Care Quality Commission

Good

Cheshire and Wirral Partnership NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXARE	Trust Headquarters, Redesmere	Chester Community Mental Health Team for Older People	CH2 1BQ
RXARE	Trust Headquarters, Redesmere	Vale Royal Community Mental Health Team for Older People	CW7 2AS

This report describes our judgement of the quality of care provided within this core service by Cheshire and Wirral Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Summary of findings

Where applicable, we have reported on each core service provided by Cheshire and Wirral Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Cheshire and Wirral Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated community-based mental health services for older people as good because:

- Following our inspection in June 2015, we rated the services as ‘good’ for safe, caring, responsive and well led. Since that inspection, we have received no information that would cause us to re-inspect these key questions or change the ratings.
- Following this focused inspection, we amended the rating for effective from “requires improvement” to “good”. We found that the provider had taken action with regards to the findings of the previous inspection.

Summary of findings

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

Are services safe?

Good

At the last inspection in June 2015 we rated safe as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services effective?

Good

We rated effective as good because:

- We found that assessments were completed in a timely manner, and care plans were comprehensive, personalised and holistic.
- Physical health monitoring was evident in care plans, with a physical health evaluation and evidence of on going physical care where needed.
- We saw that the staff were following relevant national guidance in relation to dementia, disability and frailty in later life, as well as supporting people with dementia and people with memory problems.
- People who used the service had access to psychological therapies.
- We saw evidence that staff were actively involved in clinical audit.
- Mental Health Act and Mental Capacity Act training was mandatory for staff within the service.

However:

- We found an incorrect document upload in the file of a person who used the service. Staff corrected this immediately, and it did not affect the service received by that person using the service.
- Non-medical staff appraisal rates were not as high as the trust required.

Are services caring?

Good

At the last inspection in June 2015 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive to people's needs?

Good

At the last inspection in June 2015 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Summary of findings

Are services well-led? At the last inspection in June 2015 we rated well-led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.	**Good**

Summary of findings

Information about the service

The older people's community mental health teams that we inspected on this occasion are based at the Upton Lea Resource Centre on Countess of Chester Health Park in Chester, and at the Vale House Resource Centre in Winsford. The teams provide assessment, diagnosis, treatment and follow up to people with severe and complex mental health conditions in a community setting.

The services have a range of skilled staff including consultant psychiatrists, approved mental health practitioners, psychologists, social workers, nurses, and support workers. The teams have a full multidisciplinary approach to treatment. The service offers a number of treatments such as talking therapies, social interventions and education. Staff visit patients in a variety of locations, including home visits, and support patients to be as independent as possible. The teams monitor medication, and assist any patients who need to attend outpatient appointments.

Care co-ordinators work in partnership with patients, developing a personalised care plan for that person. The service works closely with GPs, with a letter being sent to a GP after every assessment describing the problem and providing advice about management. The GP is responsible for the prescription of medication under advisement from the psychiatrist, and unless the person using the service is admitted to hospital, the GP is responsible for the rest of the medical care of that person.

There are four community mental health services for older adults in the trust, primarily for people aged 65 and over with functional or organic disorders.

Our inspection team

Our inspection team was led by:

Team leader: Lindsay Neil, Inspection Manager, Care Quality Commission.

The team that inspected this core service comprised two CQC inspectors and one specialist advisor with a background in community health services.

Why we carried out this inspection

We undertook this inspection to find out whether Cheshire and Wirral Partnership NHS Foundation Trust had made improvements to their community-based mental health services for older people since our last comprehensive inspection of the service on 23 and 24 June 2015.

When we last inspected the trust in June 2015, we rated community-based mental health services for older people as 'good' overall. We rated the core service as good for safe, caring, responsive and well-led and as requires improvement for effective.

Following that inspection we told the trust that it must take the following actions to community-based mental health services for older people:

- The trust must ensure that staff take proper steps to ensure that each person using the service is protected against the risks of receiving care or treatment that is inappropriate or does not reflect their personal preference.

We also told the trust that it should take the following actions to improve:

- The trust should ensure that best practice guidance is embedded consistently.
- The trust should ensure that capacity assessments are carried out appropriately.
- The trust should ensure that effective systems or processes to assess, monitor and improve the quality and safety of the services provided are established.

Summary of findings

- The trust should ensure that staff seek and act on feedback from patients and others for the purposes of evaluating and improving services or to evaluate and improve their practice.

We also issued the trust with a requirement notice relating to community-based mental health based services for older people. This related to:

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

How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held about community-based mental health services for older people and requested information from the trust. This information suggested that the ratings of good for safe, caring, responsive and well led, that we made following our June 2015 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for effective.

This inspection was unannounced, which meant the service did not know that we would be visiting. During the inspection visit, the inspection team:

- visited two sites, one at Countess of Chester Health Park, the other at Vale House in Winsford
- spoke with four patients
- spoke with both team managers for each service
- spoke with four other staff members.
- looked at 12 treatment records of patients
- carried out a specific check of four sets of personnel files and five sets of community treatment order paperwork
- carried out a full journey review of two people who used the service.

What people who use the provider's services say

Patients told us that the staff listened to them; nothing was too much trouble for the staff. We were told that they had copies of their care plans, and they had contact details on the plans in case of crisis. We were told that they felt involved in every part of their care. Patients told us that they knew about side effects of medication, as they had been given information leaflets.

We were told that nursing staff were knowledgeable, and some people who used the service said that they were glad the nurses were there because sometimes the doctors changed. One person who used the service stated that her care coordinator provided her with information so she could make her own decisions.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that scanned records of patients are kept in the relevant electronic care record.
- The provider should ensure that all non-medical staff receive an annual appraisal.

Care Quality Commission

Cheshire and Wirral Partnership NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Chester Community Mental Health Team for older people	Trust Headquarters, Redesmere
Vale Royal Community Mental Health Team for older people	Trust Headquarters, Redesmere

Mental Health Act responsibilities

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

We found good adherence to the Mental Health Act 1983 for patients receiving treatment under a Community Treatment Order. Conditions of the Community Treatment Order were detailed in the care plan of the person using the service. Consent to treatment and capacity requirements were adhered to and documentation had been completed correctly. However, we did find one document had been uploaded into the incorrect file, but this was immediately rectified with no impact on the service proved to the person using the service.

Training in the Mental Health Act was mandatory for staff. We found that staff that we spoke with had a good understanding of the Mental Health Act and the Code of Practice.

Records showed that people using the service had their rights read to them regularly and there was access to independent mental health advocacy services.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had an understanding and a good working knowledge of the Mental Capacity Act. There were best interest assessors within the service and we found evidence of best interest meetings being held with people who used the service.

Staff assessed capacity when there was a reason to do so and involved family members in making decisions when patients lacked capacity.

Staff knew where to access support and advice regarding the Mental Capacity Act when needed.

Good

Are services safe?

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

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

Our findings

At the last inspection in June 2015 we rated safe as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services effective?

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

Our findings

Assessment of needs and planning of care

We viewed 12 sets of care records, six from each site. We found that assessments were completed in a timely manner, and care plans were comprehensive, personalised and holistic. People who used the service received copies of care plans. The care plans were recovery orientated, outlining strengths and goals.

The initial assessment format included any diagnosis and the relevant international classification of diseases reference, family history, medical and physical health history, medication, any pre-morbid personality and social history and circumstance. The assessment also included a mental state examination, a risk assessment and any risk management issues and a capacity assessment. We were told that the full assessment is initially about one and a half hours but due to the needs of the person using the service, there may be a requirement to complete the assessment over several visits.

Physical health monitoring was evident in the care plans, with a physical health evaluation and evidence of on going physical care where needed. We saw evidence of informed consent with discussion of treatment and options: the level of discussion varied depending on the needs and abilities of the person using the service.

Care records and notes were stored both electronically and with paper notes. The computer system used to hold records was secure, allowed access to relevant staff, and was in an accessible format. At the Vale site, the paper records were mostly used by consultants doing satellite clinics, and were prepared and maintained by medical secretaries. At Upton Lea, the paper records were more comprehensive, but we were told that they were moving towards limiting paper records.

Best practice in treatment and care

We saw that the service was following relevant national guidance in relation to dementia, disability and frailty in later life, as well as supporting people with dementia and people with memory problems. Staff also followed guidance on the treatment of psychosis and schizophrenia in adults, as well as guidance relating to depression. At the Vale House site, we saw notes relating to the prescribing of antipsychotic medication, and this was following national guidance.

People who used the service had access to psychological therapies. The Chester team had two part time psychologists who offered therapies and neuro-psychological assessment. The Vale Royal team also had access to trainee psychologists who were able to offer cognitive behavioural therapy and psychometric testing. The Vale Royal team had no psychologists on their team, but did refer patients for psychological therapies using the improved access to psychological therapies route. This had been agreed with the clinical commissioning group. If it was deemed that complex psychotherapy was required, the adult team psychologist could be used on a case-by-case basis. All staff in the Vale Royal service had received training in psychosocial interventions, and could employ talking therapies.

The service provided support relating to housing benefits, social needs, financial and physical health needs. The Vale Royal team ran a weekly post-diagnostic group in association with another organisation, which then signposted people who used the service towards support services.

The patients' GPs provided most of the patients' physical health care, including blood testing. People who used the service diagnosed with a serious mental illness were seen annually by the GP as practice. The responsible clinicians for the service could request other physical health tests as required.

Staff at the Vale Royal team monitored anti-dementia medication. After establishing a person on medication, they would be monitored for side effects, and if no problems then six-monthly checks were employed. This was in agreement with GPs. The GPs would monitor lithium medication, and give results and reports to the service. Staff working for the community mental health teams undertook the monitoring required for those prescribed anti-psychotic medication. The service also participated in the prescribing observatory for mental health audits, monitoring prescribing valproate medication for bipolar disorder, lithium prescribing, and prescribing antipsychotic medication to people with dementia.

Outcomes were mainly measured using Health of the Nation Outcome Scales. The service also used the Montreal Cognitive Assessment, the Glasgow Depression Scale and Addenbrooke's Cognitive Examination.

Are services effective?

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

Staff were actively involved in clinical audit. There was a community safety metrics bi-monthly review audit programme, covering care planning, crisis/contingency planning, risk assessment, transfer of care and failed appointments. Each community team would receive a summary of results, with a view of maintaining a 100% target. We saw results for August 2016 for the service, showing high compliance, good compliance and good for all results.

Skilled staff to deliver care

The service had access to a range of mental health disciplines to care for people using the service. The Chester team was based on a hospital site, and had access to a wider range of staff, including clinical psychologists, clinical support workers, occupational therapists, consultant psychiatrist and registered nurses. The Vale Royal team had a consultant psychiatrist and registered mental health nurses, with no clinical support workers.

There was a full induction programme both corporate and local. The trust induction was over two days, and included mandatory training framework, fire safety, infection prevention and control, care planning and risk training, Mental Health Act training, conflict resolution training, and basic life support with defibrillation awareness.

Supervision and appraisals were taking place within the service. The trust provided figures for the period October 2015 to September 2016, and this showed that regular supervision was taking place. We saw evidence of planning for supervision and appraisals for staff.

The percentage of non-medical staff to have an appraisal during the past year at the Upton Lea site was 40%, and at the Vale site, the figure was 38%. However, we saw evidence that more staff had appraisals booked to take place shortly after the inspection. Both of the doctors who worked regularly with the service had been revalidated in the previous twelve months.

Specialist training for the service included Mental Health Act training (supervised community treatment), venepuncture, resilience plus training (designed to help staff maintain well-being and working under pressure), and companions in compassion training (teaching nurses key concepts in the delivery of compassionate care). Staff at the Vale House site worked closely with a local hospice to receive training in end of life care and dementia.

We saw minutes of staff business meetings from the service at both sites. The minutes were broken down into safe, effective, caring, responsive and well-led domains. Staff also held multidisciplinary team meetings and daily meetings to discuss the way forward with the more poorly patients. Non-attendance was noted in the meeting minutes and staff were urged to attend.

Performance issues were dealt with quickly. Staff who required assistance were performance managed.

Multi-disciplinary and inter-agency team work

Multidisciplinary meetings were held twice a week at the Upton Lea site, and once a week at the Vale House site. The meetings were attended by relevant staff from the service. The meetings discussed new referrals and on-going cases.

The service reported good links with external organisations. At Upton Lea, staff stressed good links with local nursing homes and the integrated care pathway; clinical leads were allocated to each home. At the Vale site, good relationships were maintained with GP surgeries, and the 'hubs' that operated from the surgeries, ensuring good service.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Mental Health Act training was mandatory for staff within the service. At the time of inspection, 82% of staff of the Chester team had completed Mental Health Act training, whilst the completion rate at the Vale Royal team was 100%. Staff we spoke to had a clear understanding of the Mental Health Act and the Code of Practice. Staff had also received extra training in relation to community treatment orders; a community treatment order sets out the terms under which a person must accept medication and therapy, and other services, while living in the community.

We saw evidence of consent to treatment and capacity to consent in clinical notes, along with consent requests on depot medication charts. We saw evidence that people who used the service had their rights read to them in accordance with the Code of Practice. There was a Mental Health Act Administrator for the service, who ensured teams were aware of their duties under the Act. A Mental Health Act team dealt with the maintenance of documentation.

In the Chester team, three people who used the service were detained under community treatment orders. We checked the documentation for each person who used the

Are services effective?

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

service. We saw evidence of consent and capacity to consent. During the inspection, we found that an error had resulted in a document relating to one patient being wrongly scanned into another patient's electronic record. The initials of the two people who used the service were the same. An incident report was completed immediately, and we saw evidence that the document was removed from the file and placed in the correct file. The documentation error had no direct impact on the service received by the person who used the service. The document was only visible to trust staff.

We were provided with two audits relating to Mental Health Act compliance for this service in the 12 months prior to inspection. The audits outlined some aspects of record keeping for improvement, and this was acted upon by the teams within the service Minutes from a business meeting at the Vale House site in August 2016 showed that the Mental Health Act was being considered by the service, with actions taking place to ensure compliance.

The service had access to an independent mental health act advocate for people who used the service. At Upton Lea, advocacy was available on site. At the Vale House site, the service would use external advocate services. Staff were aware how to access advocacy on the behalf of people who used the service.

Good practice in applying the Mental Capacity Act

Training in the Mental Capacity Act was deemed essential training. At the time of the inspection, 67% of staff at the Chester team had completed the training, and at the Vale Royal team, 100% of staff had completed Mental Capacity Act training. Staff we spoke to had a good understanding of the principles of the Act.

The trust had a Mental Capacity Act policy. The policy was held on the trust intranet, along with access to the Mental Capacity Act Code of Practice.

We saw evidence of capacity to consent within care plans and on other documentation held by the service. Best interest meetings did occur within the service, with a best interest assessor (a social worker) on site at Upton Lea, and with the responsible clinician assessing at the Vale House site. Staff told us they knew where to go to get information relating to the Mental Capacity Act.

The trust did not specifically audit the Mental Capacity Act for this service. However, consent and capacity to consent were monitored by the Mental Health Act team as part of the Mental Health Act audits.

Are services caring?

Good

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

Our findings

At the last inspection in June 2015 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive to people's needs?

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

Our findings

At the last inspection in June 2015 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

Good

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

Our findings

At the last inspection in June 2015 we rated well-led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.