

Black Country Partnership NHS Foundation 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 trust quality rating

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

Black Country Partnership Foundation NHS Trust provides a range of inpatient and community mental health services to working age adults, older people and children. The trust provides services for people who live predominantly in the boroughs of Sandwell and Wolverhampton, with smaller services offered in Dudley and Walsall.

The trust plans to merge with a local mental health NHS organisation in 2020. Following the failure to be acquired by a larger organisation in 2018, the trust had found itself with a board made up of interim executives and interim trust chair.

The trust provides:

- Mental health and specialist learning disabilities services to people of all ages in Sandwell and Wolverhampton and specialist learning disability services in Walsall, Wolverhampton and Dudley
- Community healthcare services for children, young people and families in Dudley

The trust provides the following core services:

- Specialist community mental health services for children and young people
- Acute wards and psychiatric intensive care units
- Community mental health services for adults of working age
- Forensic/secure wards
- Wards for older people with mental health problems
- Community mental health services for older people
- Mental health crisis services and health-based places of safety
- Wards for people with learning disabilities or autism
- Community mental health services for people with learning disabilities or autism
- Children, Young People and Families community services

The trust has a staff complement of more than 2000 whole time equivalent (WTE). The trust serves a population of approximately one and a half million people from a variety of diverse communities across the Black Country. The trust has an annual income of about £100 million. Corporate staff work from Delta House, the current trust headquarters building.

The trust was inspected in August 2018 as part of the CQC comprehensive inspection programme and six core services were inspected. At the time of the August 2018 inspection, Black Country Partnership Foundation NHS Trust did not comply with the following regulations: Regulation 9, Person centred care; Regulation 10, Dignity and respect; Regulation 12, Safe care and treatment; Regulation 15, Premises and equipment and Regulation 18, Staffing.

During this inspection, we found the trust had not complied with the following regulations; Regulation 9, Person-centred care; Regulation 12, Safe care and treatment; Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 15, Premises and equipment; Regulation 18, Staffing.

Summary of findings

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

Black Country Partnership Foundation NHS Trust provides community services for children, young people and families; inpatient and community mental health services for adults and older people; and community and inpatient learning disability services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

We inspected four complete core services:

- Specialist community mental health services for children and young people
- Community mental health services for adults of working age
- Acute wards for adults of working age and psychiatric intensive care units
- Specialist eating disorders service

These were selected due to their previous inspection ratings or because our ongoing monitoring had identified that an inspection at this time was appropriate to understand the quality of the service provided. All four core services provided mental health services. One of the services that we inspected had been rated as good. The two services were rated as requires improvement at the time of the inspection and one had not previously been inspected.

Overall trust

Our rating of the trust improved. 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 had met the requirement notices we set out in our previous report. Medicines safety had improved in the specialist community mental health services for children and young people. Acute wards at Hallam street were visibly clean and infection control was well managed across the trust.
- There was good leadership across the trust from the board to front line. Managers had the right skills to undertake their roles. The board had good understanding of performance.

Summary of findings

- 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.
- A range of care and treatment interventions were delivered in line with guidance from the National Institute for Health and Care Excellence (NICE).
- Most 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 treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.
- Throughout their recent development of Quality First, the trust had listened and acted on the feedback of staff, stakeholders and patients.
- There was a culture of learning and research across the trust.

However;

- Information about staff clinical supervision was unreliable and local managers had to maintain their own data to understand if their staff were participating in clinical supervision.
- Staff applied restrictive approaches to informal patients to keep them on wards.
- Not all trust training targets were achieved.

Are services safe?

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

- We rated nine out of eleven services as good and two as requires improvement in the safe key question. Our rating took into account the previous ratings of services not inspected this time.
- In three services inspected, the clinical premises where staff saw patients were safe and clean. Staff followed best practice in infection control.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risk well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- In all services inspected staff followed good practice with respect to safeguarding. Staff understood how to protect patients from abuse and exploitation and 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. There was an identified named nurse and doctor for child protection.
- The wards had a good track record on safety. 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.
- The community teams we inspected had manageable caseloads and patients had crisis plans in place.

However,

Summary of findings

- We had concerns about the safety and quality in two areas. Wards at Hallam Street had blind spots, and ligature risks. There were no mirrors on the second floor for staff to observe blind spots and staff were unable to observe all parts of the ward as they were over two levels. Ligature risk assessments were complete for each ward and identified each with mitigation. The Macarthur unit had several outstanding repairs that needed to be completed.

Are services effective?

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

- In the services we inspected staff assessed the physical and mental health of all patients. Staff developed individual care plans which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs.
- In all services we inspected, staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also took part in clinical audit, benchmarking, and quality improvement initiatives.
- All teams included or had access to the range of specialists needed to meet the needs of patients under their care. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, management supervision, opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit patients. They supported each other to ensure patients had no gaps in their care. The clinical team had effective working relationships with other relevant teams within the trust and with relevant services outside the organisation. They engaged with them early in the patient's admission to plan discharge.
- Staff in all services understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff in all services supported patients to make decisions about their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However,

- Staff on two wards did not receive regular clinical supervision and data held by the trust did not record if staff did receive clinical supervision.
- We observed staff using language to informal patients that suggested a restrictive approach to their leaving the ward.

Are services caring?

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

- We rated all core services as good for the caring domain. Our ratings took into account the previous ratings of services not inspected this time.
- In all services, staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.
- In all services staff involved patients and carers when planning care and actively sought their feedback on the quality of care provided. Staff ensured that patients had easy access to advocates when needed.

Summary of findings

- Staff informed and involved families and carers fully and appropriately in assessments and in the design of care and treatment interventions.

Are services responsive?

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

- We rated eight out of eleven services as good in the responsive domain and two as outstanding. Our rating took into account the previous ratings of services not inspected this time.
- Services were planned with local people and staff had a good understanding of the needs of patients in their community. Transitions to adult mental health services took place without any disruption to the patient's care.
- Admission and discharge of patients was well planned, and patients were involved in decision about their care pathway.
- Referrals to community teams were triaged and assessments undertaken in a timely way.
- The service met the needs of patients including those with a protected characteristic. Staff helped patients with communication, advocacy, cultural and spiritual support.
- 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,

- At Hallam Street hospital patients had to share bathroom facilities because their rooms did not have en-suite facilities which might not have protected patients' privacy and dignity.

Are services well-led?

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

- We rated safe, effective, caring, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- The trust operated collaboratively as a board, that meant executives and non-executive directors shared responsibility and accountability for decision-making.
- There was a rounded understanding of performance, which appropriately covered and integrated people's views with information on quality, operations and finances.
- The trust board were very visible across most services of the trust. We were told of several examples of how executives visited and worked shifts in some of clinical services.
- The trust understood the challenges to quality and sustainability, and identified the actions required to address them. This was aligned to the wider health and social care economy of the Black Country.
- The strategy and priorities of the trust was aligned to the vision and values and reflected their part in local sustainability and transformation plans. Most staff understood the vision and values in relation to their local services.
- Overall, the trust was a good place to work in. Staff often told us they were proud of the work they and their colleagues do every day to provide safe care and treatment.
- Governance systems from ward to board provided good performance management information to make decisions.
- The trust communicated well with patients, carers, staff and stakeholders. Most staff groups felt included in decisions about service re-design and development.

Summary of findings

- There were mostly strong arrangements in place to identify, record and manage risks. Patients mental and physical health was assessed, and care and treatment planned.
- The trust worked to improve quality and innovation, for example, the development of the Quality First framework to improve and achieve the trusts organisational goals.
- Recruitment of staff was an ongoing challenge to the trust but they were proactive in attempts to employ people across many of their services.
- The trust recognised its staff in several ways, through a simple thank you to formal awards at a yearly awards ceremony.
- There was a culture of learning and research across the trust.

However;

- Information about staff clinical supervision was unreliable and local managers had to maintain their own data to understand if their staff was participating in clinical supervision.
- The implementation of the new electronic patient records was underway but the timetable for rollout was going to take a long time leaving some services continuing to use a mixture of paper and electronic systems.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service 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 ratings.”

Areas for improvement

We found areas for improvement including five breaches of legal requirements that the trust must put right. We found three 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 requirement notices in respect of the five regulations that had been breached within two core services.

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

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

Summary of findings

We told the trust that it must take action to bring services into line with legal requirements. These five actions relate to two core services.

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

- The trust must ensure that all staff complete fridge and room temperatures and know what actions to take when temperatures are out of the normal recommended range. **Regulation 12(2)(g) Safe care and treatment**
- Staff must ensure clinics are cleaned and records completed. **Regulation 15(1)a Premises and Equipment**
- The trust must ensure that staff do not use practices that prevents informal patients from leaving wards. **Regulation 13(5)a Safeguarding service users from abuse and improper treatment**
- The trust must ensure that wards have the appropriate leadership in place. **Regulation 18(1) Staffing**

Specialist Community Mental Health Services for Children and Young People

- The trust must improve waiting times for patients to access treatment and ensure that patients are safely monitored whilst waiting for the interventions. **Regulation 9(3)h Person-Centred Care**

Action the trust SHOULD take to improve

We told the trust that it should take action to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement in future or to improve service quality. These are the two actions related to the whole trust and two core services.

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

- They should ensure they have systems in place to accurately record staff clinical supervision and training.
- The trust should ensure repairs are completed in a timely manner

Specialist Community Mental Health Services for Children and Young People

- The trust should continue the work to ensure all staff complete mandatory training.

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.

- The trust operated collaboratively as a board, that meant executives and non-executive directors shared responsibility and accountability for decision-making.
- There was a rounded understanding of performance, which appropriately covered and integrated people's views with information on quality, operations and finances.
- The trust board were very visible across most services of the trust. We were told of several examples of how executives visited and worked shifts in some of clinical services.
- The trust understood the challenges to quality and sustainability, and identified the actions required to address them. This was aligned to the wider health and social care economy of the Black Country.

Summary of findings

- The strategy and priorities of the trust was aligned to the vision and values and reflected their part in local sustainability and transformation plans. Most staff understood the vision and values in relation to their local services.
- Overall, the trust was a good place to work in. Staff often told us they were proud of the work they and their colleagues do every day to provide safe care and treatment.
- Governance systems from ward to board provided good performance management information to make decisions.
- The trust communicated well with patients, carers, staff and stakeholders. Most staff groups felt included in decisions about service re-design and development.
- There were mostly strong arrangements in place to identify, record and manage risks. Patients mental and physical health was assessed, and care and treatment planned.
- The trust worked to improve quality and innovation, for example, the development of the Quality First framework to improve and achieve the trusts organisational goals.
- Recruitment of staff was an ongoing challenge to the trust but they were proactive in attempts to employ people across many of their services.
- The trust recognised its staff in several ways, through a simple thank you to formal awards at a yearly awards ceremony.
- There was a culture of learning, audit and research across the trust.

However;

- Information about staff clinical supervision was unreliable and local managers had to maintain their own data to understand if their staff was participating in clinical supervision.
- We saw that when gaps in leadership had occurred at ward level the trust had not acted quickly to provide the consistent leadership needed.
- We found long waiting times to treatment in the specialist community mental health services for children and young people.

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 ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good ↔ Feb 2017	Good ↔ Feb 2017	Good ↔ Feb 2017	Good ↔ Feb 2017	Good ↔ Feb 2017	Good ↔ Feb 2017

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Forensic inpatient or secure wards	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Requires improvement	Good	Good
Community-based mental health services for older people	Good	Good	Good	Outstanding	Outstanding	Outstanding
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Specialist eating disorders service	Good	Good	Good	Outstanding	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Community-based mental health services of adults of working age

Good   

Key facts and figures

This service was last inspected in November 2016. At that inspection it was rated as good overall with outstanding in caring.

This service consisted of three main teams situated at Penn Hospital, the Quayside centre and Steps to Health. Penn Hospital covered Wolverhampton south. Steps to Health is a health centre that covered Wolverhampton North. The Quayside centre covered patients from Sandwell. The service also runs a Clozaril and Depot service at Hallam Street Hospital.

During this inspection we: -

- visited the Quayside centre, Penn Hospital, Steps to Health and the Clozaril clinic at Hallam Street Hospital.
- undertook four tours of the environment as patients were seen on site in all four services.
- interviewed 15 patients and five carers
- interviewed one service manager, 3 managers, 15 mental health nurses and three health care support workers.
- interviewed three occupational therapists, three psychologists, one consultant psychiatrist and the community matron.
- Undertook four clinic checks where we looked at the safe storage of medication.
- Undertook six visits with staff to patients' appointments in their homes.
- Attended five meetings

Summary of this service

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

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding. Though the service received a large number of referrals, the number of patients waiting for an appointment for longer than trust set-targets of 18 weeks was low.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Community-based mental health services of adults of working age

- 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. Care plans and sessions had been developed specifically to engage individuals. Thought had been given to patients' interests and past experience to develop sessions and identify placements where they could use their skills. Patients told us that this reduced anxiety and made them feel like they were fully involved and, in some cases, having a positive influence at their placements.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Is the service safe?

Good   

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

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Areas where patients were seen were equipped with alarm call systems and staff knew how to respond when an alarm was activated.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols. Patients who were waiting for their first appointment were provided with crisis cards that gave them numbers they could call if they needed urgent support.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. 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

- At the time of our inspection the service was using a combination of paper records and an electronic recording system that, we found, could be difficult to navigate for new starters or people outside of the service. All staff we spoke to were able to demonstrate that they could navigate the system and we were told that people could always access support from more experienced staff if required.

Community-based mental health services of adults of working age

Is the service effective?

Good   

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

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. We saw that, in the records we checked, there was a high level of patient involvement in the development of care plans.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff we spoke to were able to clearly demonstrate that they understood the five core principles of the Mental Capacity Act.

Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff developed an in-depth knowledge of patients' past experience, likes and dislikes in order to tailor individual treatment plans. We saw examples where the staff had sought out specific placements that allowed patients to use pre-existing skills so that they felt more useful and engaged. Patients informed us that this had reduced their anxiety levels and made them feel more involved.
- The recovery colleges were inclusive and encouraged people to develop good working relationships with their peers.

Community-based mental health services of adults of working age

- Staff informed and involved families and carers appropriately.

Is the service responsive?

Good ● → ←

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

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments. There were clear protocols in place to re-engage patients who did not attend their appointments. The service ensured that patients, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Specialist community mental health services for children and young people

Good  

Key facts and figures

The trust offers Child and Adolescent Mental Health Services in Sandwell and Wolverhampton. Teams assess and treat severe behaviour and mental health disorders in children and young people up to the age of 18. The service offers support and guidance to families, carers and parents.

The trust has a Crisis Intervention and Home Treatment Team covering Sandwell and Wolverhampton and offer specialist services to those children and young people whose needs cannot be met by core child and adolescent mental health services. The service operates seven days a week, 8am-8pm, with on-call access out of hours with the aim of reducing the frequency of admission to hospital for children and young people.

The Early Intervention Service work with young people and adults aged 14-35 who are going through a first episode of psychosis, or who seem at risk of going through a first episode of psychosis.

The Inspire team are based at the Gem Centre in Wolverhampton and provide targeted and specialist support for children and young people with mild, moderate or severe learning disabilities and mental health problems.

We inspected seven teams over four sites:

- The crisis intervention and home treatment team based at Lodge Road, West Bromwich and The Gem Centre, Wolverhampton
- The Early Intervention Team based at Pond Lane, Wolverhampton and Edward Street, West Bromwich
- The Sandwell Child and Adolescent Mental Health Service based at Lodge Road, West Bromwich
- The Wolverhampton Child and Adolescent Mental Health Service based at the Gem Centre, Wolverhampton
- Inspire Learning Disability service based at the Gem Centre, Wolverhampton.

Our inspection was announced at short notice to enable us to observe routine activity.

During the inspection visit, the inspection team:

- visited three teams in Sandwell and four in Wolverhampton
- looked at the quality of the environment
- observed how staff supported children and young people
- received feedback from nine carers and parents and six young people
- spoke with the four managers of the teams visited
- spoke with 37 other staff members; including psychiatrists, nurses, clinical psychologists, psychotherapists, occupational therapists, social workers and administration staff
- reviewed 20 patient records.

Summary of this service

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

Specialist community mental health services for children and young people

- The service provided safe care. Clinical premises where patients were seen were now safe and clean. Previous problems with storage of medicines had been solved. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff now developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit and benchmarking to evaluate the quality of care they provided. Staff at Sandwell CAMHS participated in a multi-agency thematic inspection to audit how well local agencies worked together in an area to protect children.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. Patients and carers we spoke with said they actively involved them in care decisions.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was now well led and had put effective governance processes in place to ensure that procedures relating to the work of the service ran smoothly.

Is the service safe?

Good  

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

- In the last inspection in 2018, we found the office area at Pond Lane untidy and unclean with no ambient temperature control. During this inspection all premises we visited were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Consultation and meeting rooms at Pond Lane and Edward Street had been redecorated and some consultation rooms also had new furniture.
- During this inspection all of the services that we visited had up to date environmental risk assessments in place that covered all areas of the building.
- In the last inspection in 2018 at Pond Lane and Lodge Road we found medicines and emergency equipment were not stored appropriately and staff did not display appropriate signage to indicate where the emergency bag and oxygen cylinder were kept. During this inspection we found that medicines and emergency equipment were stored safely and appropriately, all emergency bags had tamper proof seals and signage to indicate where they were kept.
- The service had enough staff, who knew the patients. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. There were vacancies within the core service and this was being managed well by the trust and posts had been created and recruited to under a service redesign. The service used regular bank and agency staff to cover vacancies and staff absence.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists using a 'flagging system' to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Specialist community mental health services for children and young people

- 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. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead. The safeguarding nurse for the trust offered online slots for safeguarding supervision and staff could use these for support and guidance. The minutes from these supervision sessions were taken and put in staff files.
- Staff regularly reviewed the effects of medications on each patient's physical and mental health. Staff followed a safe and secure process for storing and recording forms used for prescriptions.
- Staff kept detailed written records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care, however each patient had two sets of notes at Pond Lane and Edward Street.
- The teams had a good track record on safety. 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 compliance for mandatory and statutory training courses at 31 July 2019 was 90%. Information obtained during the inspection showed training at that time was compliant apart from Resuscitation Level 1, 2 & 3, Level 1 had 79% compliance, Level 2 had 76% compliance and Level 3 had 70% compliance. The trust target was 85%.

Is the service effective?

Good  

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

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. All of the 20 files we looked at had care plans that accurately reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff routinely completed Health of the Nation Outcome Scales Child and Adolescent Mental Health (HONOSCA), the Strengths and Difficulties Questionnaire (SDQ) and the Experience of Service Questionnaire at regular intervals during treatment. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. All staff we spoke with now said they received a variety of supervision including management, clinical and peer. Managers provided a comprehensive induction programme for new staff in addition to the trust induction.
- 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. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Specialist community mental health services for children and young people

- Staff supported patients to make decisions on their care for themselves proportionate to their competence. At the time of the last inspection in 2018, staff within the Early Intervention Service could not clearly describe Gillick competence and how this applied to their work with young people. Staff we spoke with during this inspection understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.

However:

- Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence in all of the other services except the Early Intervention Teams at both Pond Lane and Edward Street.

Is the service caring?

Good ● → ←

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

- We observed staff treating patients with compassion and kindness. All of the young people we spoke with said that staff were respectful and helped them. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- When appropriate, staff involved families and carers in assessment, treatment and care planning. All nine carers and parents we spoke with said staff involved them in their child's treatment and offered them emotional and if required, practical support such as help with housing and benefits.
- Patients and parents and carers were involved in the design and delivery of the service. Interview panels for new staff included a young person from the service. Young people who used the service had set up a CAMHS Council whereby they met monthly with the service managers to feedback about service delivery and share ideas for CAMHS improvement. We saw minutes from these meetings and actions that had been completed from them.

Is the service responsive?

Requires improvement ● ↓

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

- At the time of inspection at Wolverhampton Child and Adolescent Mental Health service the longest wait for routine treatment was 33 weeks, at Inspire Learning Disability service the longest wait was 29 weeks and at Sandwell Child and Adolescent Mental Health service the longest wait for routine treatment was 16 weeks. Services used a 'flagging system' to contact patients on the waiting list to see if their needs or requirements had changed or if they needed additional support.

However:

Specialist community mental health services for children and young people

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and all the services met trust targets from referral to assessment. Staff followed up patients who missed appointments and offered appointments at home or in the community.
- The service ensured that patients, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. All nine carers we spoke with said they knew how to complain and thought they would be listened to and the service would try to meet their needs.

Is the service well-led?

Good  

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

- Governance arrangements since the last inspection had improved. Concerns identified on the risk register had been actioned and actions to improve the environment and safety and security had been completed.
- Potential breaches of confidentiality that had been identified at the last inspection had been resolved now computers had been moved and had security screens fitted.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Managers we spoke with had been supported to access leadership courses to improve knowledge and skills. Staff we spoke with had been supported to achieve qualifications in therapies and role specific training.
- Managers within the core service were visible and accessible and all said they had an open door policy with staff. The leaders had a good understanding of the services they managed and were clear about the direction of the service and their future strategy.
- The trust values were; honesty and transparency, integrity, empowerment, compassion and kindness and dignity and respect. Staff we spoke with showed awareness of the values and said that the trust had involved staff when deciding what the values of the trust should be.
- Staff were aware of the whistle-blowing process and Freedom to Speak Up Guardian and would use them if required.
- Staff we spoke to felt supported by their managers and said they would feel able to raise concerns without fear of victimisation.
- All teams worked well together and supported each other. Morale was good and staff that we spoke with said they all worked well as a team and enjoyed their jobs and everyone was committed to providing high quality patient care.
- Staff we spoke with said they were open and transparent and if and when something goes wrong they would explain this to patients. Duty of candour was discussed at team meetings.
- Staff said they were offered the opportunity to give feedback on services and input into service development and had facilitated changes such as cross team working and support.

Specialist community mental health services for children and young people

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- All staff we spoke with were committed to continually improving services and outcomes for young people and had a good understanding of effective and innovative treatments within their field of work.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area.
- There were local protocols for joint working between agencies involved in the care of children and young people.

Areas for improvement

Action the trust must take:

- The trust must improve waiting times for patients to access treatment and ensure that patients are safely monitored whilst waiting for the interventions. **Regulation 9(3)h**

Action the trust should take:

- The trust should continue the work to ensure all staff complete mandatory training.

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

Requires improvement   

Key facts and figures

The acute wards for adults of working age and psychiatric intensive care units (acute wards or PICU) service at Black Country Partnership Foundation NHS Trust consist of five acute wards and one psychiatric intensive care ward. They provide support and treatment for adults of working age that require inpatient care relating to their mental health.

Friar Ward, Charlemont ward and Abbey ward, are based at Hallam Street Hospital in West Bromwich. They provided services for mixed gender with nine beds for women and nine for men. All three wards are laid out in the same way over two storeys. The wards had access to a resource centre in relation to delivering sessions and serving meals. The resource centre is located externally of the main ward areas across a car park.

Brook and Dale wards were located at Penn Hospital. Brook was a 20-bed ward for men; Dale, a 16-bed ward for women. They were located in the same building and shared therapy rooms that were situated in a corridor just off the main ward areas. At the time of our inspection both Dale ward and Brook ward were closed to admissions due to an outbreak of the Noro virus, therefore we did not attend this site to inspect the wards.

The Macarthur Centre is an 10-bed psychiatric intensive care (PICU) unit for males that is located at Heath Lane Hospital in West Bromwich. It has two outside areas, therapy rooms, a dining area, a practice kitchen and two-day areas located in the ward area. Any women that require PICU services had to go out of area, as the trust has no provision for a female PICU ward.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about the service

During the inspection visit, the inspection team;

visited three acute wards and one PICU at two different locations and looked at the quality of the environment and observed how staff were caring for patients

we spoke with 24 patients who were using or who had used services and received feedback from 28 carers

held focus groups for staff, patients and carers

spoke with 33 staff including occupational therapists, psychologists, housekeepers, nurses, health care assistants, doctors, ward managers, service manager and nurse manager

reviewed 24 patient care and treatment records

observed one shift hand over and ward review

checked four clinic and reviewed 20 medication charts

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

looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this service

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

- Acute wards at Hallam Street were based over two levels, they had blind spots and ligature risks. Ligature risk assessments were complete for each ward and identified each risk with mitigation. Staff completed enhanced observations to manage risks but said the environments were challenging when trying to support acutely unwell patients.
- Supervision rates were low for two of the wards between 20% and 50%. The trust recording systems for clinical supervision were not reliable. Managers told us there were delays with the system updating information they provided around supervision and training.
- staff used restrictive and controlling behaviours towards informal patients wanting to go off the wards for short periods.
- There was inconsistent leadership support for staff on two wards due to ward manager vacancies and changes within management.
- Staff did not always record fridge and room temperatures, or act to manage temperatures that had exceeded or were not within the recommended temperature range. We found gaps in the cleaning records on two wards where staff had not recorded dates when the clinic rooms were cleaned.

However,

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

Is the service safe?

Requires improvement ● ↑

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

- The acute wards at Hallam Street had blind spots and ligature risks. Staff were unable to observe all parts of the ward as they were over two levels. They mitigated the risks by completing 15-minute observations. There were no mirrors on the second floor for staff to observe blind spots. Staff explained they increased observation levels where required but that this was made difficult by having the ward over two storeys.

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

- Abbey ward had had a vacant ward manager post since June 2019, staff had no consistent leadership until October 2019. Macarthur ward also had a lack of leadership due to changes with ward managers which led to a period of instability.
- The Macarthur unit had a number of outstanding repairs that needed to be completed. We saw doors that were damaged and needed to be replaced, damage to walls and décor.
- Staff did not always complete fridge and clinic room temperature checks. We found gaps in recording for three of the wards we visited, in September October and November. On four separate occasions staff on Friar ward recorded fridge temperatures as below two degrees, no action was taken to ensure the temperature was restored to the recommended range of between two and eight degrees.
- Staff on the Macarthur unit and Abbey ward did not always record when the clinic had been cleaned. We found some gaps in the recording of cleaning for the clinic room in September, October and November 2019 on the Macarthur unit and October and November on Abbey ward.

However;

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Ligature risk assessments were complete for each ward and identified each risk with mitigation.
- 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 and seclusion only after attempts at de-escalation had failed.
- 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.
- The wards had a good track record on safety. 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.

Is the service effective?

Requires improvement ● → ←

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

- Staff on Charlemont ward and managers on the Macarthur unit told us staff did not always receive one to one clinical supervision. The service completion rates ranged from 20% to 50%. We were unable to confirm the trust completion rates as trust recording systems were not reliable.
- Staff spoke to informal patients and used language that could imply they were subject to restrictions. Stopping informal patients from leaving wards could be considered an abuse of human rights.

However;

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff participated in clinical audits.

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

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills.
- Staff from different disciplines worked together as a team to benefit patients. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

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. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Is the service responsive?

Good ● → ←

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

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However;

- Not all patients had access to en-suite facilities. Only two rooms at Hallam Street had en-suite facilities one in the male area and one in the female area of the wards.

Is the service well-led?

Requires improvement ● → ←

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

- Some of the information was not always reliable due to delays with the system updating new information in relation to clinical supervision and training figures.

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

- Although most of the staff stated senior managers were visible and supportive, some staff felt they only saw leaders when something went wrong on the ward such as incidents.

However;

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Areas for improvement

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

- The trust must ensure that all staff complete fridge and room temperatures and know what actions to take when temperatures are out of the normal recommended range. **Regulation 12(2)(g) Safe care and treatment**
- Staff must ensure clinics are cleaned and records completed. **Regulation 15(1)a Premises and Equipment**
- The trust must ensure that staff do not use practices that prevents informal patients from leaving wards. **Regulation 13(5)a Safeguarding service users from abuse and improper treatment**
- The trust must ensure that wards have the appropriate leadership in place. **Regulation 18(1) Staffing**

Action the trust **SHOULD** take to improve

- The trust should ensure they have electronic systems in place to accurately record staff supervision and training.
- The trust should ensure repairs are completed in a timely manner

Specialist eating disorders service

Good 

Key facts and figures

The Black Country Partnership NHS Foundation Trust provides an all age community eating disorder service to patients within Sandwell and Wolverhampton. The team gives support and guidance for people aged 8-year plus, for anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorders not otherwise specified.

The service operates Monday to Friday, with on-call access out of hours via the crisis and home treatment team.

This is the first time this service has been inspected by the CQC.

We inspected the team at all three sites:

- Lodge Road and Edward Street West Bromwich,
- 44 Pond Lane, Wolverhampton

Our inspection was announced at short notice to enable us to observe routine activity.

During the inspection visit, the inspection team:

- visited two sites in Sandwell and one in Wolverhampton
- looked at the quality of the environment
- observed a behaviour therapy for binge eating and bulimia group session
- observed a systemic family therapy assessment
- observed a systemic adult assessment
- observed a dietician clinic
- observed a dialectical behaviour therapy (DBT) group session
- spoke with nine patients and two carers about the service, and reviewed 20 CQC patient feedback forms
- spoke with the team manager.

Spoke with CCG commissioner

- spoke with 17 other staff members; including psychiatrists, nurses, clinical psychologists, dietician, systemic family therapist, occupational therapists, support time, recovery worker and administration staff
- reviewed 10 patient care records

read a range of policies, procedures and other documents relating to the operation of the service.

Summary of this service

We rated it as good because:

Specialist eating disorders service

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was sufficient for staff to give each patient the time they needed. Staff managed referrals to the service well and ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers if appropriate. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- 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 as appropriate.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait long to start treatment. The criteria for referral to the service did not exclude people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Is the service safe?

Good 

We rated safe as good because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff triaged patients as their assessments were received to detect and respond to increases in level of risk. There was no waiting list. Staff followed good personal safety protocols.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.

Specialist eating disorders service

- The teams had a good track record on safety. 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.

Is the service effective?

Good ●

We rated effective as good because:

- Staff worked with patients and families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

Is the service caring?

Good ●

We rated caring as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff are motivated and inspired to offer care that is kind and promotes dignity. Relationships between people who use the service and people close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.
- People who use the service and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.

Specialist eating disorders service

- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Patients and parents and carers were involved in the design and delivery of the service.

Is the service responsive?

Outstanding 

We rated responsive as outstanding because:

- The service was easy to access. Its referral criteria included all patients who would have benefitted from care. All patients were triaged promptly when a referral was received. Staff assessed and treated patients who required urgent care promptly, only patients who could not attend an appointment within seven days went outside this timescale. Patients who did not require urgent care were offered flexible solutions to ensure they did not have to wait long to receive treatment. Staff followed up patients who missed appointments.
- The service was tailored to meet the needs of individual patients and delivered in a way which ensured flexibility, choice and continuity of care.
- The service worked extremely closely with other healthcare professionals within the community and was proactive in providing them with education on eating disorders.
- The service ensured patients who would benefit from care from another agency had a smooth transition. As an all age service the transitions from children to adult mental health services took place without any disruption to patient care.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good 

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Specialist eating disorders service

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Managers worked closely with other local healthcare services and organisations (schools, GP's, acute hospitals, charity) to ensure that there was an integrated local system that met the needs of people living in the area.

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)

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

Regulated activity

Regulation

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Regulation

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

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

Regulated activity

Regulation

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Regulation

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Julie Meikle, Head of Hospitals led the inspection. An executive reviewer, Dawn Slater supported our inspection of well-led for the trust overall.

The team included one Inspection Manager, one executive reviewer and three specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.