

Worcestershire Health and Care NHS Trust

Inspection report

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

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

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

Ratings

Overall 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

Worcestershire Health and Care NHS trust was established on 1 July 2011 in response to the Department of Health 'Transforming Community Services' initiative. The trust manages the vast majority of the services that were previously managed by Worcestershire Primary Care NHS trust's Provider Arm, as well as the mental health services that were managed by Worcestershire Mental Health Partnership NHS trust which is now dissolved.

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

The trust's services are provided from over 100 sites – a wide range of community settings including community hospital wards, acute mental health wards, recovery units, people's own homes, community clinics and outpatient departments. The trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings. The trust has a total of 403 inpatient beds across 27 inpatient wards including mental health and community health services.

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

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

- Adult Mental Health and Learning Disabilities
- Integrated Community Services
- Countywide Community Services
- Children, Young People and Families and Specialist Primary Care.

The trust provides the following core services:

- Community health services for adults
- Community health services for children, young people and families
- Community health inpatient services
- End of life care
- Community dental services
- Sexual health services
- Acute mental health wards for adults of working age and psychiatric intensive care units
- Long/stay rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism (they are respite care services for adults and children)
- Community-based mental health services for adults of working age
- Mental health crisis and health based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people

Summary of findings

- Community mental health services for people with a learning disability or autism

The trust does not provide specialist mental health services including wards for people with an eating disorder, wards for children with mental health problems, learning disability assessment and treatment beds, and people who may require secure mental health services.

The trust works with a number of key partners locally including the following clinical commissioning groups; NHS South Worcestershire, NHS Wyre Forest and NHS Redditch and Bromsgrove. The trust works with a number of key partners within the Herefordshire and Worcestershire sustainability and transformation partnerships.

This is the third comprehensive CQC inspection of Worcestershire Health and Care NHS Trust. We last inspected the trust from January to March 2018 and published the report in June 2018. Our overall rating for the trust was good and we rated safe, effective, caring, responsive and well-led as good in each area.

Overall summary

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

What this trust does

Worcestershire Health and Care NHS Trust provides mental health and community health services at over 100 locations throughout Worcestershire.

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 inspected seven of the mental health and community health services provided by this trust because as part of our continual checks on the safety and quality of healthcare services.

We inspected the following core services:

- Community health services for children, young people and families
- End of life care
- Community dental services
- Community-based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Community-based mental health services for older people

Summary of findings

- Community mental health services for people with a learning disability or autism

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

What we found

Overall trust

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

We rated safe, effective, caring, responsive and well-led as good. We took into account the current ratings of the services not inspected this time.

We found that mental health and community health services overall provided by the trust were good, with safe, effective, caring and responsive as good, and the trust was well led. Although senior leaders knew these services well, we were not assured they were receiving all the necessary detail from operational managers about the services provided.

The trust had made the necessary improvements we asked it to make at the previous inspection in 2018. This included the way it reviewed and learnt from deaths, staff had better access to training and supervision, and there was better understanding and adherence to the Mental Capacity Act.

Following a review of services in 2017 provided to children and adolescents mental health services, the service had made significant improvement and we rated them as outstanding overall, with caring and well-led rated as outstanding, and safe, effective and responsive as good.

Eleven out of the 14 core services provided by the Trust were rated as good overall and three further core services were rated as outstanding overall.

Staff across the majority of services treated patients and carers with kindness and respect. Staff regularly told us they were proud to work for the trust. We rated three out of the core services the trust provided as outstanding in caring.

The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. The trust had set a clear vision and values that were at the heart of the work within the organisation and this was shared by the vast majority of staff we spoke with.

The trust strategy was linked to the vision and values and also aligned with the sustainability and transformation plan for Herefordshire and Worcestershire. The trust had good relationships with external partners such as commissioners and were keen to develop these further.

There were structures in place to oversee risk. Managers had processes in place to review incidents and investigate properly. Patients and staff knew how to complain and the trust shared any learning from incidents and complaints.

Staff and patient groups knew who many of the senior leaders were. They were visible in trust clinical services and staff regularly commented that they understood services well, including risk.

The trust was committed to innovation and quality improvement to improve patient care. This has led to a number of improvements in digital technology to improve staff working in a more agile way and younger people having good access to timely support with their mental health. We found that quality improvement was not carried out by staff generally undertaking front line work with patients however the trust had started to engage with staff to develop quality improvement champions.

Summary of findings

The trust were working to improve equality and diversity across the trust and staff groups including disability, LGBT+ and black, Asian and minority ethnic were promoted. The trust did have further work to improve staff survey results from staff from a black and minority ethnic background when supporting career development and though the grievance process.

However;

Patients of working age with mental health problems in the South of Worcestershire were not kept safe as there were not enough staff to see and monitor them regularly. Many patients were left without a care co-ordinator after staff left or were on long term leave. These patients were kept on a holding list that wasn't adequately monitored. Risk assessments, and care and crisis plans in the South community assessment and recovery service were poor. Staff did not always assess and meet the physical health needs of patients. Not all patients had their rights under the Mental Health Act updated and staff did not always record capacity to consent to treatment in care records. The trust was slow to address the concerns raised by staff in this service that resulted in staff leaving, taking stress related sick leave and/or whistleblowing about bullying and harassment from managers. Fridge temperature checks in clinic rooms were not always completed. Although senior leaders in the trust had good oversight of their services, we were not assured they were receiving all the necessary detail from operational managers about the service provided.

Staff in the end of life services did not always safely administer medication as the building did not allow them to. We found there was no end of life strategy in place to support service delivery. The viewing area in the mortuary did not provide dignity and privacy

We found concerns in dental services related to infection control practice.

Staff regularly reported there was unreliability of IT systems in some of the services across the trust. They tended to be in old buildings, but the trust was aware and addressing those concerns.

Are services safe?

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

Safeguarding adults, children and young people was given sufficient priority. The trust safeguarding team supported staff across the trust to ensure safeguarding was assessed, recorded and communicated to the relevant services. The safeguarding team had a proactive relationship with external stakeholders such as the local authority and police to keep patients and families safe.

The majority of trust services had appropriate staffing levels and skill mix. There were effective handovers and shift changes to ensure that staff managed risk. Most staff and services recognised and responded appropriately to any changes in patients' risk. These included deteriorating health, medical emergencies and behaviours that challenge.

Staff had access to the information they needed to assess, plan and deliver care, treatment and support people in a timely way.

Overall, there was effective medicines management across the trust. Staff managed medicines consistently and safely. Medicines were stored correctly, disposed of safely, and staff kept accurate records of medicines.

The trust monitored and reviewed incidents consistently. There were policies and processes in place to support the review of incidents and the trust shared lessons learnt with staff.

We found the trust to be open and transparent about safety and risk. They were aware of the main risks to the trust, including patients, families, staff and partners. When something went wrong, there was a thorough review and lessons learnt.

However;

Summary of findings

Patients under the care of the South community assessment and recovery service were not kept safe. There was insufficient staff to make regular contact and the trust were slow to act in re-allocating patients to a care coordinator when they left the service or were on leave.

Staff at the Primrose Unit at the end of life service did not have a clinical room to administer medicines safely.

Are services effective?

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

Across other trust services, patients were consistently assessed and their needs met that took into account mental and physical health and well-being.

Staff adhered to the Mental Health Act Code of Practice and understood their roles and responsibilities. The trust had effective governance of the Mental Health Act and Mental Capacity Act. Only in the South community assessment recovery team did staff not consistently record that patients' subject to a community treatment order have their rights read to them.

Across the trust, patients had access to suitably qualified and skilled staff to meet their needs. The learning needs of staff were met and the trust had improved staff uptake of meaningful supervision.

The trust had an ongoing recruitment drive to ensure there were enough staff to provide safe and quality care. There were shortages in staff across the trust similar to the national picture but the trust knew where the gaps were and the reasons behind them.

Staff worked collaboratively across the health and social care sector to meet the needs of a range of patients families with complex mental and physical health issues. The trust was consistent and proactive in supporting patients to live healthier lives.

However;

Care plans were not always present or personalised for patients in the South community assessment and recovery service. Assessment and monitoring of physical health in this service was inconsistent and assessment of patients' mental health was not consistent.

Are services caring?

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

Patients using trust services mostly said staff treated them with dignity, kindness and respect. Contact with staff was positive and patients felt supported and said staff cared about them.

Staff supported patients and those close to them and the trust promoted focus on the well-being as a whole, including improved access to physical health, emotional well-being, spiritual and cultural support, and work opportunities.

The trust encouraged those who use services to co-produce and re-design service delivery. This was evidenced particularly with the work undertaken with the youth board to the trust and the development of an App called 'Bestie' to educate and support young people with emotional well-being.

Confidentiality was respected at all times and legal requirements about data protection were met.

However;

In the South community and assessment recovery services, not all patients were consistently involved in their care planning and not all knew how to make a complaint or felt advocated for due to a lack of staff.

Summary of findings

Are services responsive?

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

The trust continued to plan services with local people, staff and stakeholders, and staff had a good understanding of the needs of patients across the trust.

Admission and discharge of patients across services was mostly well planned. Patients who were transferred out of Worcestershire to access treatment and inpatient beds were monitored, and the trust were committed to bring them back in a timely way.

The trust was aware of old buildings within the trust where patients received care and treatment and had plans in place to improve the patient experience, in particular, where a small number of patients had to sleep in bed-bays. This may compromise privacy and dignity.

The trust continued to promote 'how to complain' and patients and carers knew how to raise concerns across the trust.

However;

Although there was good access to assessment and treatment across the trust, there were some areas of concern including patients waiting for psychology in the South community and assessment recovery services and a general anaesthetic in dental services, although the latter wait was beyond the control of the trust.

Are services well-led?

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

The leadership, governance and culture promoted the delivery of high-quality person-centred care.

Senior leaders had the experience, capacity and integrity to ensure that the strategy could be delivered and risks to performance delivered.

There was a clear statement of vision and values that was shared between senior leaders and staff across the trust. The strategy was robust and realistic with achievable objectives. The strategy was aligned to local plans in the wider health and social care economy and there was clear investment from the trust to support the sustainability and transformation plan. Although the trust were aligned to a systems wide strategy for older people that incorporated palliative care, we found there was no end of life strategy.

The trust had a clear structure for overseeing performance, quality and risk, with board members represented across sub-committees of the trust. The medical and nursing director met regularly with the quality and risk governance lead to review incidents across the trust. This gave them greater oversight of issues facing the service and they responded when services needed more support. However, the quality and risk within one service, whilst senior leaders were aware, did not have timely and robust management to mitigate risk to patients and support for staff. Also, we were not always clear of the levels of assurance that had been assessed by each committee, with the content of these reports seeming to significantly replicate subsequent reports provided by executive board members.

Senior leaders modelled and encouraged compassionate, inclusive and supportive relationships amongst staff that they felt respected. However, one part of the South community and assessment and recovery team demonstrated that operational managers needed to do more to support staff.

Candour, honesty, transparency and challenges to poor practice were the norm. The trust actively engaged with and promoted staff voices to drive improvement and raise concerns when it is needed. There was further work to do to embed quality improvement in front line services consistently across the trust.

Summary of findings

The trust encouraged staff to learn and promoted opportunities to develop leadership and clinical skills. Equality and diversity was actively promoted and since the previous inspection of 2018, the trust have worked to address workforce inequalities by promotion of diverse staff groups, however further work was required.

The trust was committed to innovation and quality improvement to improve patient care. This has led to a number of improvements in digital technology to improve staff working in a more agile way and younger people having good access to timely support with their mental health. We found that quality improvement was not carried out by staff generally undertaking front line work with patients however the trust had started to engage with staff to develop quality improvement champions.

The trust was committed to improving services from learning when things go well and when they go wrong, promoting training, research and innovation.

However;

Accreditation of acute mental health wards had lapsed because the national approach had changed, and new national standards were awaited. The trust was waiting for accreditation to match their new model of working on these wards. The trust should review these wards to ensure they are working effectively.

Staff in the South community assessment and recovery services reported bullying and harassment by managers. Staff raised their concerns with the freedom to speak up guardian and senior leaders so the trust were aware for some time, not enough had been done to support staff with their concerns.

Ratings tables

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

Outstanding practice

We found outstanding practice in specialist community mental health services for children and young people, community-based mental health services for people with learning disabilities and autism, and community dental services.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 10 breaches of legal requirements that the trust must put right. We found 18 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 10 requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirement.

Our action related to breaches of 10 legal requirements in two core services or locations.

Summary of findings

What happens next

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

Outstanding practice

We found the following outstanding practice:

Trust

- Since the previous inspection in June 2018, the trust had continued to develop and innovate their digital capability using the Global Digital Exemplar Programme. The IT infrastructure supported quality of care to, and improved safety to patients. Developments included Mindwave Healthlocker that enabled patients to access their records through digital technology, and a third party application to support young people with their mental health and well being, called BESTIE.

Community-based mental health services for people with learning disabilities and autism

- The service worked closely with others in the health and social care sector to improve outcomes for patients. Staff supported patients to attend for cancer screening, breaking down barriers, trying to improve patients' confidence and finding ways to enable them to access routine community services. They purchased models of a scrotum, cervix and breasts so patients could learn about self-health checks. Staff ran one to one and group learning sessions for patients, to explain the importance of self-care checks and reduce anxieties about attending for medical screening. Staff worked closely with a local breast screening unit to consider reasonable adjustments under the Equality Act 2010. They worked with the unit and GPs to identify patients at risk of non-attendance, late attenders and those at higher risk. The unit had a planned special opening for these patients, which together, staff made a fun event, with a raffle and refreshments to boost the likelihood of patients attending. They supported patients with travel arrangements so they could attend and provided reassurance and guidance for any anxious patients.
- Staff worked closely with families and local providers of support services to highlight the importance of good oral care, hydration and bowel care. They linked this with their analysis of trends for patients presenting at local acute hospitals and provided targeted training sessions in the identified areas, such as constipation, with the aim of increasing both awareness and positive outcomes for patients.
- Staff paid close attention to the interactions, conversations and behaviours they observed when working with community providers of care and support. They called this intelligence gathering "white noise". They shared this intelligence in their team meetings and with commissioners of services. They did this because they were keen to ensure they identified evidence that might be indicative of a staff culture in need of improving. This intelligence did not meet the threshold for raising a safeguarding concern but nonetheless, encouraged staff to be open with commissioners and providers that behaviours, interactions and language used by staff was key to the provision of respectful, kind and compassionate care. Examples of the "white noise" staff reported included: worker / service user interactions, environmental and individual appearance, quality of care and language used.

Specialist community mental health services for children and young people

- The service operated a psychotherapy led under- fives team across the County. The Royal College of Psychiatrists had reported a decline in these teams being operated nationally and recommended that providers and commissioners provide such a service, which was cited as good practise. Alongside the provision of the service, the team facilitated training placements for trainee psychotherapists which had been recognised nationally. They had received excellent feedback from those that had undertaken the training.

Summary of findings

- The teams were innovative and developed groups that would benefit the needs of their patients. They had developed a digital app called BESTIE that provided individualised resources and advice to patients which had been nationally recognised as good practise.

Community dental services

- The dental health educator actively provided preventative advice, support and training within the local community to support vulnerable groups in various settings. They had delivered several Dental Health Education sessions at a local school under special measures to children aged 11 to 16 who were permanently excluded from mainstream school, many with emotional and social, behavioural problems. During Smile Month the dental health educator attended several school readiness events 'Are your teeth ready for School' to support parents and families with children who were about to start school. They had worked collaboratively with the learning disabilities team and had trained 126 staff to complete oral health care assessments and to assist people with learning disabilities to carry out basic daily oral hygiene procedures.
- The service provided hard to reach clinics which were mainly aimed at homeless people. Staff visited a local day centre where they provided a contact session once month to offer basic oral health screening including soft tissue examination. This helped patients become accustomed to the dental team. Where further dental treatment was required an appointment was scheduled for the patient at one of the dedicated clinics. These "Hard to reach" clinics were held at either Kidderminster or Worcester every week. Staff told us that they were very flexible with the patients keeping appointments as they were fully aware of the difficult social situations of the patients and would not remove these patients from their lists. Homeless patients also had access to dental services through the dental access centres. Staff had also provided oral health education training to staff at the day centre and provided toothbrushing packs to the homeless persons.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something that is required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **must** take to improve

We told the trust that it must take action to bring services into line with 10 legal requirements. This action related to two services.

Community-based mental health services for adults of working age

- The trust must ensure action is taken to reduce the risk to patients relating to the numbers of nursing, allied health care professional and medical staff. Regulation 18(1)
- The trust must ensure that staff are appropriately supported to raise concerns without fear of reprisal and that these concerns are listened to and acted upon. Regulation 17 (1)(2)(a)(b)(e)(f)
- The trust must ensure that all patients have good quality care plans, risk assessments and crisis plan in place and copies made available to them. Regulation 12(2)(a)
- The trust must ensure that all patients have their physical health needs assessed and met. Regulation 12(2)(a)
- The trust must ensure that staff update patients subject to a community treatment order on their rights and make a record of it within the patient's record. Regulation 17(2)(c)

Summary of findings

- The trust must ensure that staff record that they have assessed a patient's capacity to consent to treatment appropriately in the patient record. Regulation 17(2)(c)
- The trust must ensure they reduce waiting lists for allocation and treatment, improve the oversight of patients on the waiting list. Regulation 12 (2)(a)
- The trust must ensure that staff complete fridge temperatures checks and associated paperwork in the clinic room daily. Regulation 12(2)(b)

End of Life Services

- The trust must ensure that Primrose Ward has a separate area for staff to prepare medication which is free from distraction. Regulation 12(1)(2)(g)
- The trust must ensure that the viewing area for relatives in the mortuary is fit for purpose and treats patients and their relatives with dignity and respect. Regulation 15(1)(c)

Action the trust **should** take to improve

We told the trust that it should take action either because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

Trust wide

- The trust should ensure that they have a working strategy for end of life care and the audits and evaluation in place to support this and ensure it is fully embedded across all services
- The trust should ensure they review the systematic approach to determine levels of board assurance and details to the board in light of the problems highlighted in the South community and assessment recovery service
- The trust should consider reviewing acute mental health wards based on a lack of accreditation to ensure they are working effectively
- The trust should ensure they work towards providing beds for all patients in single bedrooms, thus ending the use of bed bays
- The trust should consider the need for a strategy to support the work of the Freedom to Speak Up Guardian

Community-based mental health services for adults of working age

- The trust should ensure scales are calibrated regularly
- The trust should ensure that all relevant information such as changes to patient medications is communicated to relevant external agencies such as the patient's GP
- The trust should ensure that staff in the South community assessment and recovery team are able to regularly attend meetings

End of Life Services

- The trust should ensure that there is cover in place when needed for staff to take their breaks on Primrose Ward

Community dental services

- The trust should ensure that improvements are made to the infection prevention and control process to ensure that ultrasonic baths are tested in accordance with manufacturers guidelines. In particular, that weekly protein residue testing on instruments is completed.
- The trust should ensure that the secure storage of clinical waste at the Dental Anxiety Management Service.

Summary of findings

- The trust should ensure that patients were routinely greeted at reception in the Dental Anxiety Management Service.
- The trust should ensure that improvements could be made to the reduce the paediatric patient wait times for receiving treatment under general anaesthesia in line with the national average.

Community health services for children, young people and families

- The trust should ensure their safeguarding policy reflects national best practice and guidelines in relation to the minimum timeframe for providing safeguarding supervision to staff
- The trust should ensure there are cleaning records available in clinical areas for staff to document when cleaning has been done
- The trust should ensure all equipment is serviced, safety checked and calibrated in line with trust policy and legislation

Specialist community mental health services for children and young people

- The trust should consider reducing their wait times for patients from assessment to treatment, despite meeting their commissioned targets
- The trust should consider providing all clinical staff with Mental Health Act training, as a mandatory standard

Is this organisation well-led?

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

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

The leadership, governance and culture promoted the delivery of high-quality person-centred care.

Senior leaders had the experience, capacity and integrity to ensure that the strategy could be delivered and risks to performance delivered.

There was a clear statement of vision and values that was shared between senior leaders and staff across the trust. The strategy was robust and realistic with achievable objectives. The strategy was aligned to local plans in the wider health and social care economy and there was clear investment from the trust to support the sustainability and transformation plan. Although the trust were aligned to a systems wide strategy for older people that incorporated palliative care, we found there was no end of life strategy.

The trust had a clear structure for overseeing performance, quality and risk, with board members represented across sub-committees of the trust. The medical and nursing director met regularly with the quality and risk governance lead to review incidents across the trust. This gave them greater oversight of issues facing the service and they responded when services needed more support. However, the quality and risk within one service, whilst senior leaders were aware, did not have timely and robust management to mitigate risk to patients and support for staff.

Senior leaders modelled and encouraged compassionate, inclusive and supportive relationships amongst staff that they felt respected. However, one part of the South community and assessment and recovery team demonstrated that operational managers needed to do more to support staff.

Summary of findings

Candour, honesty, transparency and challenges to poor practice were the norm. The trust actively engaged with and promoted staff voices to drive improvement and raise concerns when it is needed. There was further work to do to embed quality improvement in front line services consistently across the trust.

The trust encouraged staff to learn and promoted opportunities to develop leadership and clinical skills. Equality and diversity was actively promoted and since the previous inspection of 2018, the trust have worked to address workforce inequalities by promotion of diverse staff groups, however further work was required.

The trust was committed to innovation and quality improvement to improve patient care. This has led to a number of improvements in digital technology to improve staff working in a more agile way and younger people having good access to timely support with their mental health. We found that quality improvement was not carried out by staff generally undertaking front line work with patients however the trust had started to engage with staff to develop quality improvement champions.

The trust was committed to improving services from learning when things go well and when they go wrong, promoting training, research and innovation.

However;

Accreditation of acute mental health wards had lapsed because the national approach had changed, and new national standards were awaited. The trust was waiting for accreditation to match their new model of working on these wards. The trust should review these wards to ensure they are working effectively.

Staff in the South community assessment and recovery services reported bullying and harassment by managers. Staff raised their concerns with the freedom to speak up guardian and senior leaders so the trust were aware for some time, not enough had been done to support staff with their concerns.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020

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 adults	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Community health services for children and young people	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Community health inpatient services	Good May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Good May 2018
Community end of life care	Requires improvement ↓ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Community dental services	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020

*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 May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Long-stay or rehabilitation mental health wards for working age adults	Good May 2018	Good May 2018	Outstanding May 2018	Outstanding May 2018	Outstanding May 2018	Outstanding May 2018
Wards for older people with mental health problems	Good May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Wards for people with a learning disability or autism	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Community-based mental health services for adults of working age	Inadequate ↓↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Inadequate ↓↓ Jan 2020	Inadequate ↓↓ Jan 2020
Mental health crisis services and health-based places of safety	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Specialist community mental health services for children and young people	Good →← Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Community-based mental health services for older people	Good ↑ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Community mental health services for people with a learning disability or autism	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020

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

Community health services for children and young people

Good   

Key facts and figures

Worcestershire Health and Care NHS Trust provided community health services for children, young people and families across Worcestershire county from 19 different locations. The trust provides a range of community health services for children, young people and families that are split into two sub-services. These are starting well prevention and early intervention services, and services for children with disability and complex needs.

The starting well prevention and early intervention services includes public health nursing services, such as health visitors and school nurses, breast feeding support and school aged audiology. Audiology is a branch of medicine that studies hearing, balance and related disorders.

The services for children with disability or complex needs includes community paediatric services, paediatric physiotherapy, paediatric occupational therapy, paediatric speech and language therapy (SLT), and community nursing services (the Orchard service) that includes palliative and end of life care. Palliative care is treatment, care and support for people with life-limiting illnesses. The service also includes special school nursing for children with special needs.

Staff within these services provides advice, support and information for parents, carers and schools. They deliver developmental screening programmes, looked-after children health assessments and use a multi-disciplinary neuro-developmental pathway that assessed for Autistic Spectrum Disorder. Looked-after children are children who have been in the care of the local authority for 24-hours or more. Autistic Spectrum Disorder is a developmental disorder that can affect communication and behaviour.

Staff also provide individual packages of care through a home support service.

Child development teams within the service included nursery nurses, community paediatricians, paediatric physiotherapists, occupational therapists and speech and language therapists. The teams provide a service for pre-school aged children with additional needs from the trust's three child development centres. These are Wyre Forest child development centre, Scott Atkinson child development centre and Warndon (South Worcester) child development centre.

At the time of our inspection visit, the service included a children's short break respite service called Ludlow Road in Kidderminster. The service has four bedrooms that include two single-bedded rooms and two twin-bedded rooms. There is also a sensory light and sound room, kitchen and bathroom facilities and a patio and sensory garden all specially adapted to meet the needs of disabled children. The service is available for children between the age of three and 18 years. There were negotiations underway regarding the future of the Ludlow Road respite service at the time of our inspection.

We inspected the Worcestershire Health and Care NHS Trust's community health services for children, young people and families from 24 to 26 September 2019. The inspection team consisted of a lead CQC inspector, a specialist health visitor advisor and a specialist school nurse advisor.

During our inspection we visited the following locations and teams:

Location/ Satellite clinic	Address	Teams at location/satellite clinic
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Community health services for children and young people

Kidderminster Health Centre	Kidderminster Health Centre Bromsgrove Street Kidderminster DY10 1PG	<ul style="list-style-type: none"> Starting well integrated public health nursing 0-5 years and 5-19 years (health visitors and school nurses) Paediatric Physiotherapy Paediatric Occupational Therapy
Catshill Clinic	Catshill Clinic, 17 The Dock, Bromsgrove, Worcestershire, B61 0NJ	<ul style="list-style-type: none"> Starting well integrated public health nursing 0-5 years and 5-19 years (health visitors, nursery nurses and school nurses) Paediatric SLT
Scott Atkinson Child Development Centre	Scott Atkinson Child Development Centre, Woodrow Drive, Redditch, Worcestershire, B98 7UH	<ul style="list-style-type: none"> Starting well integrated public health nursing 0-5 years (nursery nurses) Paediatric physiotherapy Child development team
Covercroft Centre	Covercroft Centre, Colman Road, Droitwich, WR9 8QU	<ul style="list-style-type: none"> Community paediatrics
Chadsgrove Special School	Chadsgrove School, Meadow Road, Catshill, Bromsgrove, B61 0JL	<ul style="list-style-type: none"> Special school nursing
Warndon (South Worcester) Child Development Centre	Warndon (South Worcester) Child Development Centre, Shap Drive, Warndon, Worcester, WR4 9NX	<ul style="list-style-type: none"> Starting well integrated public health nursing 0-5 years (nursery nurses) Child development team

We gave the service a week's notice of our inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available.

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

During the inspection visit, the inspection team:

- spoke with 38 members of staff that included 11 registered nurses, 10 managers, six therapy staff, five nursery nurses, four admin staff and two paediatricians
- spoke with nine children, young people and their families

Community health services for children and young people

- reviewed 14 patient records related to physical health, patient risk assessments, care plans and observations
- reviewed three staff profiles related to training and supervision
- observed 10 appointments where care and treatment were delivered in children and young people's homes and child development centres.

We did not inspect the Orchard service or the Ludlow Road respite service as part of this inspection.

The service was last inspected in 2015 and was rated good overall, with safe, effective, caring, responsive and well led rated as good. There were six areas of improvement identified in the last inspection that related to the safe and effective key questions. We found that the service had made improvements and had addressed the six "should do" actions published in 2015.

Summary of this service

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

- The service had enough staff to care for children, young people and families and keep them safe. Staff had training in key skills, understood how to protect children, young people and families from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care, treatment, advice and support. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children, young people and families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children, young people and families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children, young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children, young people and families receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people, their families and the community to plan and manage services and all staff were committed to improving services continually.

However:

- It was not clear if there were cleaning records to document when cleaning had occurred at all locations. Cleaning records we observed were not always up-to-date and did not always demonstrate that all clinical areas were cleaned regularly.
- Not all equipment was serviced and calibrated in line with trust policy.
- Safeguarding adults level 3 training module compliance rates were low. Some staff that were required to complete the module had not completed it.

Community health services for children and young people

- Safeguarding supervision timeframes were not consistent across the workforce and timeframes stated in the policy were not in line with NHS England National Health Visiting Service Specification 2014/2015.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children, young people and their families 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 service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. Staff took precautions and actions to protect themselves, children, young people and their families when providing care in children and young people's homes.
- Staff completed and updated risk assessments for each child and young person, and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing caseloads and skill mix, and gave bank and locum staff a full induction. Senior staff had plans developed to relieve pressures of demand in areas where staffing and capacity was challenging.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. All staff had access to an electronic records system that they could all update.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- It was not clear if there were cleaning records to document when cleaning had occurred at all locations. Cleaning records we observed were not always up-to-date and did not always demonstrate that all clinical areas were cleaned regularly.
- Not all equipment was serviced and calibrated in line with trust policy.
- Safeguarding adults level 3 training module compliance rates were low. Some staff that were required to complete the module had not completed it.

Community health services for children and young people

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. The service had been accredited under the UNICEF baby friendly initiative.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Safeguarding supervision timeframes were not consistent across the workforce and timeframes stated in the policy were not in line with NHS England National Health Visiting Service Specification 2014/2015.

Is the service caring?

Good  → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a child and family centred approach.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Community health services for children and young people

- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Is the service well-led?

Good ● ➡ ➡

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

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

Community end of life care

Good   

Key facts and figures

Worcestershire Community Healthcare Trust provides a specialist palliative care community team and six specialist palliative care beds. They also provide end of life care to patients within their community hospitals and through the district nursing teams.

The specialist beds are provided on The Primrose at the Princess Unit (Primrose Ward) based at The Princess of Wales Hospital Bromsgrove. This ward has six beds and patients are under the care of a palliative care consultant and specialist palliative care nursing team. The purpose of the ward is to ensure patients have adequate pain management and the support to die in the environment of their choice. Patients are discharged from the ward once their pain management is controlled although some patients do stay until the end of their life.

The specialist palliative care community team is made up of band 7 nurses who have training in end of life care. They are based at The Princess of Wales Hospital Bromsgrove covering Bromsgrove and Redditch and at an independent Hospice in Kidderminster covering the Wyre Forest area. This service in the south of Worcestershire is provided by an independent hospice.

Evesham Community Hospital has four designated end of life care beds as part of Izod Ward which is a rehabilitation ward. These beds are GP led with additional support from a consultant in palliative care.

There are six other community hospitals within the trust who all use beds within their wards for end of life care. They are overseen by a consultant and staff can access additional support from the specialist palliative care teams and trained staff at the local independent hospices.

District nurses provide a large part of the end of life care in the community and receive support from the specialist palliative care community team and the consultants employed by the trust.

Our inspection was announced 48 hours before it took place (staff knew we were coming) to ensure that everyone we needed to talk to was available.

End of life care was previously inspected in January 2015. They received an overall rating of good with a rating of good for each domain.

During this inspection we:

- visited Primrose Ward at the Princess of Wales Community Hospital and the specialist palliative care community team and mortuary based there
- visited the four end of life beds on Izod Ward at Evesham Community Hospital
- visited community specialist palliative care staff based at the independent hospice in Wyre Forest
- interview managers and clinical leads for the services
- interviewed 13 other staff including doctors, nurses, healthcare assistants, porters and administrators
- held a focus group with five district nurses
- spoke with three patients and two carers and observed a visit to a patient receiving support in the community
- viewed the multifaith rooms at both hospitals

Community end of life care

- attended a multidisciplinary team meeting
- reviewed 14 sets of records and four medication charts.

Summary of this service

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

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Primrose ward did not have a dedicated area for preparing medication including controlled drugs. Staff completed this task in an area open to patients and visitors. This meant staff could be easily distracted from completing this which could lead to errors.
- The visitors viewing area in the mortuary was not fit for purpose. It was not designed to make visitors as comfortable as possible at a very difficult and distressing time for them. Staff did what they could to mitigate this but were not able to change the way the room was set out or the equipment used
- The lack of an end of life care strategy for the trust meant that there was an overall lack of audits and evaluation for end of life care. This affected the governance of the service at a more senior level. However, the trust participated in the national audit of at the end of life, which is a NHS benchmarking audit, and Primrose hospice used a metrics tool to measure quality.
- Staffing levels on Primrose Ward meant that at times staff did not feel able to take breaks as they needed to focus on patient care and keep them safe.

Is the service safe?

Requires improvement ● ↓

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

Community end of life care

- Primrose Ward did not have a separate clinic room for the preparation of medicines, including controlled drugs. Staff worked in an area of the ward which was open to patients and visitors. This meant the area was not free of distractions and staff could not always focus on the task they were completing.
- Staffing levels on Primrose Ward did not always allow enough cover for staff to take their breaks as this would leave only one member on staff to cover the ward.
- The viewing area in the mortuary at The Princess of Wales Hospital was very basic and did not provide a calm, peaceful space for people to view their relatives after they had died.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 used infection control measures on the wards and when transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The specialist community palliative care team and Izod Ward had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Community end of life care

- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

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, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned 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 integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Community end of life care

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- The trust did not have a strategy in place to manage and monitor end of life care services. There was a lack of audits or recent evaluations of the service, although the trust participated in the national audit of end of life care. This meant that the service and staff did not have a clear idea of its objectives and did not have a focus on monitoring, development or sustainability.

Areas for improvement

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

Community dental services

Good 

Key facts and figures

Information about the sites and teams, which offer community dental services at this trust, is shown below¹

:

Location / site name	Team/ward/satellite name	Services provided	Address (if applicable)
Evesham Community Hospital	Dentistry	<p>Worcestershire Community Dental Service (CDS) currently provides a wide range of dental services for Worcestershire residents or those who have a Worcestershire General Medical Practitioner (GMP). The service comprises of a multi-disciplinary team of highly skilled staff committed to improving the oral health of the Worcestershire population as required by the current Oral Health Strategy.</p> <p>The aim of the service is to increase access to NHS dentistry groups that are unable to access NHS dental care elsewhere within the county and by doing this reduce oral health inequalities.</p> <p>The service will provide a high quality care in the following areas:-</p> <ul style="list-style-type: none"> • Special Care Dentistry • Paediatric Dentistry • Dental Anxiety Management Service (DAMS), inclusive of behaviour management, Conscious Sedation and General Anaesthetic • Domiciliary dental care / Gerontology • Participation in post graduate teaching and training (DCT1) • Unscheduled Care • Out of Hours • Dental Health Education • Hard to Reach 	Evesham Community Hospital Waterside Evesham Worcestershire

Community dental services

	<p>These services operate from a number of locations throughout the county.</p> <p>We also work in conjunction with Worcestershire Acute Hospitals NHS Trust to provide General Anaesthesia (GA) for paediatric exodontia and GA for special care dentistry.</p>		
Moor Street Clinic	Dentistry		Moor Street Clinic 7 Moor Street Worcester
Lowesmoor Dental	Dentistry		Lowesmoor Dental Access Centre 91 Lowesmoor Worcester
Princess of Wales Community Hospital	Dentistry		Princess of Wales Community Hospital Stourbridge Road Bromsgrove Worcs
2 Kings Court	Dentistry - Smallwood House, Redditch		Smallwood House Church Green West Redditch
2 Kings Court	Dentistry - Kidderminster Health Centre		Kidderminster Health Centre Bromsgrove Street Kidderminster Worcestershire
2 Kings Court	Malvern Dental Anxiety Management Service	Provides a specialist dental service to those people who are acutely anxious when visiting the dentist.	Dental Anxiety Management Service Osborne Road Malvern

We received feedback from 14 patients and spoke with 11 members of staff. We looked at dental care records for 12 people.

Community dental services

Before the inspection, we reviewed information that we held about the trust.

Our inspection between 9 and 17 September 2019 was short notice announced, which meant that staff knew we were coming a few days beforehand.

The locations we visited were Moor Street Clinic, Kidderminster Health Centre and Malvern Dental Anxiety Management Service.

Summary of this service

This service had not previously been inspected or rated. We rated it as good because:

- The service had comprehensive systems to help them manage risk to patients and staff. There were processes for the reporting and shared learning when significant events occurred within the service. Incidents were reported, acted on and learning was shared across the service.
- Staff were qualified and competent to carry out their roles. They were encouraged to complete mandatory training, and this was actively monitored. There were clear lines and support for staff to be further developed into extended duty roles by completing postgraduate courses.
- Staff followed infection control procedures which mostly reflected published guidance.
- Staff provided treatment, advice and care in line with nationally recognised guidance. There was an effective skill mix at the service to assist with the ever-increasing complexity of patient.
- Staff worked together as a team and with other healthcare professionals in the best interest of patients. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental health issues and those who lacked the capacity to make decisions about their care.
- The service had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with compassion. We observed staff treating patients with dignity and respect. We observed clinicians working collaboratively to ensure one patients specific needs were met.
- The service took into account patients' individual needs. Clinics had been adapted to ensure they were accessible for all patients. Staff visited a local day centre where they provided a contact session once month to offer basic oral health screening including soft tissue examination to "hard to reach patients" such as those experiencing homelessness.
- The dental health educator actively provided preventative advice, support and training within the local community to support vulnerable groups in various settings. They had delivered several Dental Health Education sessions at a local school under special measures, attended several school readiness events to support parents and families with children who were about to start school and had worked collaboratively with the learning disabilities team and hospital wards to train staff to complete oral health care assessments and to assist people to carry out basic daily oral hygiene procedures.
- The service dealt with complaints positively and efficiently.
- The service asked patients for feedback about the services they provided. Results of patient feedback were analysed and displayed throughout the clinics for patients to read.

However:

Community dental services

- The clinical waste bin at the Dental Anxiety Management Service in Malvern was not locked and was accessible to the public. This was locked during the inspection.
- Weekly protein residue tests were not completed on instruments when using the ultrasonic baths at any of the dental services we inspected.
- There was no receptionist at the Dental Anxiety Management Service in Malvern and therefore this role was covered by the dental nurses when they were available. This meant that patients were not always greeted at the reception desk if the nurses were in surgery. But this was a small service and a sign and bell was in place to attract the attention of staff.
- Paediatric patient wait times from being assigned to the community dental service to receiving treatment under general anaesthesia averaged 25 weeks. A working group had been developed to improve efficiency and reduce the wait times. Although the overall wait was beyond the control of the trust.

Is the service safe?

Good 

This service had not previously been inspected or rated. We rated it as good because:

- The service had comprehensive systems to help them manage risk to patients and staff. There were processes for the reporting and shared learning when significant events occurred within the service. Incidents were reported, acted on and learning was shared across the service.
- The service had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Monthly multi-disciplinary integrated safeguarding meetings were held to share concerns, risks and learning. These meetings ensured that specific safeguarding cases were discussed to protect and support vulnerable patients.
- Staff were qualified and competent to carry out their roles. Core training was provided by the service and protected time given to ensure all staff completed required training. A training matrix was monitored by the business manager to give oversight and all staff were notified of training due to expire four months prior to the expiry date. At the time of our inspection one dental nurse was in the process of completing a special care dental post graduate qualification. There were clear lines and support for staff to be further developed into extended duty roles by completing postgraduate courses.
- The service planned for emergencies and staff understood their roles if one should happen.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had suitable information governance arrangements.
- Staff followed infection control procedures which mostly reflected published guidance.

However:

- The clinical waste bin at the Dental Anxiety Management Service in Malvern was not locked and was accessible to the public. This was locked during the inspection.
- Weekly protein residue tests were not completed on instruments when using the ultrasonic baths at any of the dental services we inspected.

Community dental services

- There was no receptionist at the Dental Anxiety Management Service in Malvern and therefore this role was covered by the dental nurses when they were available. This meant that patients were not always greeted at the reception desk if the nurses were in surgery. However, the trust provided a sign and bell to attract staff attention.

Is the service effective?

Good 

This service had not previously been inspected or rated. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The dentists followed national guidelines to ensure patients received the most appropriate care. Managers checked to make sure staff followed guidance as part of regular supervision and audits.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Audits of X-rays, dental care records, antibiotic prescribing and infection prevention control were completed regularly. Results of audits were discussed during quality governance meetings.
- The service made sure staff were competent for their roles through induction, development, supervision and appraisal. Managers appraised staff's performance in accordance with the trusts vision and values to provide support and monitor the effectiveness of the service.
- Staff in differing roles worked together as a team to benefit patients. Multidisciplinary team meetings were held regularly to enhance care for patients with complex needs and as part of best interest decision making.
- The service was dedicated to supporting the local community by providing preventive oral hygiene advice, training and support in various local community settings including local schools, children's centres, hospital wards and care homes.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Outstanding 

This service had not previously been inspected or rated. We rated it as outstanding because:

- There was a patient centred culture. Staff were motivated to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were caring and supportive.
- We observed receptionist team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.
- Patient feedback was overwhelmingly positive about the service. We received 12 CQC comment cards and telephoned two patients. Patients told us that staff were professional, caring, very friendly and kind. Patients also commented that staff were particularly good at treating children and nervous patients.

Community dental services

- Staff described to us several ways they tailored their approach to care for and support very nervous patients by sitting on the floor to talk with nervous children and treating patients in their car when they were too anxious to enter the clinic.
- Patients were encouraged to bring in music that they enjoyed listening to so that they could play it during treatments to help them relax.
- It was clear through discussions with staff that the service aimed to provide outstanding care for all patients in accordance with their visions and values. For example, we were told about an autistic patient who required a GA and was fully aware that they would be having a pre-medication. The team were conscious that the patient would refuse the pre-medication and took multi-disciplinary approach involving the trust's learning disability team. This involved the whole team (including the anaesthetist) pretending to be staff at the hospital café. The patient was brought to the café by a family member and was served a drink by the anaesthetist (who was dressed as a member of staff at the café) which had the pre-medication in it. The patient in question did not have capacity to consent for their own treatment and this process had been developed with the full understanding of the family and in the patient's best interest.

Is the service responsive?

Good 

This service had not previously been inspected or rated. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Reasonable adjustments had been made to enable patients with various disabilities to access treatment. Domiciliary visits were available for patients who could not access the clinics.
- The service provided hard to reach clinics which was mainly aimed at homeless people. Staff visited a local day centre where they provided a contact session once month to offer basic oral health screening including soft tissue examination. Where further dental treatment was required an appointment was scheduled for the patient at one of the dedicated clinics. Homeless patients also had access to dental services through the dental access centres. Staff had also provided oral health education training to staff at the day centre and provided toothbrushing packs to the homeless persons.
- People could access the service when they needed it. Waiting times from treatment were generally good for most clinics. Paediatric patient wait times for treatment under general anaesthesia (GA) were higher than the national average. Arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs and preferences. For example, a patient who was under a course of chemotherapy was due for an appointment. We noted that the receptionist set aside a private waiting area for this patient to ensure that they did not meet other patients who might pass on any illnesses due to their weakened immunity levels.
- The dental health educator provided practical oral health promotion and support to vulnerable groups. They had recently undertaken a project to deliver training to hospital staff to improve oral health care for patients in hospital. In addition to this training had been provided to 126 learning disabilities team staff to ensure compliance with the NICE Oral Health Guidelines NG48 2016 and to ensure they felt competent in completing oral health care assessments. Staff were also trained to assist people with learning disabilities to carry out basic daily oral hygiene procedures.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The service had made several improvements as a direct result of patient feedback.

Community dental services

However:

- Paediatric patient wait times from being assigned to the community dental service to receiving treatment under general anaesthesia averaged 25 weeks. We were informed that the main issue was theatre space and availability. We discussed this with NHSE at a meeting held in October 2019 who confirmed that the wait time was beyond the control of the service due to lack of theatre space and that they were working closely with the service to improve this. The interim clinical director had implemented a model for improvement to reduce the time between paediatric Pre GA Assessment and GA treatment to 16 weeks or less and put interventions in place to try and reduce this. A working group had been developed to improve efficiency and reduce the wait times.

Is the service well-led?

Good 

This service had not previously been inspected or rated. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There were plans in place to develop leaders and recruit to vacant posts to ensure continuity of the service.
- The vision of the service was to work together to provide outstanding care. This was accomplished by providing oral health promotion initiatives to improve the oral health of various population groups.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a collaborative working environment. Staff were passionate about their work and told us they were proud to work for this service.
- The service actively engaged with patients, staff and commissioners to plan and manage appropriate services.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A comprehensive risk register was maintained and reviewed on a regular basis.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Outstanding practice

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

Areas for improvement

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

Specialist community mental health services for children and young people

Outstanding  

Key facts and figures

The children and adolescent mental health teams, generally known as CAMHS consisted of several teams across the County. CAMHS services were available for children and young people under the age of 18 or referred to the service before 17 years six months with complex mental health and emotional difficulties. The core CAMHS teams were based in three areas; Worcester, known as the South team, and Kidderminster and Redditch, known as the North team. They provided community-based multi-disciplinary care covering the county of Worcestershire.

All referrals for the team were processed and triaged by the single point of access team who processed and triaged referrals and allocated them to the most appropriate team. The service also included a learning disability service, CAMHS plus - who provided support when escalating or complex mental health needs could not be met by specialist CAMHS alone, an emotional wellbeing service known as Reach 4 Wellbeing, CAST (Consultation, Advice, Support and Training) for other professionals, a community eating disorder service and a youth offending team. In addition, the service provided a psychotherapy led under – 5s team.

The service also provided support within the integrated service for Looked After Children Health and Wellbeing service which was a multi-agency holistic service, jointly provided and managed by Health and Children's Services in Worcestershire.

The service was available between the hours of nine and five, Monday to Friday, although the Wyre Forest team had slightly longer working hours.

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

During the inspection visit, the inspection team:

- visited all three team bases, looked at the quality of the environments and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with five parents
- spoke with the managers for the service
- spoke with 34 other staff members including doctors, nurses, psychologists, psychologist assistant, psychotherapists and administration staff
- attended and observed one multi-disciplinary meeting
- attended and observed one patient appointment
- looked at 20 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

The Care Quality Commission last inspected the service in January 2015 and was rated good overall.

Specialist community mental health services for children and young people

Summary of this service

Our rating of this service improved. We rated it as outstanding 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.
- 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 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.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. They were passionate about working with the patient group and supported them to manage their care and treatment in ways in which they would understand. Staff were highly motivated to develop and adapt treatments that met patients individual needs. Staff had excellent knowledge of their patients, which meant they understood their individual needs. They actively involved patients and families in their care decisions from the start of their treatment.
- 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 longer than expected targets to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was extremely well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly and effectively.
- Staff were innovative and were proactive. There were several examples of innovations taking place across the service with a view to enhancing the experience of care patient's received.

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.
- 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.

Specialist community mental health services for children and young people

- 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.
- 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 trust had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- 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.
- 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  ➡ ➡

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.
- 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.

Specialist community mental health services for children and young people

However,

- The trust should consider providing all clinical staff with Mental Health Act training, as a mandatory standard.

Is the service caring?

Outstanding  

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

- Staff treated patients with compassion and kindness. Staff were passionate about working with the patient group and supported them to manage their care and treatment in ways in which they would understand. Staff were highly motivated to develop and adapt treatments that met patients individual needs. Staff had excellent knowledge of their patients, which meant they understood their individual needs.
- Staff actively involved patients and carers in care planning at the start of their treatment and actively sought their feedback on the quality of care provided. Feedback was visible to both staff, patients and carers across the service for their review. There was evidence that positive changes had been made across the service following feedback.
- Patients and parents and carers were involved in the design and delivery of the service. When changes were made to the service, it was done in conjunction with the young people, and staff actively involved them to ensure it was appropriate to their needs and requirements.
- Young people and parents were extremely complimentary about their care package and the staff who provided it, and believed they received an excellent service.

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 longer than their commissioned targets to start treatment. Staff followed up patients who missed appointments. Managers monitored waiting lists closely and were creative to ensure patients did not wait longer than they needed to.
- 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.

However,

- The trust should consider reducing their wait times for patients from assessment to treatment, despite meeting their commissioned targets.

Specialist community mental health services for children and young people

Is the service well-led?

Outstanding ☆ ↑

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

- Leaders had the skills, knowledge and experience to perform their roles, had an excellent understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the trust's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that morale was high, and the teams worked extremely well together and understood and respected each other's role. They had opportunities to reflect on the care they provided and were actively encouraged to be involved in discussions about quality improvements. 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.
- 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.
- Staff were innovative in the ways in which they provided therapies and treatment to the young people. They proactively adapted or created groups to meet the needs of the young people and had developed an inventive technological recovery and resource app to be used across the service and beyond.

Outstanding practice

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

Areas for improvement

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

Community-based mental health services for older people

Good   

Key facts and figures

The service provides assessment and support for people over 65 in Worcestershire with mental health problems. The service has been reconfigured the year prior to inspection, which meant the six locality- based generic services for older people with mental health problems, converted to three care 'pathways' in both the north and the south of the county, spread across the pre-existing locations. The service is divided into the Dementia Assessment Service Team (DAST), Complex Dementia Care (CDC) and the functional mental health team for older people (mental health needs team), with each team operating across the north (Kidderminster, Bromsgrove and Redditch) and south (Worcester, Malvern and Evesham)

We visited the main centres, Kidderminster, Bromsgrove, Worcester, and Malvern and saw staff working across locations in all the pathways.

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

During the inspection visit, the inspection team:

- visited four team bases, looked at the quality of the environments and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with seven carers
- spoke with five managers for the service
- spoke with 19 other staff members including doctors, nurses, psychologists, occupational therapists, social worker, and administration staff
- attended and observed one multi-disciplinary meeting
- attended and observed two patient appointments
- attended and observed one patient group and two carers groups
- looked at 18 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

The Care Quality Commission last inspected the service in January 2015 and was rated good overall.

Summary of this service

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

- There were sufficient trained, skilled and experienced staff to meet patient needs. Staff had a wide range of clinical and professional skills and worked together well for the benefit of patients and were sufficiently resourced and skilled to be able to respond to changing circumstances in a patient's well-being.

Community-based mental health services for older people

- The service had a good safety record, with few incidents. Good clear care records were maintained, supporting staff to be informed and inform relevant agencies about patient need and vulnerabilities.
- The service worked effectively with other teams and agencies and were able to support and signpost patients and carers to relevant outside support.
- Staff morale was good and staff were very positive about colleagues, team support, and managers, and resilient enough to work effectively in the faces of challenges presented by a recently reconfigured service.

Is the service safe?

Good  

Our rating of safe improved. 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.
- The service had enough staff, who knew the patients and received basic training to keep them 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.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 monitored patients on waiting lists to detect and respond to increases in level of risk. 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 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 mental and physical health.
- The service 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. There were very few examples of things going wrong in this service.

Is the service effective?

Good   

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

Community-based mental health services for older people

- 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 as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes.
- 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 the 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 a thorough 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. 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.

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 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. Patients were able to access independent advocates.
- Staff informed and involved families and carers appropriately. Patient and carer feedback, both in person and in response to surveys, was positive.

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. Although waiting times had recently gone up for those awaiting assessment by the dementia assessment service, this was being addressed by the service. Staff followed up patients who missed appointments.
- The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

Community-based mental health services for older people

- 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 the whole team and wider service.

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. They 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 applied to the work of their team.
- Staff felt respected, supported and valued. They said the trust provided opportunities for development and career progression. They could raise any concerns without fear. Staff were extremely positive about their teams and their managers.
- 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.

Community-based mental health services of adults of working age

Inadequate ● ↓↓

Key facts and figures

At our last inspection in January 2018, we rated community-based mental health services for adults of working age under Worcestershire Health and Care NHS Trust good overall, with a rating of good in the safe, responsive effective, caring and well led domains.

We told the trust:

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

This inspection was announced 48 hours before hand to enable us to observe routine activity and ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- interviewed service managers and operational leaders
- spoke to 61 staff members including psychiatrists, clinical leads, nurses, social workers, support workers, psychologists, occupational therapists and administrative staff
- reviewed 23 care records
- spoke with 19 patients and three carers that were using the service
- reviewed a number of policies, minutes of meetings and other documents related to the running of the service
- attended and observed three multidisciplinary team meetings.

Community-based mental health services for adults of working age were based in the following locations:

Location site name	Team Name	Number of clinics
New Brook Princess of Wales Community Hospital Stourbridge Road Bromsgrove	Early Intervention Service - North Team	-

Community-based mental health services of adults of working age

Community Assessment and Recovery (CARS) – North Team	6	
Studdert Kennedy House Spring Gardens Worcester	Early Intervention Service - South Team	-
Community Assessment and Recovery (CARS) – South Team	31	
Employment and Reablement Services		
Countywide Services Wildwood Worcester	Single Point of Access (SPA)	-

Additionally, the service used a number of satellite locations known as touch points centres in Malvern, Evesham, Droitwich, Kidderminster and Redditch. These enabled the service to see and treat patients in their local areas.

Community Assessment and Recovery Services (CARS)

The CARS provide multidisciplinary assessment and treatment to people with a severe and/or enduring mental illness based on the recovery model. This includes social care assessments, support and the promotion of personalisation. There were two teams covering North and South Worcestershire. Psychology services were integrated within the teams.

Early Intervention Service (EIS)

This service addressed the needs of young people (aged 14-35) with a first episode of psychosis or of bipolar disorder (specifically bipolar 1). It also offered a time-limited intervention to young people with an At Risk Mental State (ARMS). The service comprised two teams (covering North and South Worcestershire). The teams worked with individuals and their families to understand and cope with psychosis and bipolar disorder and to help young people achieve social, educational and vocational outcomes. The aim was to promote recovery, reduce trauma and tackle stigma.

Employment and Reablement Services

Community-based mental health services of adults of working age

Employment support was provided by employment workers based in each CARS Team.

Single point of access (SPA)

All referrals to the CARS and EIS teams were received by the SPA. Each referral was then assessed by a clinician and forwarded to the appropriate team.

The methodology of CQC trust information requests has changed, so some data from different time periods is not always comparable. We only compare data where information has been recorded consistently.

Summary of this service

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

- The service did not have enough staff, who knew the patients to keep them safe from avoidable harm. Staff did not always assess and manage risks to patients and themselves well and did not always keep detailed records of patients' care and treatment.
- Staff did not consistently assess the mental health needs of all patients. Care plans were not always present nor were they always personalised, holistic and recovery-oriented. Assessment and monitoring of patients' physical health was inconsistent.
- Staff did not consistently involve patients in care planning and risk assessment or actively sought their feedback on the quality of care provided.
- Patients had to wait longer than they should be expected to because of a shortage of care coordinators and psychologists, which in turn increased the waiting time to see a psychiatrist.
- Not all staff in the south Community Assessment and Recovery Service (CARS) felt respected, supported and valued and they reported a culture of bullying and harassment. Not all staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

However:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service managed patient safety incidents well.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff from different disciplines worked together as a team to benefit patients.
- 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.
- Patients were encouraged to develop and maintain relationships with people that mattered to them.

Is the service safe?

Inadequate   

Our rating of safe went down. We rated it as inadequate because:

Community-based mental health services of adults of working age

- The service did not have enough staff, who knew the patients to keep them safe from avoidable harm. Staffing within Community Assessment and Recovery South Team was not sufficient to ensure safe care and treatment of patients with 57% of staff not actively within work at the time of the inspection.
- The number and complexity of patients on the caseload of the teams, and of individual members of staff, were too high with the current staffing in place to prevent staff from giving each patient the time they needed.
- Staff did not always assess and manage risks to patients and themselves well. As such they could not always respond promptly to sudden deterioration in a patient's health. Monitoring of patients on waiting and holding lists was inconsistent and not robust, staff were therefore not always able to detect and respond to increases in level of risk promptly.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear or up-to-date. Sixty one percent of records we reviewed were missing information.
- Staff did not always complete a risk assessment of every patient at initial triage/assessment and they were not always updated regularly, including after any incident.

However:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- 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?

Requires improvement  

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

- Staff in the Community Assessment and Recovery South Team (south CARS) were not consistent in their completion of patient care records; namely the creation of care plans, risk assessments and recording of consent and recording of physical health monitoring
- Care plans were not always present nor were they always personalised, holistic and recovery-oriented.
- Assessment and monitoring of patients' physical health was inconsistent.
- Staff did not consistently assess the mental health needs of all patients.
- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. They did not consistently record that patients subject to Community Treatment Orders had their rights read to them.
- Staff did not consistently record capacity clearly within the care records for patients who might have impaired mental capacity.
- Whilst the teams included the full range of specialists required to meet the needs of patients under their care, they could not always access them in a timely way. Waiting lists for psychologists and psychiatrists meant care could not always be accessed quickly.

Community-based mental health services of adults of working age

- Not all audits, such as record keeping, were sufficient to provide assurance and staff could not always act on the results when needed.
- Staff were not able to regularly attend staff / team meetings for learning, support and dissemination of information.

However:

- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes.
- Managers made sure that staff had the range of skills needed to provide care. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. The teams had effective working relationships with other relevant teams within the organisation.

Is the service caring?

Requires improvement ● ↓

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

- Staff did not consistently involve patients in care planning and risk assessment or actively sought their feedback on the quality of care provided. Five patients said that their views were not always taken into consideration by psychiatrists
- Seven patients we spoke with said that their overall experience with the service had been negative.
- Staff and patients raised concerns about the impact the staff shortages within the Community Assessment and Recovery Service (CARS) team had on patients not being able to access their care coordinator. A number of staff said that patients were not able to recover under the recovery team as they felt the service was unsafe due to the staff shortages.
- Although patients had access to advocacy services across the trust, staff felt that patients could not have an advocacy voice as there were not enough care coordinators in the South CARS team who could act as advocates for them. Where available, staff helped patients with communication, cultural and spiritual support.

However:

- 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.
- We saw evidence that staff directed patients to other services when appropriate and, if required, supported them to access those services.
- Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties.

Is the service responsive?

Requires improvement ● ↓

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

Community-based mental health services of adults of working age

- Due to staff shortages the service had waiting lists for psychiatry and psychology for patients and could not assure themselves that patients were being seen as needed. This was raised at the previous inspection where we said the trust should ensure the waiting times for psychology assessments were reduced.
- Psychology services had a waiting list for allocation and treatment, with limited oversight of patients on the waiting list.
- The service did not have robust oversight and monitoring of patient caseloads. At least one member of staff on long term leave had been allocated a caseload. Also, patients were held on a holding list that meant they did not have an assigned care coordinator. This meant that some patients were not seen in a timely manner. Not all patients on the holding list had been contacted by the service which meant the service could not be assured of the patient risk or care need.

However:

- Patients were encouraged to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.
- 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 the whole team and wider service.

Is the service well-led?

Inadequate ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- Not all staff in the south Community Assessment and Recovery (CARS) felt respected, supported and valued.
- Seven members of staff reported a culture of bullying and harassment within the south CARS management team. Additionally, other staff interviews alluded to an unpleasant working environment.
- South CARS staff reported that they were not listened to by their managers, and felt they were dismissive of their concerns. Examples were given of staff being intimidated by a manager after a concern was raised.
- We found that leaders were disengaging from the staff, leading towards a dismissive approach where they could not identify or did not understand the risks and issues described by staff. Some staff said that leaders were not always accessible, open to feedback, were dismissive of their concerns and staff feared retaliation.
- Staff did not feel they could contribute to decision-making on service changes to help avoid financial pressures compromising the quality of care. Not all staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff said they felt the managers made unilateral changes and were dismissive when concerns were raised.
- There were inadequate governance systems to monitor quality, safety and risk to patients.
- Whilst leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks we saw that due to staff shortages risk was not reducing and performance was an issue.

Community-based mental health services of adults of working age

- Not all staff at all levels were clear about their roles and accountabilities and nor had regular opportunities to meet, discuss and learn from the performance of the service. Staff did not understand how their role contributed to achieving the strategy.
- Staff were committed to continually improving services but in some teams, this was not a priority due to staff shortages. Leaders did not always encourage innovation and participation in research.
- Due to workloads, there was limited opportunities to meet, discuss and learn from the performance of the service.

However:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. They were aligned to local plans and the wider health economy.
- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.
- Staff at all levels were clear about their roles and accountabilities.
- Staff spoke highly of the approachability and responsiveness of the Freedom to Speak up Guardian.
- Staff working within the north CARS team, Employment and Reablement Services teams and EIS team said they felt respected, supported and valued, and were a happy staff team. They felt positive and proud about working for the trust and their team.

Areas for improvement

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

Community mental health services for people with a learning disability or autism

Good   

Key facts and figures

The community mental health service for people with learning disabilities consists of two teams: Community Learning Disability Team North and South. The teams provide an integrated service for adults with a learning disability living within Worcestershire. They are co-located with social care staff, working closely together for the benefit of patients.

They are co-located teams, which means they comprise a variety of different professionals from both health and social care.

The trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Worcestershire. The trust also provides inpatient, community, short breaks and clinics.

The service was last inspected the Care Quality Commission (CQC) in 2015. At that time, we did not rate the service. However, we found staff were providing a service which met the fundamental standards and there were no areas identified as requiring improvement at that time.

The team that inspected the service comprised two CQC inspectors, two learning disability specialist advisors and an Expert by Experience. An Expert by Experience is a person with lived experience or is the carer of a person with lived experience. This was a planned, comprehensive inspection of the service provided by Worcestershire Health and Care Trust. We spoke with staff from other organisations as part of the inspection, but the inspection was of the health provided element of the integrated service.

The service was given 48 hours' notice of our intention to carry out this inspection. This was because it was important we were able to speak with staff who might otherwise have not been available, and it was important that staff could gain permission from patients and carers for us to accompany them on community home visits.

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

During the inspection visit, the inspection team:

- visited each team base
- spoke with three patients who were using the service and three family carers
- analysed five patient feedback and evaluation forms
- spoke with staff from six care homes
- attended and observed two patient home visits and a multidisciplinary home assessment
- spoke with the clinical team managers, clinical leads and service lead
- spoke with 18 other staff members including administrators, occupational therapists, speech and language therapists, nurses, doctors, specialist behavioural nurses and psychologists
- spoke with two local authority social workers and a lead commissioner from the clinical commissioning group

Community mental health services for people with a learning disability or autism

- looked in detail at eight care and treatment records, three positive behaviour support plans and pathway tracked one patient record from entry into the service
- observed two duty telephone consultations and a multidisciplinary referral meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- 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.
- 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 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.
- The service was easy to access and staff and managers managed waiting lists and caseloads well. The criteria for referral to the service did not exclude patients who would have benefitted from care. Staff assessed and initiated care for patients who required urgent care promptly and those who did not require urgent care did not wait too long to receive help.
- 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.
- 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.

Community mental health services for people with a learning disability or autism

- 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.
- 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 mental and 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.

Is the service effective?

Good   

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

- Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.
- Staff provided a range of treatment and care interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff understood and applied NICE guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions, medications and interventions for co-existing health and sleep problems.
- 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.

Community mental health services for people with a learning disability or autism

- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

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

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 initiated care patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start receiving care. Staff followed up patients who missed appointments.
- The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.
- 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.

Community mental health services for people with a learning disability or autism

- 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.
- Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Outstanding practice

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

Areas for improvement

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

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

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

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Our inspection team

Kathryn Mason, Head of Hospitals Inspection chaired this inspection and Paul Bingham, Inspection Manager led it. Two executive reviewers, Martin Earwhicker, Chief Executive, and John Lawlor, Chief Executive, supported our inspection of well-led for the trust overall.

The team included one inspector and one specialist adviser who was a CQC national professional advisor for well-led inspections.

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.