

# Dudley and Walsall Mental Health Partnership 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

Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT) is a provider of mental health services to the population of Dudley and Walsall. The trust works closely with three other mental health providers in the MERIT Vanguard project that aims to improve the way mental health services are provided in the future. The trust works closely with commissioners in Walsall and Dudley. The trust was actively engaged with external other partners, such as the sustainability and transformation plans (STP).

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

The Trust's services are provided from over 23 sites. The trust's main inpatient sites registered with the Care Quality Commission (CQC) are Bloxwich Hospital, Walsall; Dorothy Pattison Hospital, Walsall; and Bushey Fields Hospital, Dudley.

The trust serves a population of around 560,000 people, 305,000 in Dudley and 255,000 in Walsall.

The trust was inspected February 2016 as part of the CQC comprehensive inspection programme and all core services were inspected. We re-inspected the trust in November 2016 to understand if the trust had acted upon the issues we raised as part of the inspection in February 2016. At the time of the November 2016 inspection, Dudley and Walsall Partnership NHS Trust did not comply with Regulation 9, person centred care; Regulation 11, need for consent; Regulation 12, safe care and treatment; Regulation 17, good governance and Regulation 18, staffing. During this inspection, we found the trust now complied with the regulations.

## Overall summary

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

## What this trust does

Dudley and Walsall Partnership Mental Health NHS Trust provide mental health services to the population of Dudley and Walsall from over 23 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.

# Summary of findings

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 five complete core services.

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Community based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Crisis and health based place of safety

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 core services were rated good overall and one core service was rated requires improvement at the previous inspection. Our 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

## What we found

### Overall trust

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

- The trust had made all the necessary improvements since the previous inspection in November 2016. We rated safe, effective, caring, responsive, and well led as good. We saw an improvement in the overall rating for acute wards for adults of working age and PICU from requires improvement to good.
- We rated all five of the trust's seven core services we inspected as good. In rating the trust, we took into account the previous ratings of the core services not inspected this time.
- The trust ensured that risk assessments were completed and updated regularly. Staff updated risk assessments for each patient to understand how to best support them. 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.
- Care planning was individualised and regularly updated. A range of care and treatment interventions was delivered in line with guidance from the National Institute for Health and Care Excellence.
- The majority of staff had good knowledge of the Mental Health Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff were up to date with training in the Mental Health Act and Mental Capacity Act.
- Staff were kind, compassionate and respectful and protected the privacy and dignity of people using services. Patients and those close to them were involved in decisions about their care, treatment.
- Services were planned to address the needs of local people and the trust had a good understanding of the needs of patients in their community. Staff ensured that service users and carers received the help they needed through good communication, advocacy and appropriate cultural support.

# Summary of findings

- There was a robust complaints process that supported patients and carers to complain and raise concerns. The trust provided information to patients and their families to better understand services available to them.
- There was good leadership across the trust from the board to front line managers with the right skills to undertake their roles. The board had good understanding of performance, which appropriately covered and combined their views with information on quality, operations and finances.

However:

- The acute wards for adults of working age had high numbers of vacancies for qualified staff.
- Medical staff in the CAMHS did not use the electronic records system that the rest of the team used, instead they kept paper records.
- Staff working in the wards for adults of working age did not receive regular supervision.
- Wards at Bloxwich hospital had multiple occupancy rooms. The ward environments there also offered less space for patients and activities. However, the trust was planning to address the issue through the commissioning of a new building. This intent would need to be fulfilled to address these limitations.

## Are services safe?

Our rating of safe stayed the same.

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. Clinical areas were well equipped, well furnished, well maintained and fit for purpose. Staff knew about ligature points and took action to reduce the risks to patients who may want to harm themselves.
- Most of the services had enough staff with the right knowledge and experience to ensure that people received the right care at the right time and to keep them safe from harm and abuse. Most staff had completed and were up to date with their mandatory training.
- Staff completed and updated risk assessments for each patient and used these to understand and manage risks. Staff used the least restrictive intervention when restricting patients.
- Staff had good access to patient records and stored them safely. Patients were protected from abuse and staff worked well with other services and agencies to do so. 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.
- There was good medicines management across services. We saw that Nursing and Midwifery Council guidance and best practice when storing, dispensing, and recording. Staff regularly reviewed the effects of medications on each patient's physical health.

However:

- There were a number of vacancies within the acute wards for qualified staff that could impact the quality of care patients received.
- Staff carried caseloads across all community teams. Caseloads in all locations were regularly over 30 patients and at Anchor Meadow and Mossley unit, caseloads were up to 40 patients.
- Not all community locations were well furnished, well maintained and fit for purpose of findings

# Summary of findings

## Are services effective?

Our rating of effective improved.

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

- We saw that staff had developed with patients care plans that were mostly holistic and recovery orientated. They were individualised up to date and 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.
- Multidisciplinary teams across the trust worked well together and patients had access to specialist staff when required.
- 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,

- In the CAMHS, the medical staff did not use the currently electronic recording system for patients but used paper records which meant it was difficult to find correct information in a timely way.
- There was not equal access to CAMHS for patients living in Dudley and Walsall because each team had different upper age limits. The limits were set as part of a commissioning contract but were being reviewed.
- Most teams received supervision and appraisal. However, we were not assured that all staff in acute wards for adults of working age had access to regular supervision.

## 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. We saw that staff were respectful of patients' privacy and dignity. We saw examples of staff going 'above and beyond' when delivering care and treatment.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service. Patients had regular opportunities to get involved with decisions on the wards and staff acted on suggestions they made.
- We heard from patients and carers about the caring and understanding nature of staff. Most patients and carers we spoke to were involved in their care planning.
- 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:

The majority of buildings met the needs of patients and staff and ensured in most areas that patients privacy and dignity was protected.

# Summary of findings

- Services were planned to meet the needs of local people and staff had a good understanding of the needs of patients in their community.
- Services had access to interpreters either face to face or through a telephone service. There was access to various language leaflets for patients and their relatives. Staff helped patients with communication, advocacy and cultural support.
- Admission and discharge of patients was well planned and patients were supported in decision about their care pathway.
- 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:

- Wards at Bloxwich hospital had multiple occupancy rooms. The ward environments there also offered less space for patients and activities. The trust was commissioning a new building to overcome these limitations. This intent would need to be fulfilled to address these limitations.
- The beds of patients on leave would be used in an emergency which meant when patients returned from leave they may have to go to another ward.

## 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 trust board operated effectively and as one body. Directors had the requisite skills and experience to carry out their roles. There was a rounded understanding of performance, which appropriately covered and combined their views with information on quality, operations and finances. The leadership was consistent, stable and had a comprehensive knowledge of current priorities and challenges and acted to address them. This was despite a number of posts which were interim because of the failed merger of the Transforming Care Together Partnership.
- There was a strong vision and value for the trust there were plans to refresh them through a series of consultation exercises with staff. The strategy and priorities of the trust were in line with the vision and values, and reflected their role in local sustainability and transformation plans. Staff had an understanding of the vision and values in relation to their services. The trust board regularly visited services across the trust. There were many examples of how the chief executive visited and supported clinical services.
- Staff often told us it was a good organisation to work in and many staff said they had returned to work there after having left..
- 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 expert by experience role was a good example of patient involvement and showed that the trust listened to, also valued the views and experience of service users.
- There were good arrangements in place to recognise 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 thrive programme.

However:

# Summary of findings

- There was a mixed picture in terms of service development. Some parts of the trust had progressed at a good pace of change whilst other services had been slow in seeing changes.
- The trust needed to further strengthen the voice of the allied health professional groups within the organisation to ensure they are fully engaged and involved in developments and strategic visions.
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression however we noted that it's not consistent across protected characteristics.
- It was recognised that the journey towards merger had impacted on trust policies. The organisation had a clear approach to review and streamline going forward. Some trust policies were not up to date and were in urgent need for reviewing and updating. The trust had a prioritised approach to reviewing these.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current 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 factors including the relative size of services and we used our professional judgement to reach fair and balanced rating

## Outstanding practice

We found evidence of outstanding practice across trust services.

- Expert by Experience service
- Thrive project
- MERIT vanguard programme.

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found thirteen 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 two requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet the requirements.

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

## What happens next

We will check 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

### Trust Wide

# Summary of findings

- We noted the Expert by Experience service that the trust has supported in its development over a number of years and the excellent work they do supporting both patients and relatives using their knowledge of the trust and mental health services.
- The trust has supported the development of the Thrive project. This project supports people with mental health and/or physical disabilities to go back to work through targeted support in a number of ways.
- The trust was part of the MERIT Vanguard programme with three local mental health NHS trusts. As part of this work of shared learning, the trust was able to share bed vacancies with the other trusts to identify a bed for patients urgently in need of support. It further provided clinicians with up-to-date information which they can use to make swifter clinical decisions.

## 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 one service into line with legal requirements. These actions related to one service.

#### Acute wards for adults of working age and PICU

- The trust must ensure that patients have access to a call system/portable alarm system in their bedrooms so they can call for help or assistance. (Regulation 12 (1)(2))
- The trust must ensure that staff consistently record consent to treatments within the prescription charts and patient records. (Regulation 11 (1))

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

- We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These actions related to five services.

#### Trust wide

- The trust should further strengthen the voice of the allied health professional groups within the organisation to ensure they are fully engaged and involved in developments and strategic visions.
- The trust should ensure opportunities for career progression are consistent across all protected characteristics of workforce.

#### Crisis Health Based Place of Safety

- The trust should ensure that staff training compliance rates for statutory and mandatory training meet or are above 90%
- The trust should ensure that non-medical staff appraisal compliance rates meet or are above the trusts 85% compliance target.

#### Community Mental Health Service for Adults of Working age

- The trust should ensure that they maintain their premises so that they are fit for purpose.

# Summary of findings

- The trust should ensure that staff have access to mental health act documentation to ensure staff can access important information regarding patients, legal status. The service should ensure that consent to treatment forms for patients detained under a community treatment order are attached to treatment cards so staff are aware that they are providing treatment to patients legally.
- The trust should ensure that staff have access to Mental Capacity Act assessments to ensure staff are aware as to what decisions the patient does not have capacity to consent to.
- The trust should ensure patients can access psychological services within a reasonable period.

## **Specialist Community Mental Health Services for Children and Young**

### **People**

- The trust should ensure that the development, storage and access of information is the same for all members of staff. Staff including medics and social workers should use the same methods to record information to ensure that all staff have access to it.

## **Wards for Older People with Mental Health Problems**

- The trust should consider discontinuing the use of multiple occupancy rooms.

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

- The trust should review the use of multi occupancy rooms.
- The trust should ensure that management supervision of staff is recorded.
- The trust should ensure that staff record serial numbers when changing the tags on the emergency bags.

## 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 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 board operated effectively and as one body. Directors had the requisite skills and experience to carry out their roles. There was a rounded understanding of performance, which appropriately covered and combined their views with information on quality, operations and finances. The leadership was consistent, stable and had a comprehensive knowledge of current priorities and challenges and acted to address them. This was despite a number of posts which were interim because of the failed merger of the Transforming Care Together partnership.

# Summary of findings

- There was a strong vision and value for the trust there were plans to refresh them through a series of consultation exercises with staff. The strategy and priorities of the trust were in line with the vision and values, and reflected their role in local sustainability and transformation plans. Staff had an understanding of the vision and values in relation to their services. The trust board regularly visited services across the trust. There were many examples of how the chief executive visited and supported clinical services.
- Staff often told us it was a good organisation to work in and many staff said they had returned to work there after having left the organisation.
- 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 expert by experience role was a good example of patient involvement and showed that the trust listened to, also valued the views and experience of service users.
- There were good arrangements in place to recognise 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 thrive programme.

However:

- There was a mixed picture in terms of service development. Some parts of the trust had progressed at a good pace of change whilst other services had been slow in seeing changes.
- The trust needed to further strengthen the voice of the allied health professional groups within the organisation to ensure they are fully engaged and involved in developments and strategic visions.
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression however we noted that it's not consistent across some protected characteristics.
- It was recognised that the journey towards merger had impacted on trust policies. The organisation had a clear approach to review and streamline going forward. Some trust policies were not up to date and were in urgent need for reviewing and updating. The trust had a prioritised approach to reviewing these.

## 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 ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019

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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Wards for older people with mental health problems	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Community-based mental health services for adults of working age	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Mental health crisis services and health-based places of safety	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2019	Good ↔ Jan 2019
Specialist community mental health services for children and young people	Good ↔ Jan 2019	Good ↔ Jan 2019	Outstanding ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Community-based mental health services for older people	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017
<b>Overall</b>	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019

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.

# Wards for older people with mental health problems

Good   

## Key facts and figures

The trust's wards for older people with mental health problems care for people with both organic and functional mental health disorders. Organic mental illness is usually caused by disease affecting the brain, such as Alzheimer's.

Functional mental illness has predominantly a psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety.

We inspected four wards spread over two sites:

- Holyrood Ward, at Bushy Fields Hospital, which cares for patients with organic mental illness. It has 17 beds and treats both women and men.
- Malvern Ward, at Bushy Fields Hospital, which cares for patients with functional mental illness. It has 22 beds and treats both women and men.
- Linden Ward, at Bloxwich Hospital, which cares for patients with organic mental illness. It has 14 beds and treats both women and men.
- Cedars Ward, at Bloxwich Hospital, which cares for patients with functional mental illness. It has 20 beds and treats both women and men.

At the last inspection, the service was rated good for all of the key questions (safe, effective, caring, responsive and well-led).

Our inspection 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 these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with two patients who were using the service and two carers
- spoke with the managers and clinical leads for each of the wards
- spoke with 14 other staff members; including doctors, nurses, health care assistants, psychologists and activity workers
- observed two handover meetings and two multidisciplinary meetings
- reviewed 10 patient records

## Summary of this service

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

- All wards were safe, clean well equipped, well furnished and well maintained. 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. Staff kept detailed records of patients' care and treatment secure. Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. Staff recognised and managed incidents well and reported them appropriately.

# Wards for older people with mental health problems

- Staff worked collaboratively with patients to formulate care and treatment plans that addressed their individual needs. Staff had appraisals, supervision and were encouraged and supported to access opportunities to update and further develop their skills.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Patients had their own bedrooms where they could keep personal belongings safely. At Bloxwich hospital there is dormitory accommodation. The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Staff supported patients with activities outside the service, such as community groups, attending religious venues or maintaining family relationships. The service managed concerns and complaints well and learned lessons from the results.
- Ward managers and clinical leads were knowledgeable and passionate about their service and provided visible leadership on wards. Staff were passionate about their work, working for the trust and with their patients.

## Is the service safe?

Good   

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

- All wards were safe, clean well equipped, well furnished and well maintained. Staff had good observation practices in place and monitored areas of the ward effectively. Staff knew about any ligature anchor points and had put actions to mitigate risks to patients who might try to harm themselves.
- 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. Staffing levels were sufficient for the ward and staff had completed mandatory training in key skills.
- Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. Staff promoted least restrictive interventions and followed best practice when restricting patients' freedoms who were subject to the Mental Health Act to keep them and others safe.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. They made referrals to relevant agencies quickly when abuse had been recognised to safeguard patients from harm.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff followed Nursing and Midwifery Council guidance and best practice when storing, dispensing, and recording. Staff regularly reviewed the effects of medications on each patient's physical health.
- The service managed patient safety incidents well and used safety monitoring results well. Staff recognised incidents and reported them appropriately. They collected safety information and shared it with staff, patients and visitors prominently on wards. 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.

# Wards for older people with mental health problems

## Is the service effective?

Good   

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

- Staff worked collaboratively with patients to formulate care and treatment plans that addressed their individual needs. Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged them to live healthier lives.
- Staff took account of the individual needs and skills of patients and offered them involvement in activities that supported their preferences and abilities. Staff used technology in innovative ways to support meaningful activity and therapy with patients.
- Managers had access to staff with a range of skills needed to provide high quality care. Staff had appraisals, supervision and were encouraged and supported to access opportunities to update and further develop their skills.
- Staff had received specific training to support their work with older adults and people living with dementia.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

## Is the service caring?

Good   

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

- Staff went over and above to care for their patients. Staff carefully considered the individual circumstances of every patient on the ward in preparing care plans and activities. They had also invested their personal time and resources to create an environment that would be both familiar and accessible to their patients, especially those with dementia related diagnosis.
- Staff cared for patients with compassion and respect. Staff on all wards treated patients as individuals and gave patients the time and attention to support them at their own pace
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service. Patients had regular opportunities to get involved with decisions on the ward and staff acted on suggestions they made.
- Patients and their families gave consistently positive feedback regarding their treatment. They told us staff treated them well, they felt safe on the ward and they were fully involved in their treatment.

# Wards for older people with mental health problems

## Is the service responsive?

Good   

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

- Staff supported patients during transfers between services. Staff attended with patients to handover to services, including discharges and periods in acute hospitals.
- Patients had their own bedrooms where they could keep personal belongings safely.
- Staff had adapted and used the space they had available on the wards to maximise the environment to benefit the patient group. The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity.
- Staff supported patients with activities outside the service, such as community groups, attending religious venues or maintaining family relationships.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Patients and carers were supported and encouraged to offer feedback about the service or make a complaint if necessary.

However:

- Wards at Bloxwich hospital had multiple occupancy rooms. The ward environments there also offered less space for patients and activities. The trust was commissioning a new building with input from staff, patients and carers to overcome these limitations.

## Is the service well-led?

Good   

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

- Managers within the service had the right skills and abilities to run a service providing high-quality care. Ward managers and clinical leads were knowledgeable and passionate about their service and provided visible leadership on wards.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. Staff knew and understood the trust vision and values and applied these while working with their team and with patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were passionate about their work, working for the trust and with their patients.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. Managers kept abreast of changes to guidance and best practice in their area and responded quickly to implement change where needed.

# Wards for older people with mental health problems

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust had a clear governance structure in place to review incidents, audits, national guidelines and risks.

## Areas for improvement

We found 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

The mental health crisis services and health based places of safety were based at two hospital sites in Dudley and Walsall – Bushey Fields and Dorothy Pattison hospitals. These services were for people experiencing severe mental health crisis. The teams provided assessment and short-term interventions. They were responsible for receiving referrals and would carry out a triage; assessment and provided care and treatment. The teams worked using a multidisciplinary approach to support patients in their own homes to reduce inpatient admissions and facilitate early discharge from hospital.

The health based places of safety, also known as section 136 suites, were based at Bushey Fields and Dorothy Pattison Hospitals. Patients were brought to this place of safety by a police officer because they were concerned that the patient was at risk and had a mental disorder and should be seen and assessed by a mental health professional. The health based places of safety were managed by staff from the crisis resolution and home treatment team and staff from the adjoining acute wards. Both teams worked with the street triage services. A qualified mental health professional worked alongside the police to provide an immediate assessment of anyone that presented as at risk and possibly having a mental health problem.

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

During our inspection we: -

- Visited the health based places of safety and Home Treatment Teams at Bushey Fields and Dorothy Pattison Hospital.
- We also visited the Mental Health Assessment Service at Bushey Fields and Early Access Service at Dorothy Pattison Hospital.
- We did not visit the Liaison and Diversion service however we did speak with some staff that worked there.
- Spoke with 22 members of staff including team managers, nurses, health care assistants, administrators, psychiatrists and medical leads.
- Spoke with three patients.
- Observed two patient visits in the community.
- Looked at 10 prescription charts, 15 care records and 10 sets of 136 suite records.
- Attended two handover meetings and two multidisciplinary team meetings.
- Undertook two tours of health based places of safety.

## Summary of this service

Our rating of this service has stayed the same; we have rated it as good because:

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. There was a low turnover of staff and no bank or agency staff had been used to ensure a high standard of care and consistency within the teams. Staff said that they liked their jobs and enjoyed working for the trust and supported each other across the teams.

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

- Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. Patients had crisis plans and knew who to contact in the case of an emergency. All patients had a comprehensive, up to date care plan and risk assessments were reviewed regularly support was also offered for their carers and families.
- There was evidence that staff followed the national institute for care and excellence guidelines when prescribing medication. Interventions also covered support for employment, housing and benefits. All patients had had their physical healthcare needs considered and offered treatment and support for these if required.
- We observed comprehensive, thorough and effective multi-disciplinary team meetings and handovers between teams. The trust had a Mental Health Act administrator who ensured that the Act was followed and offered support to staff.
- We observed staff being respectful, sensitive, kind and compassionate when supporting patients and their families and carers. Patients said they were able to give feedback on the service they received and felt supported.
- Patients were seen as soon as possible and within set times and were offered flexible appointments to ensure that they were able to access the service.
- Staff knew and agreed with the trust's values and were consulted about what they should be. Staff said they felt able to raise concerns without fear of victimisation and felt supported by the managers.

## However;

- Staff did not receive adequate support from management though appraisal and supervision. We found non-medical staff were not all in receipt of an annual appraisal or regular supervision. This limited their ability to develop and reflect on their clinical practice.
- The service provided mandatory training in key skills to all staff but had not made sure everyone completed it.

## Is the service safe?

Good   

We rated safe as good because:

- Premises were visibly clean and well maintained and we observed staff adhering to infection control principles.
- All of the services we inspected had low levels of vacancies and there was a low turnover of staff for all teams. Bank or agency staff did not need to be used as all staff from other teams were flexible and cover was provided within the teams.
- All staff demonstrated good personal safety protocols including lone working practice. Staff knew what to do in an emergency and who to contact.
- Staff undertake a risk assessment of every patient at initial triage/assessment and we saw that this was updated regularly.
- All patients had crisis/care plans and these had been done in collaboration with the patient and if able, patients had completed them themselves.
- All staff knew how to report incidents and could give examples of incidents that had been reported and the learning outcomes from these.

However

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

- We found that not all staff had completed mandatory training. The compliance for mandatory and statutory training courses in July 2018 was 78% which is below the trust target rate of 90%.

## Is the service effective?

Good  

We rated effective as good because:

- The inspection team looked at patient information and found that all records we looked at contained personalised, holistic and up to date care plans.
- Patients were helped by the service in a number of ways to support them in the community. Interventions offered included support around employment, housing and benefits if required.
- Inspectors attended meetings where staff discussed visits and consultations with patients. We found those meetings to be effective, comprehensive multi-disciplinary meetings.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. The services had a MHA administrator who ensured that paperwork was completed properly.
- People were supported to make decisions where possible about their care and treatment by staff in the service. Those choices were reflected in their care plans.

However,

- Six of the eight teams in the core service failed to meet the trusts 85% compliance target for appraisals for non-medical staff.

## Is the service caring?

Good   

We rated caring as good because:

- We observed staff interacting with patients with kindness, sensitivity and compassion. Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- Staff we spoke to showed a good understanding of the needs of their patients. Staff were able to explain different ways in which they go out their way to meet patient needs, such as arranging appointments at a time that was convenient for them.
- Patients we spoke with said that staff were respectful and kind.
- Staff offered support to patient's families and carers and we saw evidence of this in handovers and multi-disciplinary meetings.
- Staff routinely provided carers with information and this was available on all of the patient notice boards in the services.

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

## Is the service responsive?

Good  → ←

We rated responsive as good because:

- The health-based places of safety were available when needed and there was an effective local arrangement in place for young people who were detained under Section 136 of the Mental Health Act. Section 12 approved doctors and approved mental health professionals attended promptly when required. The services met their set times from referral to triage, assessment and treatment.
- The services met the needs of all people who use the service. Staff helped patients with communication, advocacy and cultural support.
- We observed the teams responding promptly and compassionately when patients were phoning in for support.
- Patients were also given as much flexibility as possible when being offered appointments.
- Staff followed national institute for care and excellence guidance when prescribing medication and referring patients for psychological therapies.
- The services had a wide range of useful information displayed for patients on physical health, mental health conditions and advocacy.
- There was accessible information available on treatments, local services, patients' rights and the complaints procedure.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Patients we spoke with told us they knew how to complain and felt that they would be listened to.

## Is the service well-led?

Good  → ←

We rated well-led as good because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Staff know and agreed with the trust's vision and four values and these were; caring, integrity, quality and collaborative.
- All the staff we spoke to said they felt respected and valued by their local managers and senior staff. Staff told us that they enjoyed their jobs and were proud of the service they provide to patients.
- There were effective governance processes throughout the service. Managers had systems in place to monitor staff compliance with mandatory training, supervision, appraisals, and the performance of the service. Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Staff did learn from incidents, complaints and patient feedback and this was evidenced in our observations and from looking at previous team meeting minutes.
- Staff we spoke with told us they feel supported to raise concerns, feel listened to and have high levels of job satisfaction.

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

## Areas for improvement

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

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

## Key facts and figures

The acute wards for adults of working age at Dudley and Walsall Mental Health partnership NHS Trust, provided assessments, care and treatment to people experiencing mental health difficulties. The acute services consisted of five wards. There were no psychiatric intensive care wards at the hospital. The acute services were based on two sites, Bushey Fields hospital in Dudley and Dorothy Pattison hospital in Walsall. Bushey Fields hospital had three acute wards Clent 22-bed ward for men, Kinver 20-beds for women and Wrekin 18-bed mixed gender ward. The trust were in the process of refurbishing the wards and opening a new acute service Clee ward. Dorothy Pattison hospital had two acute wards, Ambleside 21-bed ward for women and Langdale 21-bed ward for men. These wards had been refurbished within the confines of the building. They included elements of what the wards would look like at the Bushey Fields site.

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

We visited all five acute wards. 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;

- visited five acute wards at two hospital sites and looked at the quality of the ward environment and how staff were caring for patients
- spoke with ward managers from all acute wards
- spoke with 24 other staff including, doctors, nurses, pharmacists, health care support workers, occupational therapist and activity workers
- spoke with 13 patients and received feedback from two carers
- observed three ward reviews
- reviewed 42 patient records
- reviewed 70 prescription charts

## Summary of this service

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

- The ward environments were clean and tidy. The acute wards were in the process of refurbishment to improve the environment, patient experience and promote well-being and recovery.
- Staff assessed and managed risk through robust risk management plans, they followed best practice in de-escalating and managing challenging behaviour. Risk assessments were regularly updated as required.
- Patients were supported with their physical health needs. Staff monitored patient's physical health and when required arranged specialist care from professionals for patients.
- The trust had good reporting systems in place. All staff were aware of how to report incidents and knew what incident should be reported. Staff understood how to protect patients from abuse or exploitation. They worked in collaboration with other agencies to support patients.

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

- Staff were kind, caring and supportive towards patients and understood patient needs. Patients and carers were involved with care planning and invited to attend and contribute to ward reviews.
- Patients and carers could provide feedback on the service through, the trust internet site, completion of feedback forms and carers groups. Patients had weekly community meetings whilst on the ward. When discharged there were opportunities to attend the public board meetings to provide feedback through an initiative called “Patient stories”.
- Staff were involved with the trust action plans to improve services. This included the refurbishment of the wards, audits such as the application of the Mental Health Act, Capacity assessments, infection control and staffing.
- Leaders were visible to all staff and patients. They were approachable and created a unified approach with all staff.

However;

- Not all patients had access to a nurse call systems apart from Ambleside ward. The trust was piloting a new alarm system at another service. Once this was completed the new system would be used across acute services if found appropriate.
- Staff alarm systems were different across both sites. Staff felt alarms were more robust at Dorothy Pattison hospital as at Bushey Fields personal attack alarms were used. Staff felt in isolated parts of the ward it would not be heard which put them at risk.
- Although clinic rooms were locked and access was through key card. The trust used wooden storage cabinets to store controlled drugs. This did not follow the Misuse of drugs (Safe custody) regulations 1973.
- There were a number of vacancies within the acute wards for qualified staff that could impact the quality of care patients received.
- On Langdale ward four patients shared bedrooms. There were two patients in one room. Staff asked patients on admission if they objected to sharing. Although they did not object, patients felt their privacy and dignity was compromised by having to share.
- Not all patients received information on medication they had been prescribed. Staff did not consistently record consent to treatment within the prescription charts and patient records.
- Staff supervision was compromised on one ward due to staffing shortages. Other wards stated they had experienced difficulties with providing consistent supervision. Recording of supervision was not always completed. There were gaps in the supervision matrix on three of the acute wards.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although wards had mirrors to mitigate against blind spots, the safety of patients and staff were at risk due to blocked lines of sight on some wards.
- Staff did not record the serial numbers when changing the tags on the emergency bags, this meant tags could be changed without staff realising.
- Patients did not have access to a nurse call system on four out of five of the acute wards. Ambleside ward was the only ward with a nurse call system.

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

- Staff were not consistently documenting consent to treatment or actively providing patients with information concerning medication they were prescribed. Patients lack of involvement in this process prevented them from being able to comment or effectively contribute to their treatment. They could not make informed decisions if not provided with information on their treatment.

However:

- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- 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.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Overall, risk assessments and risk management plans were regularly updated and completed to a good standard. However, on Ambleside ward the five records we viewed risk assessments were completed but were not of a good standard.
- Staff observed patients who had physical health care needs that may require immediate attention. We observed this to be true of one of the patients during our visit.

## Is the service effective?

Good  

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

- The service provided patients with a full physical examination on admission to the ward and ongoing. We saw ongoing support and physical observations for a patient who had suffered a heart attack on the ward. Staff ensured that the patient received the right treatment at the right time by specialist professionals. In this case it required an acute inpatient admission.
- The service had access to a range of professionals both within the trust and externally. This included social workers OT's, psychologists and dieticians.
- Health care assistants had been encouraged to complete the trainee nursing associate course which increased their skills and knowledge.

However:

- Staff shortages on one of the wards impacted on staff supervision. Other wards also reported supervision as an area that needed to improve. They had difficulties with completing regular supervision. Not all management supervision was recorded. There were gaps in some wards supervision matrix.

## Is the service caring?

Good   

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

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

- Staff were kind caring and understood patient needs.
- Patients were involved in completing their care plans and risk assessments and risk management plans with their named nurse. They attended ward reviews and contributed to discussion within a multi-disciplinary setting.
- Carers and relatives where appropriate were involved with care planning and risk assessments. They were also invited to attend ward reviews.

## Is the service responsive?

Good   

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

- Facilities were available to promote patient well being
- Patients had access to interpreting service both face to face and on the telephone. Staff could obtain leaflets in different languages.
- Patients were complimentary about the food they received.
- Patients felt comfortable to report complaints to staff, they also received feedback from concerns / complaints they had made.

However;

- Langdale ward had two rooms that patients shared. Privacy and dignity were compromised as there was only a curtain separating the patients. There were mixed reviews from patients about sharing rooms.
- Not all patients had their own room. At Langdale ward four patients shared two rooms. Although they had been asked if they would share they found the experience deprived them of their privacy and dignity.
- Patients on leave bed would be used in an emergency, a bed would be found on another ward for them.

## Is the service well-led?

Good  

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

- Senior managers were responsive and supportive towards the short staffing issue on Clent ward. Ward managers told us when they informed senior managers of the risks on the ward due to short staffing decisive action was taken to ensure the ward was safe. Service meeting with the wards to look at skill mix across the wards, not just acute wards but also older adults as staff may want a change of service.
- The trust involved staff at all levels with their action plan to improve services. Each ward managers had responsibly to complete audits such as care plans. Staff went to Holland completed presentations to the managers of their trip and what they experienced and how it could benefit the trust. All managers were passionate about their service and making the patient experience a positive one. Also, to ensure staff were supported and had opportunities to develop.
- There was a patient forum that met regularly to give patients the opportunity to voice their concerns as well as positives about the service they received. Patient experience reports took place monthly.

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

- Most staff were aware of the speak up guardian and felt able to raise concerns without fear of retribution. They felt respected supported and included.

However,

- Three staff felt uncomfortable whistle blowing.

## Areas for improvement

We found 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

Dudley and Walsall mental health partnership NHS trust provides mental health services across the Dudley and Walsall area. The community mental health teams were based in five locations across the area- Anchor Meadow in Walsall, the Mossley units in Walsall, The Poplars in Brierley Hill, Hill House in Stourbridge, and Halesview in Halesowen. The teams provided support and treatment for patients in the community who were suffering severe and enduring mental illness. The teams used a multidisciplinary approach to support patients in the community to maintain their independence. Also included early intervention in psychosis teams. These teams work with younger patients with a diagnosis of psychotic illness to support them to develop positive coping skills.

Our inspection was unannounced to enable us to observe routine practice.

During our inspection we:

- We visited five locations where teams were based and reviewed the environment.
- We spoke with 14 staff, including nurses, occupational therapists, service managers, consultant psychiatrists, support workers, and administrators.
- We spoke with six patients.
- We spoke with one carer.
- We reviewed 14 care records.
- We reviewed 30 treatment cards.

We observed one outpatient appointment, and one duty telephone call.

- We reviewed three staff supervision records.
- We reviewed three months of team meeting minutes.

## Summary of this service

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

- Staff were supervised and appraised and had access to regular team meetings. We reviewed the supervision records for each team and saw that staff were receiving supervision every four weeks in line with the trust policy. There were effective governance processes throughout the service. Managers had systems in place to monitor staff compliance with mandatory training, supervision, appraisals, and the performance of the service.
- Staff completed comprehensive assessments of patients' needs at the start of the treatment, including their mental health, physical health and social care needs. Staff completed risk assessments of each patient at initial assessment. We reviewed 14 care records. These showed that staff completed thorough and detailed risk assessments and that they updated them regularly.
- Patients were actively involved in the planning of their care. We saw evidence in patients care plans, where they had given their views. Families and carers had appropriate involvement in patients care. Care records showed that, where appropriate, families and carers were invited to attend care programme approach reviews where they were able to share their opinions on patients care treatment.

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

- Patients were able to access psychological therapies recommended by the National Institute for Health and Care Excellence. The psychology team were able to offer cognitive behaviour therapy, dialectic behaviour therapy, steps programme, and mindfulness. However, patients needing to see a psychologist could wait between six months and one year.
- Managers had the skills knowledge and authority to perform their roles. We saw that managers were available to staff and regularly attended multidisciplinary meetings, patient meetings and were available to support staff when required
- Services had systems in place to share lessons learned from incidents and complaints. Senior managers met twice a month to discuss incidents across the trust. The service had systems in place to manage information. The trust used electronic systems to collect data from the service. The trust had electronic systems to recording incidents, risks, and patient information.

However:

- All five centres had presented problems with the environment, space or access. Two centres were not well maintained and another two had limited space to deliver care and treatment. Staff told us that it was often difficult to book rooms to see patients, especially on days when the doctors had a clinic.
- Systems did not allow staff ready access to Mental Health Act and Mental Capacity Act paperwork. Mental Health Act administrators kept all Mental Health Act paperwork off site and there was not a system in place to store these electronically to allow staff access.

Consent to treatment forms were not attached to patient's medication charts.

## Is the service safe?

Good   

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

- Each location had access to an alarm system for use in interview rooms. Staff used a personal alarm system if they were concerned about the risk posed by a patient.
- Clinic rooms at four locations were well equipped and had all necessary equipment to carry out physical examinations. However, the Walsall South team did not have a clinic room and equipment was stored in locked cupboards within the office. All equipment was clean and well maintained.
- There were no waiting lists for allocation of a care coordinator at any of the services. Staff would allocate clients to a care coordinator during weekly team meetings.
- At the time of inspection, we found that staff had received, and were up-to-date with mandatory training. We reviewed the training matrix at each location. Staff compliance with mandatory training at Anchor Meadow, Mossley Unit, Hill House, and Halesview was above the trust's target of 90%. Staff Compliance at the Poplars Was 88%. We saw evidence that the staff had been booked onto training when courses were next available.
- Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually We reviewed 14 care records. These showed that staff completed thorough and detailed risk assessments and that they updated them regularly.

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. We saw evidence in the care records that staff had responded appropriately to safeguarding concerns.
- Staff demonstrated a good knowledge of the trusts policy on reporting incidents. The trust had an electronic recording system for reporting incidents which all staff had access. Staff were open and transparent and explained to patients when something had gone wrong.

## However:

- Not all locations well furnished, well maintained and fit for purpose.
- Caseloads at Anchor Meadow and Mossley unit were up to 40 patients. The joint commissioning panel for mental health guidance on community specialist mental health services states that in a community mental health team, each full-time care coordinator will have a maximum caseload of 35 patients with adjustments based upon complexity, local demographics, and the availability of other functional teams to support the patient.
- 

## Is the service effective?

Good   

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

- Staff completed comprehensive assessments of patients' needs and the start of the treatment, including their mental health, physical health and social care needs. Staff used the information gained during the assessment to complete risk assessments and care plans. Thirteen of the care records we reviewed contained up to date, personalised, holistic care plans and one record had a care plan that was out of date.
- We saw evidence that the staff followed the National Institute for Health and Care Excellence guidance when prescribing medication. Staff described how they followed the guidance for monitoring patients on antipsychotic medication by arranging for them to attend the well-being clinic to monitor the physical health.
- Patients were able to access psychological therapies recommended by the National Institute for Health and Care Excellence. The psychology team were able to offer cognitive behaviour therapy, dialectical behaviour therapy, steps programme, and mindfulness. However, staff reported that there were long waiting lists to access psychological therapies. However, patients needing to see a psychologist could wait between six months and one year. Managers confirmed that patients' waiting to see a psychologist are allocated a care coordinator, or offered regular outpatient appointments or received treatment through the psychological therapies hub until their psychology appointment takes place.
- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Community teams, included a full range of mental health disciplines required to care for their patient group. These included nurses, support workers, associate practitioners, occupational therapists, psychologists, and psychiatrists.
- Staff were supervised and appraised and had access to regular team meetings. We reviewed the supervision records for each team and saw that staff were receiving supervision every four weeks in line with the trust policy. At the time of inspection, staff compliance with annual appraisals was 100%.

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

- There were effective handovers between teams within the organisation. Staff attended ward rounds on a weekly basis and were able to keep up to date with patients progress on the wards. Staff would attend discharge care programme approach meetings; which ward staff would hand over important information regarding the patient to the care coordinator.

However:

- Staff did not have access to Mental Health Act documentation. Mental Health Act administrators kept all Mental Health Act paperwork and there was not a system in place to store these electronically to allow staff access. Mental capacity assessment documentation was not available to staff and to doctors kept them with patient's medical records in their office. There was not a system in place to upload them onto the electronic record system. Staff did not adhere to consent to treatment requirements. Consent to treatment forms were not attached to patient's medication charts. This meant that staff would be unable to ascertain whether they were administering medication legally.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. We observed staff interacting with patients during telephone calls, was giving an injection, and during outpatient appointments. Staff were very caring and compassionate and showed empathy towards the patients.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service. Staff we spoke to showed a good understanding of the needs of their patients. Staff were able to explain different ways in which they go out their way to meet patient needs, such as rearranging their working hours to visit patients in the evening or meeting patients at the location that is convenient for them.
- Patients were actively involved in the planning of their care. We saw evidence in patients care plans, where they had given their views. We also saw evidence where staff had written care plans using language suitable to patient's needs, for example to the needs of a deaf patient.
- Families and carers had appropriate involvement in patients care. Care records showed that, where appropriate, families and carers were invited to attend care programme approach reviews where they were able to share their opinions on patients care treatment.
- Patients were able to get involved in decisions about their service. We saw you said we did boards displayed in reception areas which were used to explain suggestions made by patients and how the service had responded. At the Poplars we saw in the reception area, they had 'tell us what you think' cards, which patients could use to make suggestions on service improvement.

## Is the service responsive?

Good   

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

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

- There were not any waiting lists throughout the service for access to a care coordinator. We visited five teams and staff told us that they met once a week to discuss new referrals and allocated patients to an appropriate member of staff.
- Staff took appropriate steps to engage with people who found it difficult were reluctant to engage with services. Staff would offer appointments set different times of day or at an appropriate location to suit the patient.
- Services provided accessible information on treatments, local services, patients' rights, and how to complain. We saw that the service displayed information on noticeboard's in reception. Information was available in different languages patients whose first language was not English. Staff told us that they could access interpreter services arrange to have leaflets translated into different languages.
- Patients knew how to make a complaint. Patients we spoke to told us that they knew who to go to should they wish to register complaints.
- Staff knew how to handle complaints appropriately. Staff told us that they would take down the details of the complaints and pass it on to their line manager who would investigate the complaints.

However:

- Services did not always have access to enough rooms for treatment and care. Staff at Anchor Meadow and the Mossley unit told us that it was often difficult to book rooms to see patients, especially on days when the doctors had a clinic.

## Is the service well-led?

Good   

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

- The service had a cohesive senior team including a consultant psychiatrist who could advocate the service internally and externally. Managers had the skills knowledge and authority to perform their roles. We saw that managers were available to staff and regularly attended multidisciplinary meetings, patient meetings and were available to support staff when required.
- Staff were aware of who the senior managers were within the organisation. Staff knew how to access senior staff could do so when necessary.
- Staff were aware of the trusts visions and values. Staff told us that they work together as a team to deliver flexible, high-quality care, to enable people to achieve recovery. We saw evidence that the staff were caring and treated patients with integrity which demonstrated that staff working within the trust's values.
- Staff we spoke to felt respected and valued by their team and senior staff. Staff told us that they enjoyed their jobs and that morale within the teams was high.
- Teams worked well together and staff supported each other. Staff felt able to raise concerns if there were any problems within the team. There had been no cases of bullying or harassment within the past 12 months.
- There were effective governance processes throughout the service. Managers had systems in place to monitor staff compliance with mandatory training, supervision, appraisals, and the performance of the service.
- Services had systems in place to share lessons learned from incidents and complaints. Senior managers met twice a month to discuss incidents across the trust. Managers attended embedding lessons groups where they discussed how they would implement the lessons learnt from incidents within practice.

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

- The service had systems in place to manage information. The trust used electronic systems to collect data from the service. The trust had electronic systems to recording incidents, risks, and patient information.

However:

- The sickness rate for the past 12 months for the service was 5%. This was above the national average, which was 4%.

## Areas for improvement

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

# Specialist community mental health services for children and young people

Good   

## Key facts and figures

Dudley and Walsall each had a community child and adolescent mental health team (CAMHS). Due to commissioning arrangements, there was a variation in service provision. Dudley CAMHS was commissioned to treat patients up until the end of the education year of 16th year and Walsall CAMHS up to until the end of the education year of their 17th year. The service operated Monday to Friday 0900 to 1700. The two CAMHS teams each had their own clinical lead. One service manager had responsibility for both teams. Both teams operated the choice and partnership approach (CAPA). CAPA is a service transformation model that combines collaborative and participatory practice with patients. Patients who meet the referral criteria are offered choice

appointments. This is a face-to-face appointment aimed at identifying what the patient and/or carer want help with and at reaching a shared understanding of the problems. If treatment is indicated, patients are then offered partnership appointments. In partnership appointments, the patient and/ or carers engage therapeutically with the CAMHS clinician. Further specialist partnership appointments can be offered if patients and or carers needed specific interventions, for example family therapy.

There was also an ICAMHS (Intensive CAMHS) team, who offered crisis assessment and intensive home treatment interventions and their hours were 0800 to 2000 seven days a week.

The early intervention in psychosis service (EIPS) worked with people experiencing a first episode of psychosis, between the ages of 14 years to 65 years. EIPS worked alongside child and adolescent mental health services (CAMHS) in the care of adolescents aged from 14 years to 16 years in Dudley and 14 years to 17 years in Walsall. Within the EIPS team, there were dedicated CAMHS workers.

## Summary of this service

- The environments we checked in both services were clean, well presented and consideration had been given to their specific uses.
- Staffing levels were good across all services we inspected. There were low levels of vacancies and the trust had estimated staff numbers in line with caseloads. There was adequate staffing to ensure that there was cover for sickness at short notice and agency use was limited.
- There was always a risk assessment undertaken at initial triage. Appropriate crisis plans had been created where required. Staff were able to respond quickly to deterioration in patients' health. Patients waiting for treatment were contacted regularly to ensure that risk had not increased. Staff knew what to report and how to report it. Staff received feedback from investigation into incidents at staff meetings and via the intranet. Staff meetings occurred regularly and there was evidence of changes to working practices as a result of feedback at these meetings. Comprehensive assessments were undertaken as soon as possible after referral to the service.
- Care records we checked contained up to date information that was personalised and recovery focussed. Staff followed best practice guidelines as set out by the national institute of health and care excellence in a range of areas of service delivery. The service had developed sub teams that were providing specific services. ICAMHS, Tier 2, Flash/ Lighthouse and EI were small teams that worked independently but as part of the wider service. There was a full range of mental health professionals available including psychiatrists, psychologists and social workers. Staff were experienced and qualified for their roles.

# Specialist community mental health services for children and young people

- We observed staff interacting with patients and found them to be exceptionally caring and understanding. They had extremely good knowledge of patient's needs, likes and dislikes and could engage them. They had also developed strong links top families and carers and could offer them support guidance and advice. Patients and carers, we spoke with were extremely complimentary about the staff, management and service. There was evidence of active involvement from patients and carers where appropriate. Patients thoughts, feelings, history and culture were always considered and every effort was taken to ensure that patients maintained the maximum level independence possible. There was access to a range of support services both within the trust and the local community to support patients and carers. The trust had set target times for referral to triage and assessment to treatment times depending on the type of referral. All of these targets were being met. Staff took active steps to make contact with patients who were not engaging with the service and those who had not attended appointments. There was a full range of rooms available for appointments. Thought had been given to how these rooms were set out. They were all clean tidy and well presented. There was plenty of information in waiting areas and on line that informed patients and carers about a range of local services and support. Patients and carers, we spoke to all knew how to make a complaint and felt that they could do so without fear of retribution. Staff knew how to handle complaints correctly and there was evidence that they had been given feedback linked to investigations of complaints.
- Senior leaders within the trust were visible and approachable within the service. Senior team leaders in the service were well respected and staff felt that they listened to them. There was a clear strategy linked to improvements within the service. The trust had a well-defined set of visions and values and staff we interviewed knew and agreed with them. Staff we spoke to felt supported, well respected and proud of the work that they did. They were happy working for the trust and would recommend it for others. There was a clear governance framework that enabled discussion and the transfer of information between management and staff. There was evidence of change and continuous review of working practice. There was evidence that staff had forged close links with teams from around the trust and externally and could work well with them to meet the needs of the patient group.

However;

- The service used an electronic recording system for patients care records but medical staff continued to record information on paper notes. This meant that it was difficult to navigate the care plans and finding the correct information was sometimes difficult. We found that all information was correct and there was a correlation between paper and electronic notes.
- There was a lack of parity across the services at Dudley and Walsall. Each service had a different upper age limit for patients. In Walsall stated the cut off age to receive care was at the end of the educational year on the patients 17th year and Dudley stated that it would be the end of the educational year on their 16th year. The limits were set as part of a commissioning contract but were being reviewed.

## Is the service safe?

Good   

- The environments we checked in both services were clean, well presented and consideration had been given to their specific uses. We saw cleaning records for all areas that showed that they were cleaned regularly and there was monitoring processes in place to ensure that equipment and toys were cleaned and sterilised. Any equipment that required mandatory checks and servicing had sticker on to indicate the date of checks and all stickers were in date.
- Staffing levels were good across all services we inspected. There were low levels of vacancies and the trust had estimated staff numbers in line with caseloads. Caseload numbers were assessed regularly at weekly multidisciplinary team meetings to ensure that no staff went above trust set caseload targets. There was adequate staffing to ensure that there was cover for sickness at short notice and agency use was limited.

# Specialist community mental health services for children and young people

- Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. Care records we reviewed showed that there was always a risk assessment undertaken at initial triage. Appropriate crisis plans had been created where required. Staff were able to respond quickly to deterioration in patients' health as a result of these plans.
- Patients waiting for treatment were contacted regularly to ensure that risk had not increased. Staff were trained in safeguarding and knew who to contact for guidance and advice in relation to safeguarding issues.
- 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.

However;

- The service used an electronic recording system for patients care records but medical staff continued to record information on paper notes. This meant that it was difficult to navigate the care plans and finding the correct information was sometimes difficult. We found that all information was correct and there was a correlation between paper and electronic notes.

## Is the service effective?

**Good** ● → ←

- Comprehensive assessments were undertaken as soon as possible after referral to the service. Care records contained up to date information that was personalised and recovery focussed. There was evidence that patients and carers were actively involved in the creation of their care plans where appropriate.
- Staff followed best practice guidelines as set out by the institute of health and care excellence. The service was able to offer a range of psychological therapies including cognitive behaviour therapy and dialectical behavioural therapy.
- The service had developed sub teams that were providing specific services. ICAMHS, Tier 2, Flash/Lighthouse and EI were small teams that worked independently but as part of the wider service.
- Managers made sure they had staff with a range of skills need to provide high quality care. There was a full range of mental health professionals available including psychiatrists, psychologists and social workers. Staff were experienced and qualified for their roles and were given mandatory training annually to maintain their knowledge. There was also training specific to individual roles available as required.

## Is the service caring?

**Outstanding** ☆ ↑

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- We observed staff interacting with patients and found them to be exceptionally caring and understanding. They had extremely good knowledge of patient's needs, likes and dislikes and could engage them on their level. They had also developed strong links to families and carers and could offer them support guidance and advice.

# Specialist community mental health services for children and young people

- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service. There was evidence of active involvement from patients and carers where appropriate. Patient's thoughts, feelings, history and culture were always considered and every effort was taken to ensure that patients maintained the maximum level independence possible.
- There was access to a range of support services both within the trust and the local community to support patients and carers. Carers we interviewed stated that they felt cared for, included and listened to by staff working in the service.

## Is the service responsive?

Good ● → ←

- The trust had set target times for referral to triage of 24 hours and assessment to treatment times depending on the type of referral. These targets were being met. The services were able to see urgent referrals quickly and had put in place systems of work that took into account emergency referrals if required.
- Staff took active steps to make contact with patients who were not engaging with the service and those who had not attended appointments. Staff had flexibility to adjust appointment times if required.
- There was a full range of rooms available for appointments. Thought had been given to how these rooms were set out. There were rooms available that were warmly furnished for family visits and engagement. Rooms were available with toys and equipment. There were also rooms available that were sparsely furnished for patients who had difficulty with over stimulation. They were all clean tidy and well presented. There was plenty of information in waiting areas and on the trust internet page that informed patients and carers about a range of local services and support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Patients and carers, we spoke to all knew how to make a complaint and felt that they could do so without fear of retribution. Staff knew how to handle complaints correctly and there was evidence that they had been given feedback linked to investigations of complaints.

However;

- There was a lack of parity across the services at Dudley and Walsall. Each service had a different upper age limit for patients. In Walsall stated the cut off age to receive care was at the end of the educational year on the patients 17th year and Dudley stated that it would be the end of the educational year on their 16th year. The limits were set as part of a commissioning contract but were being reviewed.

## Is the service well-led?

Good ● → ←

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders within the trust were visible and approachable within the service. Senior team leaders in the service were well respected and staff felt that they listened to them. Managers maintained small caseloads to maintain clinical credibility and a link to the patient group. There was a clear strategy linked to improvements within the service.

# Specialist community mental health services for children and young people

- The trust had a well-defined set of visions and values and staff we interviewed knew and agreed with them. Team objectives were linked to the trusts values and staff felt that trust senior leaders had listened to guidance from staff in developing new strategies.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke to felt supported, well respected and proud of the work that they did. They were happy working for the trust and would recommend it for others. They felt that they could raise concerns if needed and that their voice would be heard. Staff worked closely together and supported each other. Staff appraisals
- included a conversation about development and staff members futures and we saw evidence that staff had developed into new roles with the support of managers.
- There was a clear governance framework that enabled discussion and the transfer of information between management and staff. There was evidence of change and continuous review of working practice. All staff were involved in clinical audits and individuals had been identified to take on extra role responsibilities linked to different areas of practice and the running of the service. There was evidence that staff had forged close links with teams from around the trust and externally and could work well with them to meet the needs of the patient group.

## Areas for improvement

We found areas 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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

# Our inspection team

Kathryn Mason, Head of Hospitals Inspection, led the inspection team. An executive reviewer, two specialist advisors, two inspectors supported our inspection of well-led for the trust overall. The well led inspection team reviewed information governance, finance, safeguarding and serious incidents, medicines management, equality and diversity, mortality, patient experience and complaints.

Kenrick Jackson, Inspection Manager, led the core service inspections. The inspection team across the core services was seven inspectors, one assistant inspector and eight specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of leadership of trusts, Specialist advisors are experts in their fields who we do not directly employ.