service had good adherence to the Mental Health Act and the Mental Health Act Code of Practice and good practice in applying the Mental Capacity Act. Staff received training in these areas and had easy access to administrative support, legal advice and relevant policies and procedures.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with kindness, dignity and respect. All patients told us staff treated them appropriately. Staff understood the individual needs of patients and took care of patients personal and social needs.
- Patients were involved in their care and treatment. Staff involved patients in care planning and risk assessment. Patients could give feedback about the service and regularly held community meetings. Staff enabled patients to access advocacy services.
- Carers were involved appropriately and provided with support when needed. Each ward had a dedicated link person that provided practical and emotional support to carers. Staff enabled families to give feedback about the service.

However:

- Patients did not have copies of their care plans.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Ward managers managed all referrals and admissions to the service. There was always a bed available for patients when they returned from leave although all wards had a bed occupancy that ranged above the provider target of 85%.
- Staff planned well for patients discharge. The service had a full time social worker that focussed on planning patient discharge as soon as patients were admitted. This helped to escalate discharges on time.
- The environment was appropriate to facilitate recovery. Meadow and Woodland wards had bedrooms with ensuite bathroom facilities. Patients could personalise their bedrooms. Meadow and Athelon wards had dementia friendly furniture, fixtures and signs. The service made all necessary adjustments for disabled patients.
- Staff had access to a full range of rooms and equipment. The ward had clinic rooms, therapy rooms, occupational therapy kitchens and laundry rooms. Patients had access to drinks and snacks 24/7 and outside space on all wards.

# Wards for older people with mental health problems

- Patients had access to information about their care and treatment. All information could be provided in an accessible format or different languages. Staff supported patients with their care and treatment in a way that met their personal preferences and spiritual needs.
- Patients knew how to complain and raise concerns. Staff were aware of how to protect patients who raised concerns from discrimination and harassment. The service received 125 compliments over the last 12 months.

However:

- Patients had to use a dormitory in one ward. The trust recognised the need to re-design and update old buildings in their estate, including where bed-bays remained in place. This was a key priority for the trust in 2018/19. This meant, on Athelon ward, that had the dormitory, privacy and dignity for patients could be compromised.
- Patients on Meadow and Woodland wards without mobile phones could not always make phone calls in private wards as the phone was based in the nurse's office. However, in response to the issue raised at the time of the inspection, the ward immediately acquired a hands-free phone that patients could use in their own bedrooms.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The managers had the skills, knowledge and experience to perform their roles. They were visible and approachable for patients and staff. All staff had opportunities for leadership development.
- Staff knew and understood the trust's vision and values and could contribute to discussions about the strategy for their service.
- All staff told us that they felt respected, supported and valued. Staff felt able to raise concerns without fear of retribution. Staff knew about the role of the freedom to speak up guardian.
- The teams worked well together and where there were difficulties managers dealt with them appropriately. Staff had access to support for their own physical and emotional health needs. The trust promoted equality and diversity in its day to day work.
- The service had robust governance processes to manage quality and safety. Staff reported all key information to senior management and it was analysed.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Staff participated in local clinical audits.
- Staff maintained and had access to the risk register at ward or directorate level. The service had plans for emergencies to ensure safety of patients in the event of an emergency.
- Staff had access to the equipment and information technology needed to do their work. Information governance systems included confidentiality of patient records.
- The wards had designated high impact ambassadors allocated for key areas of clinical practice to take lead in implementing best practice and improvements in those key areas.
- Patients and carers had opportunities to give feedback and were involved in decision-making about changes to the service.

# Wards for older people with mental health problems

- The trust gave staff time and support to consider opportunities for improvements and innovation and this led to changes. All three wards had been awarded an accreditation (AIMS-OP) wards for older people.

However:

- The trust had not responded to the actions from our previous inspection and provided staff with regular supervision.

## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found three areas for improvement in this service. See the Areas for improvement section above.

# Community-based mental health services of adults of working age

Good   

## Key facts and figures

Community-based mental health services were reconfigured in October 2016 and renamed as the Community Assessment and Recovery Services (CARS), based at two centres, Studdert Kennedy in Worcester (south team) and New Brook at Princess of Wales Community Hospital in Bromsgrove (north team). In addition to these two main centres, the service also had 'touch point' centres in Malvern, Evesham, and Droitwich for the south team, and Kidderminster and Redditch for the north team. These enabled the service to see and treat patients in their local areas. The service operates alongside other mental health services in Worcestershire to support adults of working age (18-65) with mental health problems and help them on a recovery pathway. The service did not treat people with ASD or ADHD as it was not commissioned to do so.

Figures from the trust showed the service had 1749 referrals in the twelve months to January 2018, and discharged 2323 patients in the same period. The trust emphasised this variance was a temporary due to the transition and the support given to people to be accessing more mainstream services as part of 'step down' recovery processes.

We had previously inspected this service in January 2015 when we rated it as requires improvement, in the safe, effective and responsive domains. In subsequent inspections in November 2015 and May 2016, we found these had improved sufficiently for us to amend the rating to good.

This inspection was unannounced (the service was given 24 hours' notice) to enable us to observe routine activity.

We inspected the service as part of our inspection of core services. We visited the two main centres over two and a half days as well as one of the 'touch down' centres.

We looked at the clinics, waiting areas and interview rooms, and checked for cleanliness and accessibility.

We spoke with eight patients, four carers and a total of 27 staff, consisting of managers, nurses, support workers, receptionists and administrative staff, clinicians and other health professionals. We looked at policies, care records and data connected with the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- The service, and the staff working for it, exuded a positive atmosphere. The service had undergone a major re-organisation in 2017 and staff and managers acknowledged this had been an enormous challenge. Even though some staff still expressed reservations about the effectiveness of the change, all staff we spoke with were positive about working for the service.
- Patients and carers were positive about the service, particularly praising the sensitive, helpful, patient-focused approach of staff. The service engaged with patients and carers, communicating openly, giving information and ensuring they were able to give feedback and were listened to.
- There were sufficient numbers of staff to support patients safely. Staff had manageable caseloads and were able to respond promptly to any changing needs of patients. Care and treatment records were kept up to date and informed and reflected good practice.

# Community-based mental health services of adults of working age

- The service worked effectively with other agencies and supported patients in engaging with the wider community, and in increasing their own well-being by supporting healthy living choices and initiatives
- The service learnt from incidents and complaints and used these as part of making improvements in safety and effectiveness.
- There was a wide range of health professionals to meet needs, with a wide range of experience and skills. The service had addressed a shortage of psychiatrists and psychologists by recent recruitment.
- Multi-disciplinary team meetings worked effectively with all health professionals working together in the best interests of individual patients. Professionals from other agencies were also effectively involved.
- The service monitored the physical health of patients, paying particular attention to any effects from medicines used to treat their mental health.
- Management offered good support to staff at all levels. New staff were properly inducted and staff received appropriate supervision and appraisals. Managers supported staff through the re-organisation of the service and offered support to staff whose performance was affected by the challenges of adapting to the changes
- The service had a clear operational policy, so all that staff were clear on their role, and the aims of the service. All staff comments and work reflected the fact that the service was patient focused and recovery focused.

However:

- There was still a waiting list for psychology assessments, for both screening and full assessments in some areas. This had been reduced and the service was confident that the appointment of new permanent psychologists would help reduce this further.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service helped keep staff and patients safe. Patients were kept safe when using premises as these were clean, well-maintained and kept free of risks. Staff adhered to safe lone working policies and practices.
- There were sufficient numbers of staff to meet the needs of patients. Staff had manageable caseloads, and sickness and vacancies were covered in the short term by existing staff and in the long term by agency and locums.
- The service deployed sufficient staff to be able to maintain manageable caseloads and respond to patient need. Bank staff and agency and locums were used when required to fill short term vacancies.
- Sickness rates were no higher than the average within the trust.
- Mandatory training figures for staff was at the level set by the trust, except for two areas, where the shortfall was being made good.
- Patients were assessed promptly and risk assessments were kept up to date. Staff responded promptly to any changes that might indicate a change in risk.
- Staff were clear on what constituted safeguarding concerns and were clear on what to do if these presented.
- Staff were able to access information about patients electronically, including their care and treatment records from when they were under the care of different teams within the trust.

# Community-based mental health services of adults of working age

- The service stored, administered and recorded medicines use safely. There were regular checks on the physical health of patients prescribed particular medicines.
- The service showed it learnt from incidents and took action from any learning to improve safety.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service ensured staff saw and assessed patients promptly, and ensured care plans were developed and monitored to meet and reflect patient needs.
- Staff were able to provide a variety of treatments and support for patients, ranging from medication, therapies and support to increase involvement in the local community
- Staff ensured patients had physical health concerns related to their mental health and treatment addressed and monitored.
- Staff supported patients to live healthier lives as part of their recovery by signposting and supporting attendance at a variety of groups and networks.
- Staff were involved in audits concerning the effectiveness of the service, and acted upon findings in order to improve services.
- There was a wide range of health professionals to meet needs, with a wide range of experience and skills. Multidisciplinary team meetings worked effectively and engaged well with external agencies to support the patient pathway.
- Management offered good support to staff at all levels. New staff were properly inducted and staff received appropriate supervision and appraisals. Managers supported staff through the re-organisation of the service and offered support to staff whose performance was affected by the challenges of adapting to the changes.
- Community Treatment Orders were used correctly and effectively to help support patients in the community. Staff were trained in the use of the Mental Health Act, and were able to raise issues arising from it with patients in a patient-focused way.
- Staff used the Mental Capacity Act appropriately and supported patients in making decisions where-ever possible and recorded capacity assessments patient's consent and made best interests decisions where appropriate.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff supported patients in ways that helped them understand and manage their condition, and helped them progress towards recovery. Staff were sensitive, approachable, and flexible in their approach.
- Patients were complimentary about staff and felt involved and listened to.

# Community-based mental health services of adults of working age

- Patients and carers were kept informed and were supported and listened to, either as individuals or in support groups.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff saw patients promptly following referral and gave assessments that enabled treatments to proceed.
- Staff flexibility in terms of time and place for patients' appointments and rarely cancelled agreed appointments.
- Staff followed up patients who did not attend appointments and worked to engage patients who were reluctant to engage.
- Waiting rooms were comfortable, accessible, and appointment rooms offered dignity and privacy.
- The service worked well with other agencies and with patients in supporting and facilitating engagement with wider communities as part of the individual patient recovery plan.
- The service engaged well with families and other carers, offering support and information, either individually or through support groups.
- The service responded to complaints and made changes as a result of them. Patients and carers were aware of how to make complaints if they needed to. Compliments outnumbered complaints.

However:

- Some patients were still having to wait to access psychological based therapies. The appointment of new permanent psychologists had reduced waiting times, but trust figures showed that 50% of patients still waited over 18 weeks for a full assessment. These figures included patients who had not attended booked appointments.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- The service had a clear operational policy, so all that staff were clear on their role, and the aims of the service. All staff comments and work reflected the fact that the service was patient-focused and recovery focused.
- All levels of staff told us they had good levels of support from managers. Staff told us managers and service leads were visible and approachable.
- Teams worked together well, and had positive links with other teams and agencies, enabling a coherent approach towards patient needs.
- The service engaged with patients and carers, communicating openly, giving information and ensuring they were able to give feedback and were listened to.

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## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found one area for improvement in this service. See the Areas for improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### 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 18 HSCA (RA) Regulations 2014 Staffing

#### 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

# Our inspection team

Kathryn Mason, interim Head of Hospitals Inspection, led this well-led inspection. Paul Bingham, Inspection Manager, led the core service inspections. Five specialist advisers supported the well-led review in areas of governance, safeguarding and incidents, equality and diversity, mortality review, information governance, patient and staff experience, complaints, and human resources.

The inspection team across seven core services and well-led included three inspection managers, 11 inspectors, one assistant inspector, one Mental Health Act reviewer, one CQC pharmacy lead, one CQC inspection planner, 13 specialist advisers, and four experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.