Care Quality Commission

Birmingham and Solihull Mental Health NHS Trust

Perinatal Services

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
The Barberry	RXTD3	Chamomile Unit	B15 2FG
Trust Headquarters	RXTC1	Perinatal Community Mental Health Team	B1 3RB

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Birmingham and Solihull Mental Health NHS Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health NHS Trust.

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Perinatal services consisted of Chamomile Suite, an inpatient ward with nine beds, a one bedroom supported flat, and a specialist perinatal community mental health team. There was also an outpatient service, a crèche and therapeutic groups.

Staff understood about safeguarding children and adults. There was also a culture of learning in the service, with reported incidents learned from and changes made when needed. Care was provided in a clean and hygienic environment by staff that were trained and understood their roles.

The multidisciplinary teams worked well together and provided a joined-up pathway of care for people. The service worked well with partner agencies, for example local acute trusts and other professionals such as health visitors. This made sure that people who used the service, or needed to access the service, were provided with all-round support.

People gave us very positive feedback about the care and kindness they had received from staff, and we observed good care being provided. Feedback from people and their families was used to plan the service. People were also encouraged to get involved in the annual review of the service through service user groups.

The service understood the needs of the local community and actively identified areas where referrals were low. This was to make sure that different community needs were met. Pathways through the service were established for planned, emergency and urgent admissions.

There were strong governance systems in place. Staff were aware of the areas where the service needed to improve and also what actions were being taken to improve it.

Summary of findings

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

Are services safe?
Staff across perinatal services had a good understanding of incident reporting and strong governance networks made sure that learning from incidents was used. The trust had good systems in place to make sure that staff received safeguarding training. In addition, staff were supported to deliver safe care.

Are services effective?
Staff were aware of current best practice guidelines. The service had strong clinical leadership and used a range of specific outcome measures to make sure that it was effective. The multidisciplinary teams worked well together and the service had good working relationships with external partner agencies. The inpatient service had achieved external accreditation. The service was also part of a peer review network that shared best practice nationally.

Are services caring?
We spoke with people who used the service and their family members. Everyone told us that they staff treated them with kindness, interest and consideration. The service made sure that there were opportunities for people to be involved and to provide input into the service, for example through a user group and involvement in the service's annual review.

Are services responsive to people's needs?
Perinatal services were provided to meet the needs of the local area. Staff understood the needs of the local community and worked proactively to ensure that people's needs were met. For example, they actively identified under-represented groups and communities to make sure that the service was accessible to all those who needed it.

Are services well-led?
Staff in the perinatal services told us that they felt well supported by their managers in the service and specialist services. They were proud to work for the service and the trust. Most staff were positive about the trust's management.

Summary of findings

Background to the service

The perinatal services consisted of Chamomile Suite, an inpatient ward with nine beds, which is based at the Barberry. The service also had a one bedroom supported flat to aid discharge planning for people who used the service, and a Specialist perinatal community mental health team, which was based at the Barberry. There was also an outpatient service, a crèche and therapeutic groups.

These services had not been inspected previously by the Care Quality Commission or colleagues from the Mental Health Act Commission

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett, Consultant Psychiatrist

Team Leader: Julie Meikle, Head of Hospital Inspection, Care Quality Commission (CQC)

The team that inspected this service included: a CQC inspector, a psychiatrist and a clinical psychologist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We visited the perinatal services of Birmingham and Solihull Mental Health NHS Foundation Trust between 13 and 15 May 2014. Before the inspection, we reviewed information that we had about the perinatal services at the trust.

During the inspection, we visited the ward and the community team base. We met with staff and people who were receiving care and treatment, as well as their family members.

We also met with people who accessed the community services and the groups based at The Barberry.

What people who use the provider's services say

Before the inspection focus groups were held across the trust. During our visit, we spoke with people who used the inpatient and community services. All the people we

Summary of findings

spoke with were positive about the care they received and the kindness of the staff. People told us that they felt listened to and were able to provide feedback to the service.

Good practice

- Caring and responsive staff throughout the service.
- Proactive care and treatment by looking at the areas referrals were made from, and actively engaging with communities which had low referral rates.
- Excellent links with local acute hospitals to identify the needs of women in maternity units quickly.
- Annual review of the service, which involved and included people who used the service and gave them the opportunity to feed back.
- Presence of a specific service user group which fed into the service development.
- Strong governance systems which embedded learning from incidents, comments and complaints.

Birmingham and Solihull Mental Health NHS Trust

Perinatal services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Chamomile Suite	The Barberry
Perinatal Community Mental Health Team	Trust Headquarters

Mental Health Act responsibilities

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

We found that staff in the service were aware of their duties under the Mental Health Act (1983). We were not accompanied by a Mental Health Act Commissioner during this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff in the service had received training relating to the Mental Capacity Act (2005) and were aware of their roles. No applications had been made on the ward to authorise a deprivation of liberty.

Are services safe?

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

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

Summary of findings

Staff across perinatal services had a good understanding of incident reporting and strong governance networks made sure that learning from incidents was used. The trust had good systems in place to make sure that staff received safeguarding training. In addition, staff were supported to deliver safe care.

Our findings

Chamomile Suite

Track record on safety

We spoke with the staff team on the ward who had a good understanding of the processes to report incidents and were able to explain to us how this was done using Eclipse; the trust's internal reporting process. They were aware of recent incidents in the service and were able to explain how information from incidents was fed back to the ward level indicating an understanding of where the strengths and weaknesses of the service lay. All the staff we spoke with told us that they felt confident reporting concerns to their immediate line managers.

Learning from incidents and improving safety standards

The ward manager checked incidents which were reported before they were sent through the central reporting system. We saw that the ward manager attended a monthly clinical governance meeting for specialist services based at The Barberry Centre. This was where information was shared between services and across the trust about incidents. Information from these meetings fed into monthly business meetings for the perinatal service which had standing items on the agenda related to discussing specific incidents and learning from them. We were told that the service organised bi-monthly action learning sets specifically related to safeguarding issues which had come up and these were coordinated by the trust safeguarding leads. Staff told us that they have access to debriefing sessions after incidents.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff on the ward had a good understanding of safeguarding procedures for adults and children. They had received training and demonstrated that this had been effective. We saw that issues related to safeguarding and associated risks were documented in the electronic records of people on the ward. All staff on the ward were trained in the local restraint policy and procedures. They had also accessed specialist training related to restraint for pregnant women and women with babies. We saw that restraint was recorded and reported through the incident reporting system to ensure that it could be monitored and followed the guidance in the Mental Health Act (1983) Code of Practice.

Assessing and monitoring safety and risk

Staffing levels were at their stated complement. There was a board on the ward which reported how many members of staff were on duty at any time. We were told that the inpatient service had made use of bank staff, particularly when people needed to have higher levels of observation. We checked people's risk assessments and risk management plans on the ward and saw that they were up to date and identified people's individual needs. Some staff on the ward had received training in paediatric emergency life support. There was a gap which had been identified by the service, where not all nursing and care staff had completed this training.

Understanding and management of foreseeable risks

The ward was equipped to manage medical emergencies for mothers and babies. There was access to emergency medication, a crash bag and oxygen. Staff we spoke with knew where the emergency equipment was located. We were told that the unit has access to bank staff when necessary to cover for staff absences. There was an annual ligature audit on the ward.

Perinatal Community Mental Health Team

Track record on safety

Staff we spoke with in the community team were able to explain to us how they reported incidents, including safeguarding referrals on the trust reporting system, Eclipse. Staff had a good understanding and awareness of

Are services safe?

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

the strengths and weaknesses in the service provision and where to focus improvements. Information about incidents in the service and across specialist services were fed back through monthly meetings with the team and through supervision. Staff told us that they felt confident reporting concerns or patient safety issues to their immediate managers.

Learning from incidents and improving safety standards

The community team had a process whereby the manager attended monthly clinical governance meetings where incidents were discussed in the service and across specialist services. Learning from the clinical governance meetings based at The Barberry Centre, were fed back to the staff team through monthly business meetings. The minutes of the business meetings were available to staff who were not present to ensure that they had an understanding of recent incidents and that learning was embedded in the service. Staff had access to a bi-monthly action learning set where issues relating specifically to safeguarding were discussed in the context of learning and improving the service.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

All staff had received training related to safeguarding children and adults. We spoke with staff about the reporting mechanisms and their understanding of them and they were all able to demonstrate an understanding of the policies and procedures to take if they had. Staff were able to give us examples of situations where they had made referrals related to safeguarding children which demonstrated an understanding of the processes and the joint working which was undertaken when necessary, with social services. Safeguarding was discussed regularly in team meetings to ensure that staff information was up to date.

Assessing and monitoring safety and risk

We saw that records kept in the service identified risk through comprehensive risk assessments and risk management plans. Absences were managed within the team with staff covering when there were gaps in the service. The service was fully staffed when we visited; however, we were told that the staff were very busy. The team manager ensured that staff received supervision regularly so that caseloads could be monitored. We saw that there was a robust lone working policy for staff in the community which had been bolstered following an incident and demonstrated that changes had taken place following an incident. The staff had remote devices to ensure that their whereabouts could be monitored centrally and they could alert the base through these devices if they became concerned about their safety in the community.

Understanding and management of foreseeable risks

Staff were able to hot desk so in the case of a situation which made the base inaccessible, they were able to use other trust sites. We were told that staff would contact people who used the service by telephone if they were not able to visit in the case of an emergency.

Are services effective?

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

Summary of findings

Staff were aware of current best practice guidelines. The service had strong clinical leadership and used a range of specific outcome measures to make sure that it was effective. The multidisciplinary teams worked well together and the service had good working relationships with external partner agencies. The inpatient service had achieved external accreditation. The service was also part of a peer review network that shared best practice nationally.

Our findings

Chamomile Suite

Assessment and delivery of care and treatment

Staff across the inpatient ward had a good understanding of best practice, including up to date clinical guidelines as established by the National Institute for Health and Care Excellence (NICE) regarding the services that they provided. There was a consultant psychiatrist based on the ward that covered the inpatient, outpatient and community services and they provided strong clinical leadership for the teams. Staff had attended training related to the use of the Mental Capacity Act (2005) and the Mental Health Act (1983) and were able to demonstrate their knowledge of relevant legislation and codes of practice.

Outcomes for people using services

The trust used the Health of the Nation Outcome Scales (HoNOS) to record outcomes for people who used the service. The clinical psychologist based in the team explained to us that they used specific outcome measures in addition to this. This included clinical outcome measures such as the Hospital Anxiety and Depression Scale (HADS) and a specific mother and infant bonding scale (Brockington). They told us that they are developing a tool internally to reflect outcomes and evaluate interventions based on bonding. This meant that outcomes related to the specialist needs of people using the service were being considered.

The ward has achieved accreditation through the College Centre for Quality Improvement (CCQI) which was part of the Royal College of Psychiatrists. This meant it had been reviewed through a peer network and found to be providing good quality care. Staff in the service had benefited from being part of the peer network and had accessed support, training and information which enabled them to keep up to date with current best practice.

Staff, equipment and facilities

People who used the service had access to ensuite bedrooms. There was a flat for one person where their partner could stay with them which was attached to the unit enabling people to have access to the support based on the ward while working towards independence. Staff had access to mandatory training as well as specialist training related to perinatal services. We saw that the ward manager monitored staff attendance at training. We spoke with the lead nursery nurse who told us that they had access to training and specialist continuing professional development (CPD). This included an annual national nursery nurse 'away day' where learning was shared and the nursery nurses had access to a local nursery nurse group which contributes to their CPD.

Multidisciplinary working

The inpatient team included medical staff, nursing staff, nursery nurses, including a lead nursery nurse. There was also a clinical psychologist and occupational therapist. Staff of all disciplines were very positive about the cohesiveness of the team and told us that they worked well together, complementing each other's strengths and professional expertise. The ward occupational therapist facilitated a programme of therapeutic activities for the people who used the service.

The team had strong links with the maternity units of the local acute hospitals, each of which had a lead midwife with an interest in mental health. The team also worked closely with local health visitors with the lead nursery nurse having run two special interest days aimed at health visitors locally. Care Programme Approach (CPA) meetings took place within the first two weeks of admission with input from a health visitor. People on the ward told us that they had access to GP services for themselves and their children when necessary. We were told, however, that the lack of access to a social worker could sometimes be challenging particularly when working towards discharging people from the ward, as the social worker who had previously been attached to the ward had been able to assist with access to housing and benefits.

If people were known to the perinatal mental health team, inpatient beds were accessed directly. Otherwise, there was

Are services effective?

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

a process to refer people through the home treatment teams. This meant that there were emergency pathways into the service, including during 'out of hours'. Referrals could also be made through the antenatal mental health liaison clinics which were based at all the local maternity services in the area.

Mental Health Act (MHA)

We found that staff on the ward had received training regarding the use of the Mental Health Act (1983) and the Mental Capacity Act (2005). Staff spoken with had an understanding of both Acts and how they impacted on their professional practice.

Perinatal Community Mental Health Team

Assessment and delivery of care and treatment

Staff in the perinatal mental health team, which was based in the community, had an understanding and knowledge of relevant NICE guidance. Staff had received training related to the Mental Health Act (1983) and the Mental Capacity Act (2005). We checked assessments and care plans and saw that they were clearly presented and reflected the individual needs of the people who used the service, including needs related to physical health as well as mental health. We observed a multi-disciplinary team meeting. We saw that there was a strong focus on clinical assessment, formulation and decision making which reflected the needs of people using the service. People we spoke with who used the service told us that they had been given options and were involved in their care planning process.

Staff in the community team told us that they worked jointly with other professionals both within the trust and from other services, for example, local health visitors, to ensure that the needs of people using the service were best met and that assessments are holistic. This means that people who used the service received assessments which reflected their needs in a range of areas and also reflected their preferences where ever possible.

Outcomes for people using services

When we visited the community perinatal services were in the process of becoming accredited through the College Centre for Quality Improvement (CCQI) which was part of the Royal College of Psychiatrists. The service was part of a national peer network of perinatal services through which they benchmarked their service. Staff told us that they did not routinely use HoNOS in the community; however, they had other outcome measures which they used to ensure the effectiveness of their service, particularly focussing on user feedback. Other measures used included a post-partum bonding questionnaire and HADS (Hospital Anxiety and Depression Scale).

We found that the manager of the service monitored staff performance as well as outcomes for patients and had a clear vision and focus of the current needs of people who used the service and where the service could develop in the future to improve.

Staff, equipment and facilities

The community perinatal mental health service consisted of medical, nursing and therapy staff. They also had access to a clinical psychologist. The team visited people in the community and also saw people in group settings at The Barberry Centre. People who attended groups had access to the crèche facilities on site. Staff in the community had all completed their mandatory training. They were able to access training through the local authority which was relevant to their roles. For example, they had completed training related to awareness of female genital mutilation, domestic and sexual violence and human trafficking.

Staff had regular managerial and clinical supervision. They also had specific supervision related to safeguarding. Staff also received annual appraisals where their learning and development needs were addressed.

Multidisciplinary working

The provider may find it useful to note that we were told that there were mixed experiences of working with local social services. It was reported that it had been easier to work with social services where a family were already known to them but that sometimes there could be some difficulties making new referrals. There were also links with the local safeguarding children's' board.

Are services caring?

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

Summary of findings

We spoke with people who used the service and their family members. Everyone told us that they staff treated them with kindness, interest and consideration. The service made sure that there were opportunities for people to be involved and to provide input into the service, for example through a user group and involvement in the service's annual review.

Our findings

Chamomile Suite

Kindness, dignity and respect

We spoke with people who were inpatients and their families. Some of the comments we received included, "The nurses gave me support when I was poorly and they helped me look after my baby", "I really like all the staff, they are trying to help me" and, "They are like family looking after the baby and not like strangers". All the feedback we received from people and family members was very positive and most people referred to the kindness of staff.

All the rooms in the ward were en-suite and ensured people had care which ensured that their privacy and dignity was maintained. Staff were enthusiastic about the service and were clearly focussed on providing an empathetic environment for people who used the service.

We observed care and interactions between staff and people who used the service to be kind, compassionate and caring.

People using services involvement

People told us that they had been involved in care planning; for example, one person told us that staff had helped them to understand their care plan and had involved them in decision making. There was a service user group which included people who used different parts of the service and this group had regular facilitated meetings. This meant that people had the opportunity to feed back about the development of the service. We saw that feedback forms were available on the ward and written information about the service was provided on the ward. However, we saw that written information was only available in English. We were told that information was provided in other languages, through interpreters as necessary. People on the ward had access to advocates and service user voice representative who visited regularly.

Emotional support for care and treatment

People told us that they felt supported by the staff team. One person explained that they were supported to be independent and encouraged to do the things they were able to do. We saw that there was a semi-independent flat attached to the ward where partners could stay with people who were using the service. This helped to facilitate discharge and promoted independence in a safe environment to prepare women to go home. The ward supported flexible visiting times to ensure that families were supported to visit when it was convenient to them and there were private rooms available on the ward to facilitate visits.

Family members we spoke with told us that they felt supported by the service. One family member told us that the staff had been very supportive of a difficult personal situation that existed and that this had been helpful to them.

Perinatal Community Mental Health Team

Kindness, dignity and respect

We spoke with people who used the community service. Some of the feedback they gave us included the following comments "The staff are amazing" and "they [the staff] are brilliant". One person told us that the staff were very caring. We spoke with staff who were enthusiastic about their roles and explained to us how they worked proactively with people who used the service to ensure they were provided with support. They were aware of policies regarding confidentiality.

Staff came from different backgrounds which reflected the people that they worked with and this helped ensure an understanding of different cultural and religious needs of people who used the service. Staff we spoke with had a good understanding of the specific cultural and religious needs of people who used the service and their family members and ensured that they formed part of the service delivery and holistic assessment process.

People using services involvement

The service had a specific user involvement group which ensured that information was fed back to staff about how the service operated. The service also had an annual review

Are services caring?

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

of its service which was presented to staff and to partner organisations, such as local acute trusts and GPs. People who used the service were part of the annual review and were invited to attend and provide verbal feedback about their experiences of the service. If people wished to provide written feedback for the annual review they were offered this opportunity and, with their permission, this feedback was read out at the review. This meant that people who used the service were involved in the service.

We were told that this year people who had used the service would co-produce the annual review. Written information was available about the service which ensured that people were informed and given relevant information.

Emotional support for care and treatment

Staff told us that they worked to provide support for the wider family of people who used the service and ensured that they were included in information sharing and pathways. The service offered groups for people to join when they were discharged from the service ensuring that they could continue to be offered support when they no longer needed care coordination from the community team. People who we spoke with who attended the groups told us that they found them very helpful.

Are services responsive to people's needs?

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

Summary of findings

Perinatal services were provided to meet the needs of the local area. Staff understood the needs of the local community and worked proactively to ensure that people's needs were met. For example, they actively identified under-represented groups and communities to make sure that the service was accessible to all those who needed it.

Our findings

Chamomile Suite

Planning and delivering services

Staff in the inpatient service demonstrated to us that they had a good understanding and awareness of the cultural needs of people who used the service which reflected the local community. For example, we were told that for the cooking group, the occupational therapist had ensured that culturally specific food was accessed from specialist grocers. There was a flat attached to the ward which ensured that people who were working towards discharge had opportunities to be supported in more independent living skills whilst being able to access support from ward staff when necessary. This allowed partners and family to stay in the flat to support safe discharges.

There were nursery nurses based on the ward who had specialist skills which benefited the service. There was a lead nursery nurse who ensured that the training and support needs of the nursery nurses were met to improve the service which was provided. Nursing and medical staff on the ward assessed people's physical health and ensured that physical health needs were addressed on and during admission. We saw evidence of this in those care and treatment records which we checked.

Right care at the right time

The service accepted pregnant women and women who had babies under one who met the criteria for admission to the service. There were pathways of referral from GPs and from community mental health teams as well as the specialist perinatal community team and clinics which were run at the local maternity units. This meant that people were provided with care in a timely manner. There was a pathway for urgent admissions which were provided in conjunction with the trust crisis services which worked with the specialist team as necessary.

Care pathway

We saw that there were different referral routes into the service. When someone was referred from their CMHT then the CMHT remained involved through the admission and was able to facilitate discharge. On admission to the ward, people would have CPA meetings within two weeks and there would be a route to work towards discharge. We saw that staff worked with other teams within the trust and external agencies such as social services to facilitate discharge. We were told that sometimes the lack of social work input could delay the responsiveness of services but we also were told about very good examples of joint working with local agencies. People were discharged from the inpatient services to the outpatient's services and continued to have access to the groups which were run from the unit which meant that they would continue to be able to access support as necessary.

Learning from concerns and complaints

People we spoke with on the ward told us that they were aware of the complaints procedure and we saw that the information about complaints and comments was clearly displayed on the ward. Comments, concerns and complaints were discussed in the monthly team meetings and the service was able to embed learning from feedback through the governance systems in place.

Perinatal Community Mental Health Team

Planning and delivering services

We saw that the community perinatal mental health team worked proactively to ensure that people in the local community had their needs met. The service ran clinics with the consultant psychiatrist and community psychiatric nurses in all the local antenatal clinics and worked with a lead midwife who had a specialist interest in mental health. The service promoted educational visits for midwives and health visitors and students who were invited to spend time in the service to help promote multi-agency learning and work across different organisations. The service had worked on identifying particular groups of people who had not accessed the service and the geographic areas which they covered and had provided additional information which covered these areas. There had been low rates of referral from East Birmingham and Pakistani and

Are services responsive to people's needs?

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

Bangladeshi communities so the service approached local Muslim groups and arranged sessions in these communities related to improving awareness of mental health issues in pregnancy. The service has established links with other organisations, such as the women's hospital in Birmingham. They had established a network and attended quarterly meetings and had co-developed sessions for staff to identify mental health needs in pregnancy.

Right care at the right time

Staff told us that waiting lists were managed on a risk basis. This meant that some people were prioritised due to the level of concerns. We asked the trust to provide us with information about waiting times for outpatients services and were told that on average wait for from referral to assessment or treatment is between seven and 11 weeks. The manager of the community team told us that there are urgent referral pathways through the home treatment service or RAID which operated in all the local accident and emergency departments. Otherwise, people would be seen in the community within two weeks of referral.

Care pathway

Staff told us that when people were referred to specialist perinatal services from community mental health teams, the CMHTs remained involved through the period and the teams worked together including joint visits to ensure a smooth pathway between services in the trust. The service told us that they ensured that when people had been involved with CMHTs prior to their referral to perinatal services, the CMHTs were copied in to correspondence to ensure that they were aware of the work that was taking place.

People were also referred to the team from the inpatient services or from the clinics in the local maternity services or they could be referred from GPs or secondary services. This meant that there were different routes in to the service depending on the needs of the people who used the service.

Learning from concerns and complaints

People we spoke with had an understanding of the processes to make complaints and provide feedback to the service. We saw that the local clinical governance meetings discussed user feedback including complaints to ensure that lessons could be learnt and improvements were embedded in practice.

Are services well-led?

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

Summary of findings

Staff in the perinatal services told us that they felt well supported by their managers in the service and specialist services. They were proud to work for the service and the trust. Most staff were positive about the trust's management.

Our findings

Chamomile Suite

Vision and strategy

Staff based on the ward told us that they felt well supported by their managers locally, those based at The Barberry and trust wide. Managers we spoke with had a good awareness of the risks within the service and were able to explain how the risks were being mitigated. There was an understanding of the direction that the trust was taking in terms of service improvement.

Responsible governance

We found that there were strong local governance and reporting systems which insured that staff were aware of changes and improvements. The ward manager attended a clinical governance meeting which covered specialities based at The Barberry. Information from the clinical governance meetings was shared at the local business meetings for perinatal services and these meetings discussed issues that were identified within the service and across the trust from audits, complaints, incidents and comments.

There was a modern matron based at The Barberry who ensured that local audits were maintained and the service had a clinical governance lead. Staff aware of their responsibilities and the staff we spoke with had an understanding of trust leads to contact for information if necessary regarding safeguarding and specific areas around use of the Mental Health Act (1983) and the Mental Capacity Act (2005). There was a local risk register in place, which ensured that issues raised were addressed, for example, the lack of paediatric first aid training on the ward. We saw that actions had been taken from the concerns identified by the risk register.

Leadership and culture

Staff told us that they felt the culture within the trust was positive and promoted openness. They were aware of the local whistleblowing procedures and felt confident that they could raise concerns locally and that they would be responded to. Staff were aware of their responsibilities within the team. Staff told us that they were aware of the leadership at board level and that the chief executive had visited the service. They told us that they felt the service was valued by the trust.

Engagement

User participation was encouraged in the service. People had opportunities to leave comments about the service on the ward and there was information available about how to provide feedback. There was also a user group which was specific to the service. A "user voice" champion visited the ward regularly to ensure that feedback could be gathered by different methods.

Staff were able to attend clinical governance meetings and had regular meetings with their managers to ensure that their voices were captured. Staff we spoke with on the ward felt they were able to provide feedback about the service and felt that their voices were heard.

Performance improvement

All staff reviewed annual appraisals which gave them the opportunity to identify areas of growth and development. The service had an annual review with service users, commissioners, local agency partners and the team involved to look at targets and areas to focus on in the future. The clinical governance meetings and leadership network ensured that identified concerns were managed and monitored so that performance could be tracked and improved.

Perinatal Community Mental Health Team

Vision and strategy

Staff in the community team told us that they were aware of the local and trust wide strategies, aims and objectives and felt supported by their managers within the service but also within specialist services and within the trust as a whole.

Responsible governance

There were strong local governance and reporting systems within the service which insured that staff were aware of changes and improvements. The community team management attended a clinical governance meeting

Are services well-led?

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

which covered specialities based at The Barberry. Information from the clinical governance meetings was shared at the local business meetings for perinatal services and these meetings discussed issues that were identified within the service and across the trust from audits, complaints, incidents and comments.

There was a modern matron based at The Barberry who ensured that local audits were maintained and the service had clinical governance lead based locally.

Leadership and culture

Most staff told us that they were proud to work for the trust and for this service within the trust. They told us that they were supported to raise concerns and that they felt they would be able to raise concerns if they had any. Staff were aware of the whistleblowing procedures should they need to use them. Staff were aware of the board level leadership. Some members of staff told us that they sometimes felt slightly detached from the organisation but most told us that they were positive about the chief executive and the board leadership and that the trust promoted a positive working environment.

Engagement

The perinatal community service promoted user involvement in the annual review of the service which was presented. Feedback was sought from people who attended groups and there was a specific user group related to perinatal services. However, staff told us that more could be done to promote feedback from people who used community services as while the service received positive feedback, for example, thank you cards, these were not always documented.

Staff told us that they felt able to provide feedback about the service. The trust had initiatives like “Listening into Action” and “Dear John” which encouraged staff feedback at different levels.

Performance improvement

Staff had annual appraisals which ensured that their developmental needs and the needs of the service were addressed. Audits were undertaken in a number of areas which ensured that the performance of the team was monitored and the team manager ensured that they targets which were established were monitored.

The service had regular clinical governance meetings which addressed audits and targets and provided feedback at a managerial level which could then be passed on to teams regarding improving services.