

# Cheshire and Wirral Partnership NHS Foundation Trust

## Inspection report

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## Ratings

### Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

## Our reports

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.

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.

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.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RXA/reports](http://www.cqc.org.uk/provider/RXA/reports).

## Background to the trust

Cheshire and Wirral Partnership NHS Foundation Trust provides mental health services and learning disability services across Cheshire and Wirral. The trust also provides community physical health services in western Cheshire, and a range of specialist services including eating disorders services. They also provide a number of primary medical services.

The trust was formed in 2002. In June 2007, the trust became the first mental health trust in the North of England to become a Foundation Trust.

The trust employs 3660 staff over 14 registered locations and serves a population of over a million people. The trust's geographical footprint covers three local authority areas (Cheshire West and Chester, Cheshire East and Wirral) and four acute trusts.

During 2018/19 the annual turnover of the trust was around £171.5m.

The trust provides the following core services:- Mental health core services

- Forensic inpatient/ secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units (PICU's)
- Community-based mental health services for adults of working age
- Wards for people with a learning disability or autism
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism
- Mental Health non-core and specialist services

# Summary of findings

- Community eating disorder services
- Inpatient eating disorder service
- Community perinatal services
- Acute - Community Health core services
- Community health services – adults community
- Community health services for children, young people and families
- Community health services - end of life care
- Primary Care Services
- GP practices
- Out of hours GP service

As of October 2019, the trust had a total of 318 beds across 23 wards, 30 of which were children's mental health beds. The trust also had 342 community mental health clinics per week and 296 community physical health clinics per week. Since our last inspection the service have acquired an additional GP location (Old Hall Surgery) and no longer provide substance misuse services.

The trust was last inspected in 2018, with the report published in December 2018 - the trust was good overall with caring rated as outstanding. However, at that inspection, we rated the trust as requires improvement in safe.

## Overall summary

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

## What this trust does

Cheshire and Wirral Partnership NHS Foundation Trust provides mental health services and learning disability services across Cheshire and Wirral. The trust also provides community physical health services in West Cheshire, and a range of specialist services. They also provide a small number of primary medical services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

# Summary of findings

As part of our continual checks on the safety and quality of healthcare services, we inspected the following services during January and February 2020 at this trust:

- Child and adolescent mental health wards
- Wards for people with learning disabilities or autism
- Community mental health services for people with learning disabilities or autism
- Mental health crisis services and health-based places of safety
- Community health services for adults

These services have previously been inspected and rated as part of our comprehensive inspection programme.

In January 2020, we also carried out a responsive inspection of the adult attention deficit hyperactivity disorder service (which forms part of the community based mental health services for adults of working age core service). We have reported on this separately and have not aggregated the changes to ratings for this core service at provider level in line with our focused inspection guidance.

The trust also provides the following additional services that we did not inspect:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation wards
- Forensic inpatient/secure wards
- Community mental health services for older people
- Community based mental health services for adults of working age
- Wards for older people with mental health problems
- Specialist community mental health services for children and young people
- Community health services for children, young people and families
- Community end of life care
- Primary medical services
- GP out of hours service
- Inpatient eating disorder service
- Community eating disorder services
- Community perinatal services

In relation to the trust's primary medical services, we carried out a focused inspection of Westminster surgery in May 2019 and their rating in responsive and well-led improved from requires improvement to good. We also reviewed the information available to us about Willaston and Westminster surgeries in November 2019 and January 2020 respectively and we did not find evidence of significant changes to the quality of service being provided since the last inspection. As a result, we decided not to inspect these surgeries. We continue to monitor this information throughout the year and may inspect these surgeries if we see evidence of potential changes. The trust acquired Old Hall surgery in August 2019, and this retained the rating of good overall and across all key questions from the previous provider.

# Summary of findings

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, all trust inspections now include inspection of the well-led key question for the trust overall. We carried out a well-led inspection of the trust in March 2020. What we found is summarised in the section headed: Is this organisation well-led?

## What we found

### Overall trust

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

- The rating for safe increased since our last inspection in both community and mental health areas of the trust.
- We continued to rate effective and responsive as good.
- We continued to rate caring as outstanding.
- The trust's GP surgeries and the trust's GP out of hours service continued to be rated as good overall.
- The overall rating for child and adolescent mental health wards went from good to outstanding. The wards for people with learning disability and/or autism continued to be rated as outstanding.
- Leaders had addressed the shortfalls we found on previous inspections. For example, improved staffing and incident management in community health and staff undertaking qualitative audits in relation to seclusion and rapid tranquilisation which showed improvements in practice.
- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, staff and the organisation as a whole.
- Leaders had worked hard to relocate mental health in-patient wards in East Cheshire into much improved ward environments for patients that were fit for purpose.
- In the majority of services we inspected, leaders were visible in the services and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach managers for support.
- The trust's strategy, vision and values underpinned a culture that was person centred. There was a strong commitment to patient and carer involvement and the trust was moving toward co-designing policy and process with patients and carers.
- The staff in all areas had adopted and embedded quality improvement initiatives and were using data to improve the quality of service.

However:

- We rated well-led as requires improvement in community health services for adults as we found the governance systems were not always fully effective in identifying shortfalls.
- There continued to be pockets of areas where the percentage of staff receiving supervision was below the trust's target.
- A focused inspection of the adult attention deficit hyperactivity disorder service was carried out into concerns about waiting times. The other areas of this community based mental health core service for adults of working age were not inspected as part of this inspection programme. The waiting times for patients to access and receive treatment from this service were very long and patients on the waiting lists' safety were not being fully monitored. Due to the limited focus of this inspection, we did not aggregate these ratings into our overall ratings assessment.

# Summary of findings

- In some services, compliance rates for mandatory training were below the trust target. There were plans in place to address this in particular with training in safeguarding children level 3 for relevant staff.
- Executive and non-executive directors' description of strategic risks and the trust's strategic direction were not always consistent with the trust's strategy, achievements and programmes of work.
- Despite the trust's drive to be person centred, we found that complaints and grievance investigations did not reflect fully the values of the senior leaders as they did not show resolution and person-centred approaches respectively.

## Are services safe?

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

- We rated all five core services that we inspected this time as good for safe. When these ratings were combined with other existing ratings from previous inspections, this led to an improved rating. This was because all three of the trust's community health core services were now rated as good for safe and eight out of eleven the trust's mental health core services were rated as good (with three rated as requires improvement).
- The rating for safe in community health services for adults improved from requires improvement to good as the service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. They reported incidents appropriately.
- The rating for safe in child and adolescent mental health wards improved from requires improvement to good as managers were auditing and addressing staff practice relating to rapid tranquilisation and long-term segregation.
- The trust's GP surgeries and the trust's GP out of hours service continued to be rated as good for safe.
- The majority of wards and clinical areas were clean and well maintained.
- Managers and staff used data effectively and made changes to services as a result.
- Services had completed ligature risk assessments and staff were aware of these risks and how to manage them to keep patients safe.
- Staff knew how to report incidents and there was a positive culture of incident reporting. Incidents were reviewed and there were effective mechanisms in place to ensure that learning was shared. The trust was improving their incident management processes to include more direct clinical oversight and input.
- Staff understood how to protect patients from abuse, and managed safety well.
- The service had enough nursing and medical staff, who knew the patients well to keep patients safe from avoidable harm.

However:

- One clinical area in community health for adults was found to have dust in high up areas. The trust responded immediately.
- Staff compliance with a small number of mandatory training courses did not meet trust target compliance rates in all areas of the trust.
- Within community based mental health for working adults, we found that patients referred to the attention deficit hyperactivity disorder services were waiting for very long periods of time for an assessment and staff were not fully monitoring the risks to patients while they were waiting. The rating for safe went down from good to requires improvement for this core service following the focused inspection in February 2020 but this rating was not aggregated at provider level due to the focused scope of the inspection.

# Summary of findings

## Are services effective?

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

- We rated all five core services that we inspected this time as good for effective. When these ratings were combined with other existing ratings from previous inspections, this led to a continued rating of good.
- All three of the trust's community health core services were now rated as good for effective and ten out of eleven the trust's mental health core services were rated as good (with one rated as requires improvement).
- The trust's GP surgeries and the trust's GP out of hours service continued to be rated as good for effective.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- In the majority of areas, there was effective multi-disciplinary working taking place and care was provided in line with national guidance.
- Staff undertook thorough assessments of patients' needs. This included mental health and physical health assessments. Staff from community mental health teams were regularly visiting district nurses in community health teams to provide advice and support to district nurses for patients presenting with co-morbid mental health issues.
- Staff received training on the Mental Health Act and its Code of Practice. Staff had access to advice and support on the implementation of the Mental Health Act.

However:

- The trust did not have an effective system to monitor Deprivation of Liberty Safeguard applications and authorisations though the trust responded immediately and put a system in place.
- Supervision rates for staff had improved and new systems for recording and monitoring supervision had been put in place. Despite this, supervision rates were still lower than expected in some other core services - community health service for adults, and mental health crisis service and health-based place of safety.
- In two services, staff did not record or carry out the process for capacity assessments and best interest meetings when necessary in line with the Mental Capacity Act and best practice.
- In the mental health crisis and place of safety service there was not a full multi-disciplinary working team in place.

## Are services caring?

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

- We rated two out of five core services that we inspected this time as outstanding for caring with the one rating child and adolescent mental health wards improving to outstanding. When these ratings were combined with other existing ratings from previous inspections, this led to a continued rating of outstanding.
- Two out of three of the trust's community health core services were rated as outstanding for caring and two out of eleven the trust's mental health core services were rated as outstanding (with the rest rated as good).
- In child and adolescent mental health wards caring improved to outstanding because staff were highly skilled at involving and engaging with young people in a way that was person centred for example Information technology was remade using emojis to describe their experiences on the ward.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff in the wards for learning disability and autism had developed innovative ways of informing and involving carers in patient care.

# Summary of findings

- 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.
- Most patients were involved in decisions about their care.
- The trust continued to develop their lived experience connectors. People with lived experience of services were assigned to and met with nursing associate trainees, the executive team and board members to inform their practice in line with the trust's patient-centred vision.
- The trust were working towards improving patient and public engagement further through engaging patients in co-designing policy and the services delivered.
- The trust's GP surgeries and the trust's GP out of hours service continued to be rated as good for caring.

## Are services responsive?

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

- We rated three out of five core services that we inspected this time as good for responsive. Two other core services retained their outstanding rating for responsive - child and adolescent mental health wards and wards for people with learning disability or autism. When these ratings were combined with other existing ratings from previous inspections, this led to a continued rating of good.
- All three of the trust's community health core services were rated as good for responsive and eight out of eleven of the trust's mental health core services were rated as good (with two others rates as outstanding and one as requires improvement).
- The trust's GP surgeries and the trust's GP out of hours service were now all rated as good for responsive as we inspected Westminster surgery in May 2019 and their rating in responsive improved from requires improvement to good.
- The trust planned and provided services to meet the needs of local people.
- Staff planned and managed discharge well.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Staff in child and adolescent mental health wards worked hard to ensure that the building, activities and treatment available reflected patients' preferences and wishes.
- Senior leaders had worked hard to ensure that patients in East Cheshire were cared for in much improved mental health inpatient environments which promoted patients' privacy and dignity with no dormitory-style wards left within the trust.
- Staff developed good working relationships with other services to ensure the needs of patients were met. Across several services, there was a huge focus on the importance of maintaining relationships with family and carers.
- Patients knew how to complain or raise concerns. Generally, complaints were handled in a timely manner, in line with trust policy. The trust was reviewing their complaints process to make it more person centred.

# Summary of findings

## Are services well-led?

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

- Ten out of eleven of the trust's mental health core services were rated as good.
- One other core service improved their rating to outstanding this time - child and adolescent mental health wards. This was because of a true commitment to quality improvement and research to embed a patient-centred culture that met the needs of children and adolescents requiring inpatient care.
- The trust's GP surgeries and the trust's GP out of hours service were now all rated as good for well-led as we inspected Westminster surgery in May 2019 and their rating in well-led improved from requires improvement to good.
- In the majority of core service, staff felt supported, valued and respected by their local management teams.
- Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. Staff were committed to improving services continually.
- Quality improvement methodology was in use and embedded across the services. This was especially notable in child and adolescent mental health services and through the trust's centre for autism, neurodevelopmental disorders and intellectual disability (CANDDID) which promoted research, quality improvement and partnership working.
- At ward, team, service and care group level; leaders had access to the information they needed via the trust's locality data packs which collated key metrics and performance data to provide safe and effective care and they used that information to good effect.

However:

- Although we rated four out of five core services that we inspected this time as good for well-led, one rating – community health services for adults - went down from good to requires improvement.
- As one out of three of the trust's community health core services were now rated as requires improvement, this led to an overall requires improvement for the trust's community health services.
- The rating for well-led for community health service for adults went down to requires improvement because the core service's governance systems were not fully effective. We found some minor shortfalls that had not been fully identified or addressed by the trust's own governance systems. These included cleanliness in one clinic, lone working arrangements, supervision uptake rates, clinical photographs, consent and capacity recording and deferment of appointments. Using our aggregation principles this meant that community health services overall were now requires improvement. We did not aggregate the ratings up to the overall rating for well-led for this trust as a combined trust.

The trust's primary medical service inspections are reported separately but a summary is reported here:

### **Willaston Surgery**

We rated this service as good. We rated safe, effective, caring, responsive and well-led as good.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.
- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.

# Summary of findings

- People experiencing poor mental health (including people with dementia): good.

For more information, see the separate inspection report on this service on our website – RXAG4.

## **Westminster Surgery**

We rated this service as good. We rated safe, effective and caring as good and responsive and well-led as requires improvement.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.
- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.
- People experiencing poor mental health (including people with dementia): good.

For more information, see the separate inspection report on this service on our website – RXAX4.

## **GP Out of Hours Service - Countess of Chester Health Park**

We rated this service as good. We rated safe, effective, caring, responsive and well-led as good.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.
- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.
- People experiencing poor mental health (including people with dementia): good.

For more information, see the separate inspection report on this service on our website – RXADT.

## **Old Hall Surgery**

This service was acquired by the trust in September 2019 and registered with CQC in November 2019. We had previously rated this service as good in June 2019. We rated safe, effective and caring, responsive and well-led as good.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: good.
- People with long-term conditions: good.
- Families, children and young people: good.
- Working age people (including those recently retired and students): good.
- People whose circumstances may make them vulnerable: good.
- People experiencing poor mental health (including people with dementia): good.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in the following core services:

- Wards for people with a learning disability or autism
- Community based mental health services for people with a learning disability or autism
- Child and adolescent mental health wards
- Community health services for adults

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

## Areas for improvement

We found areas for improvement, including one breach of legal requirements across one core service:

- Community health services for adults

We found 12 things that the trust should improve in its core services to comply with a breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. We found four things that the trust should improve at provider level.

For more information, see the areas for improvement section of this report

## Action we have taken

We issued one requirement notice to the trust. Our action related to one breach of legal requirements in one core service.

## What happens next

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

## Outstanding practice

### Wards for people with a learning disability or autism

- Staff fully involved carers and family members where appropriate and used innovative ways to keep families updated of their family members. Staff helped patients to produce letters home with photographs showing families the activities and visits they had been on. They also produced scrap books when patients were admitted.
- Carers had been involved in a qualitative study to explore how family members experienced their involvement, with a view to shaping service development. The study allowed the trust to place carers and family members as central partners in their relative's care pathway as lived experiences of family members and to understand the impact of admission has on family members.

# Summary of findings

- The teams developed a tool to calculate and measure the amount of resource to support each individual patient safely. This enabled the service to support patients with very complex needs and to work with commissioners when reviewing the capacity on the wards against vacant bed numbers.
- The trust had created a centre for autism, neurodevelopmental disorders and intellectual disability (CANDDID). CANDDID has also worked with families and carers to coproduce the development suite of online training for people who care for people with learning disabilities or autism.

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

- The trust had created a centre for autism, neurodevelopmental disorders and intellectual disability (CANDDID). The centre promoted research, quality improvement and partnership working. The centre had worked with patients, families and carers to coproduce training for peers and health professionals.

## **Child and adolescent mental health wards**

- The wards were involved in two research projects. One was around the development and evaluation of a valid and reliable tool to identify young people at increased risk of admission to Tier 4 child and adolescent mental health services. The second was looking at Implementing an Intensive Support Service as part of the Tier 4 child and adolescent mental health services New Care Model.
- The service won an award at the children and young people's positive practice awards for inpatient care. This award recognises positive practice in delivering inpatient care, with a focus on involving young people and their carers/parents and having a range of activities and treatment options available.
- The twilight quality improvement project was presented at the quality improvement conference in London held by the Royal College of Psychiatrists where it received positive feedback.
- Together, staff and patients developed an information leaflet about the wards. This included pictures of the bedrooms, gardens and the main building, information the patients felt was important for them to know such as what they could bring to the ward, visitor information, ward telephone numbers and address and the Twitter, Instagram and MyMind website.
- The discharge questionnaire was redesigned by patients following feedback that this was too in depth. It was remade using emojis to describe their experiences on the ward. Feedback from these was very positive with a high uptake.
- There was a patient panel at every interview for a new member of staff in the service. Most recently patients sat on the panel for one of the services clinical directors.

## **Community health services for adults**

- Staff from community mental health teams were regularly visiting community health teams to provide advice and support for patients presenting with co-morbid mental health issues.

## Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations

## **Community health services for adults**

# Summary of findings

- The trust must improve its governance arrangements to ensure they assess, monitor and improve the quality of the services in relation to addressing the minor shortfalls we found across the key questions and monitor and further improve formal management and clinical supervision uptake rates. This was a breach of regulation 17 – good governance [regulation 17 (1) and (2) (a) and (f)]

Action a trust SHOULD take is because it was not doing something 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.

## **Wards for people with a learning disability or autism**

- The trust should continue to monitor patients as a managing authority where patients are subject to a Deprivation of Liberty Safeguards authorisation.
- The trust should continue to fully implement and monitor staff's mandatory training.
- The trust should continue to implement and monitor management and clinical supervision for staff.

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

- The trust should ensure all equipment is subject to required maintenance checks.
- The trust should ensure assessment of capacity is fully documented and recorded.

## **Community health services for adults**

- The trust should ensure that capacity assessments and best interest decisions are considered and recorded in line with the Mental Capacity Act Code of Practice.
- The trust should ensure that community health staff receive appropriate guidance and training to help ensure they are supported to give treatment to patients who cannot consent.
- The trust should continue to involve patients in their own care and look to ways in which community health patients and carers can be involved in the development and delivery of the service.

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

- The provider should ensure that care plan and risk assessments are updated when required. Each patient's care and level of risk was reviewed at each contact, and this was documented in the daily record with any changes if they were required. However, this was not always updated in the main risk assessment document and care plans.
- The provider should consider how physical observations (such as blood pressure and pulse) are recorded, so that this information is readily trackable over time.
- The provider should ensure that the home treatment teams include the necessary multidisciplinary staff to provide care and support for patients, and that it monitors the level of psychological support received by patients.
- The provider should ensure that all staff receive regular supervision in accordance with trust policy.

## **Trust Wide**

- The provider should ensure that it has an integrated digital strategy.
- The provider should ensure its board assurance framework captures strategic risks.
- The trust should continue to review its complaints and grievance processes to ensure they are in line with the trust's vision and values.
- The trust should ensure that all identified staff receive child safeguarding (level 3) training.

# Summary of findings

## Is this organisation well-led?

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

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

- The trust board and senior leadership team had the appropriate skills, knowledge and experience to perform its role. There had been some recent changes in personnel at the executive team level and staff in new positions were starting to implement changes to improve the trust further. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, carers, staff and the population they support as a whole.
- Senior leaders were visible across the trust. Staff felt valued and were proud to work for the trust. The trust's vision and values were embedded from ward to board. The chief executive officer had made a personal commitment to staff engagement and had established opportunities to meet with staff regularly. There was a programme of board visits to front line services.
- The trust's strategy, vision and values underpinned a culture which was person centered.
- The trust was financially stable, NHS Improvement had determined that the trust's financial performance had been consistently strong. The trust was delivering its' services within a positive financial position using a quality improvement approach resulting in financial, time to care and quality benefits.
- Senior leaders and board members reviewed performance reports during meetings of management committees and the board. Leaders regularly reviewed and improved the processes to manage current and future performance. The trust had commissioned a new electronic patient record to enable them to access the data collected for assurance to be done quicker and easier.
- The trust had improved its systems to meet the duty of candour requirements. Formal letters of apology were now usually routinely provided to patients and families.
- The trust was actively engaged in collaborative work with external partners, including involvement with the local sustainability and transformation plans.
- The trust demonstrated a commitment to patient and carer involvement and had systems and processes in place being introduced and embedded to start co-producing policy and services with patients and carers. The trust had established a network of 'lived experience connectors' to support involvement, engagement and co-production in future.
- The trust had a strong and integrated strategy for quality improvement across all areas. The trust were able to demonstrate the improvements in care from the embedded use of this approach.

However:

- The trust had processes for escalating risks and concerns and taking timely action to address these risks fully. However, there were exceptions such as the adult attention hyperactivity disorder waiting times being able to become very long. However, the trust has a quality improvement project in place to address the waiting times.
- Several of the risks on the board assurance framework were not strategic risks.

# Summary of findings

- Although leaders compared the initial risk rating to the current risk rating for risks within the board assurance framework, they did not fully track or measure the risk rating over time to see if their remedial work to mitigate risk was fully effective.
- Executive and non-executive directors' description of strategic risks and the trust's strategic direction were not always consistent with the trust's strategy, achievements and programmes of work. For example, the trust did not have an integrated digital strategy or a documented patient engagement strategy. The trust's approach to documenting its individual strategies was inconsistent.
- The children safeguarding (level 3) training compliance levels remained low. The trust has a detailed plan in place to rectify the low compliance rates by September 2020.
- Despite the trust's drive to be person centred, the grievance investigations reviewed were not person centred and did not meet the resolution approach described by its leadership team.
- The complaints process was not always person centred, however this was already under review and steps being taken to change the service.

## 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 ↑ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↑ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020	Good ↔ May 2020	Requires improvement ↓ May 2020	Good ↔ May 2020
Mental health	Good ↑ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020
<b>Overall trust</b>	Good ↑ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Requires improvement ↓ May 2020	Good ↔ May 2020
Community health services for children and young people	Good ↑ Dec 2018	Good ↔ Dec 2018	Outstanding ↑ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Community end of life care	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
<b>Overall*</b>	Good ↑ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020	Good ↔ May 2020	Requires improvement ↓ May 2020	Good ↔ May 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 ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Forensic inpatient or secure wards	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Child and adolescent mental health wards	Good ↑ May 2020	Good ↔ May 2020	Outstanding ↑ May 2020	Outstanding ↔ May 2020	Outstanding ↑ May 2020	Outstanding ↑ May 2020
Wards for older people with mental health problems	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Wards for people with a learning disability or autism	Good ↔ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020	Outstanding ↔ May 2020	Good ↔ May 2020	Outstanding ↔ May 2020
Community-based mental health services for adults of working age	Requires improvement ↓ May 2020	Good ↑ Feb 2017	Good Dec 2015	Requires improvement ↓ May 2020	Good Dec 2015	Requires improvement ↓ May 2020
Mental health crisis services and health-based places of safety	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020
Specialist community mental health services for children and young people	Good ↑ Feb 2017	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community-based mental health services for older people	Good Dec 2015	Good ↑ Feb 2017	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community mental health services for people with a learning disability or autism	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2019
<b>Overall</b>	Good ↑ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 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.

## Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Willaston Surgery	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Westminster Surgery	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
GP Out of Hours - Countess of Chester Hospital	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Old Hall Surgery	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019

# Community health services

## Background to community health services

The trust provides community health services across West Cheshire and Chester. The trust provides three community health core services.

During this inspection, we completed our programmed well led review of the trust and inspected the following core service:

- Community health service for adults.

## Summary of community health services

**Good**   

Our rating of these services stayed the same. We rated them as good because:

- We continued to rate effective and responsive as good. Safe was also rated as good, this was an increase in the rating from the previous inspection. Our rating for the trust took into account of the previous ratings of two core services not inspected on this occasion.
- Caring continued to be rated as outstanding.
- Community health service for adults safe domain improved from required improvement to good as the service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, 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 understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. Staff were committed to improving services continually.

However

- Community health service for adults rating for well-led went down to requires improvement. The core service's governance systems were not fully effective. We found some minor shortfalls that had not been fully identified or addressed by the trust's own governance systems. These included cleanliness in one clinic, lone working arrangements, supervision uptake rates, clinical photographs, consent and capacity recording and deferment of appointments.

# Community health services for adults

Good   

## Key facts and figures

Cheshire and Wirral Partnership NHS Foundation Trust provide community health services for adults mainly for people in West Cheshire and Chester. The West Cheshire and Chester area is home to approximately 340,000 residents, across a mix of urban centres, smaller towns and rural communities.

The trust's community health services for adults included:

- Single Point of access team
- Community nursing (also known as district nursing), including out-of-hours services
- Crisis and reablement Team
- Community matrons
- Respiratory services
- Podiatry services
- Adult musculoskeletal services
- Community neurotherapy and physiotherapy
- Tissue viability and wound care services
- Heart failure service
- Cardiac rehabilitation service
- Continence service
- Hospital alcohol liaison service

The single point of access team provides advice to health professionals to avoid hospital admission and co-ordinates the appropriate community health service when people were discharged from any hospital if they had ongoing treatment for physical health.

The community nursing service provides nursing care at home for adults who have ongoing physical health needs requiring nursing input, complex and palliative care needs. The trust's community nursing service work within eight integrated multidisciplinary community teams. The teams include nurses, therapy staff and social workers who work collaboratively with local GPs to provide care and support to people in their homes and local areas. The integrated teams are run jointly by Cheshire and Wirral Partnership NHS Foundation Trust and Cheshire West and Chester Council.

The crisis and reablement team provide care to patients in their own home to prevent an unnecessary hospital admission.

Community matrons provide care for patients with multiple, complex long-term conditions who are at a high risk of hospital admissions and readmissions. The service provides assessment, diagnosis and treatment for patients in their own homes, when they might otherwise have been admitted to hospital.

# Community health services for adults

The respiratory service provides treatments such as pulmonary rehabilitation, respiratory physiotherapy, community chronic obstructive pulmonary disease (COPD) nursing and home oxygen assessment.

The podiatry service provides specialist community foot health services including nail surgery to treat ingrown or problem nails, assessment and treatment for mechanical problems of the foot, foot care for diabetic patients and wound care.

The musculoskeletal service and musculoskeletal physiotherapy service provide assessment, diagnosis and treatment of adult musculoskeletal conditions.

The community neurotherapy physiotherapy provides care to patients following a stroke or acquired brain injury.

The tissue viability service provides specialist nursing for wound care and pressure ulcers.

The community continence service provides a service to people with bladder or bowel problems.

The heart failure team works nurse led service for patients with heart failure (left ventricular systolic dysfunction).

The trust provides a hospital alcohol liaison service in Chester and in Central and East Cheshire from Macclesfield General Hospital. This service works in the acute hospitals providing assessment, interventions and advice to patients and health professionals regarding alcohol-use disorders.

The trust also provided other community services for adults with physical health conditions but we did not look at these as part of the sampling. This was because they did not provide regulated activities relating to this core service as they did not have a listed health professional carrying out or supervising treatment. These included:

- The Wirral all age disability service
- The acquired brain injury service

Services we inspected were provided in people's own homes, nursing homes, clinics and GP practices.

We last inspected Cheshire and Wirral Partnership NHS Foundation Trust's community health service for adults in June 2015. On that inspection, we rated this core service as good overall and across four out of five key questions (effective, caring, effective and well-led) and requires improvement for the safe key question. On that inspection, we found that this core service was not meeting the regulation in relation to good governance in relation to safety issues. We told the trust they must improve and ensure that:

- There were sufficient numbers of suitably qualified skilled and experienced nursing and other staff working in adult community services to meet the needs of the service.
- There were appropriate timely systems in place for incident reporting and investigation.
- Systems to identify, mitigate and manage risk allow all local risks to be clearly identified and managed by staff at service level whilst clearly linking with trust-wide governance processes to ensure that all risks are captured and monitored.

On this inspection, we found that the service had made improvements in these areas.

The trust's community health services for adults are registered from the trust headquarters to provide the following regulated activities:

- treatment for disease, disorder and injury, and
- diagnostic and screening procedures.

# Community health services for adults

Our inspection team for this core service was four CQC inspectors, and three specialist advisers - one community matron, one tissue viability specialist nurse and one physiotherapist (all specialising in community health services).

We inspected this core service as part of our ongoing comprehensive inspection programme. We looked at all key questions.

Before the inspection visit, we reviewed information that we held about these services, asked the trust for information and asked a range of other organisations for information. This was a short-notice announced inspection - the service got 48 hours' notice that we were coming.

We inspected on 5-7 February 2020 and inspected:

- Single point of access team
- Five of the integrated community teams which included the community nursing teams, community therapists and the community matron service
- The out-of-hours community nursing team
- crisis and reablement team
- Respiratory services
- Podiatry services
- Adult musculoskeletal services
- Tissue viability and wound care services
- Heart failure service
- Cardiac rehabilitation service

During the inspection visit, we:

- toured team and clinic environments
- spoke with 43 community patients and eight carers
- spoke with 74 staff in total including the associate director, head of operations, the team manager or senior nurse in charge of the teams, qualified nursing staff, clinical support workers, podiatrists, physiotherapists, occupational therapy staff and other staff.
- spoke with two visiting community psychiatric nurses who regularly visited the integrated community care teams
- observed sixteen non-intimate clinical care episodes with patients either in patients' own homes or at clinics
- reviewed 53 care records
- 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:

# Community health services for adults

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, 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 and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff from community mental health teams were regularly visiting community health teams to provide advice and support for patients presenting with co-morbid mental health issues.
- 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 were focused on the needs of patients receiving care. Staff were committed to improving services continually.

However

- The trust's governance systems were not fully effective. We found some minor shortfalls that had not been fully identified or addressed by the trust's own governance systems. These included cleanliness in one clinic, lone working arrangements, supervision uptake rates, clinical photographs, consent and capacity recording and deferment of appointments.

## Is the service safe?

**Good** ● ↑

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

- The service had addressed the safety shortfalls we found on the June 2015 inspection in terms of staffing levels and recording and reporting incidents.
- 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 equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Community health services for adults

- The service 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- 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 patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

However

- Staff in one clinic did not make sure that all clinical areas were visibly clean. Apart from this, the service controlled infection risk well.
- We saw a small number of instances where clinical photographs had not been deleted within 24 hours against the trust policy.

## 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.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.
- Staff assessed and monitored patients regularly to see if they were in pain and ensure patients had pain relief.
- 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.
- Staff supported each other to provide good care and communicated effectively with other agencies.
- Staff from community mental health teams were regularly visiting community health teams to provide advice and support for patients presenting with co-morbid mental health issues.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.
- 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.

However

# Community health services for adults

- Although most staff felt well supported and had opportunities for reflective practice, staff in some teams had not had regular, formal supervision. There had been some recent improvement in regularity of formal supervision but these had not been sustained.
- When care and treatment was given to patients who may or did lack capacity, staff were not always fully confident in making decisions in their best interest and staff did not fully or consistently record the best interest considerations prior to giving treatment in two relevant records out of 53 records we looked at.

## 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.
- 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 staff.

However

- Although staff avoided postponing home visit appointments with patients and recorded the reasons why they postponed, this information was not recorded in patients' care records and was not routinely monitored to understand how regularly this occurred and the common reasons for it.

## Is the service well-led?

**Requires improvement** ● ↓

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

# Community health services for adults

- Leaders needed to improve the overall effectiveness of their governance processes to identify and address shortfalls in the quality of the service. Although governance arrangements were largely good, we found a number of minor shortfalls in a small number of cases across different key questions. These shortfalls had not been fully identified or addressed by the trust's own audits or systems.
- The shortfalls included cleanliness where the trust did not control the building, lone working arrangements, formal supervision uptake rates, clinical photograph practices, consent and capacity recording and deferment of appointments.
- Some key metrics such as staff clinical and management supervision had recently improved but in some teams the uptake was still low and the improvements in uptake had not been sustained.
- The trust's policies did not support staff practice in relation to considering and recording best interest considerations. The trust policies and practice guidelines contradicted each other in relation to the reporting of level 1 pressure ulcers and the regularity of malnutrition risk scoring.

However

- The trust had taken immediate action to begin to address the shortfalls we raised on inspection.
- Leaders and teams identified and escalated relevant risks 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.
- Team managers had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the teams 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 relevant stakeholders. The vision and strategy were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service.
- Most 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 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 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.

## 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.

# Mental health services

## Background to mental health services

The trust provides mental health services and learning disability services across Cheshire and Wirral. The trust provides eleven mental health core services.

During this inspection, we completed our programmed well led review of the trust and inspected the following core services:

- Child and adolescent mental health wards
- Wards for people with learning disability or autism
- Mental health crisis service and health-based place of safety
- Community mental health service for people with a learning disability or autism

## Summary of mental health services

**Good** ● → ←

Our rating of these services stayed the same. We rated them as good because:

- We rated safe, caring, effective, responsive and well-led as good. The rating for safe has increased since our last inspection. Our rating for the trust took into account the previous ratings of services not inspected this time.
- We rated well-led at the trust level as good.
- Staff interacted positively with patients and in most services patients were involved in care planning. Patients were generally positive about staff. The services were starting to involve patient in service co-design.
- On child and adolescent mental health wards, the overall rating went up and is rated outstanding.
- Staff were positive about working for the trust and spoke highly of managers and senior leaders. There was good teamwork amongst the staff and staff felt able to raise concerns.
- Managers used data effectively and we saw evidence of data being used to inform how services were delivered.
- Quality improvement was used to improve the quality of the service.

However:

- During the inspection, a responsive inspection of the adult attention deficit hyperactivity disorder service was carried out. The other areas of this community based mental health core service for adults of working age were not inspected as part of this inspection programme. The waiting times for patients to access this service were very long and the safety of patients on the waiting lists was not being monitored. This resulted in the safe and responsive key question ratings going down to requires improvement. Due to the small percentage of service visited, we did not aggregate these ratings into our overall ratings assessment.

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

Good   

## Key facts and figures

The trust provided three home treatment teams:

- Central and East Cheshire – based in Congleton
- West Cheshire – based in Chester
- Wirral – based in Birkenhead

The trust had four psychiatric liaison teams that provided services to the emergency departments and wards in four acute hospitals. The teams were based in:

- Macclesfield District General Hospital
- Leighton Hospital (Crewe) – (senior staff worked across the Macclesfield and Crewe teams)
- Countess of Chester Hospital
- Arrowe Park Hospital (Birkenhead, Wirral)

The street triage team in Cheshire consists of three nurses and three police officers (employed by Cheshire Police) who cover the county on a rota. The street triage team in Wirral has staff who provide cover as part of the liaison team. The teams provide advice and support to the police service.

The health based places of safety were in the emergency departments of the acute hospitals in Chester, Macclesfield and Wirral. There was no health based place of safety in Leighton Hospital in Crewe, so Macclesfield was the designated place. The service was provided and managed by the acute hospitals. As part of this service the patient's mental health was assessed by staff from the liaison teams, and/or the home treatment teams if admission was being considered. The liaison teams supported and advised acute hospital staff, but they did not administer medicines or prevent a patient from leaving.

If the police have concerns about the safety and mental health of a person, they may bring them with consent, or under section 136 of the Mental Health Act, to a health based place of safety. Information about the use of section 136 was monitored by Cheshire and Wirral Partnership NHS Foundation Trust, but responsibility for the service was with the acute trusts.

The home treatment teams assess all patients who are being considered for informal admission, and aim to assess all patients who are being assessed for detention under the Mental Health Act. The home treatment teams manage access to “crisis” beds throughout Wirral and Cheshire. These are beds in supported housing, provided by an adult social care provider. These are an alternative to inpatient admission for patients who need additional short-term support.

The home treatment and liaison teams provide a service to people aged 16 years and above, with no upper age limit.

On this inspection we looked at all five key questions. Our inspection was announced (staff knew we were coming) two days before the inspection to ensure that everyone we needed to talk with was available.

We visited all three home treatment teams, and the mental health liaison services based in Chester and Macclesfield.

Before this inspection, we reviewed information that we held about the service. During the inspection we:

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

- spoke with 34 staff which included clinical staff, non-clinical staff and managers
- spoke or received feedback from seven patients or their relatives
- observed four patient assessments or home visits
- reviewed 39 care records
- carried out a tour of the offices and interview/meeting rooms (where available) in the three home treatment teams, and the facilities used by the psychiatric liaison team in the two emergency departments we visited
- observed eight meetings which included staff handovers, bed management calls, multidisciplinary team meetings, and a 'red to green' meeting where home treatment and ward staff discuss each inpatient
- met with a group of approved mental health professionals
- looked at a range of policies, procedures and other documents relating to the running of the service.

A comprehensive inspection of mental health crisis services and health-based places of safety was last carried out by the Care Quality Commission in June/July 2015. Mental health crisis services and health-based places of safety were rated as good.

## 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 and the physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff ensured that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff working for the mental health crisis teams 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.
- The mental health crisis teams included or had access to a range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The mental health crisis service and the health-based places of safety were easy to access. Staff assessed patients promptly. Those who required urgent care were taken onto the caseload of the crisis teams immediately. Staff and managers managed the caseloads of the mental health crisis teams. The services did not exclude patients who would have benefitted from care.
- The service was well led and the governance processes ensured that services ran smoothly.

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

## 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 health-based places of safety were provided by the acute hospital in which they were based.
- The services had enough staff, who received basic training to keep people safe from avoidable harm. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff working in the mental health crisis teams worked with patients and their families and carers to develop crisis plans. 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 working for the mental health crisis teams 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 working for the mental health crisis teams regularly reviewed the effects of medicines 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.

However

- Although each patient's care and level of risk was reviewed at each contact, and this was documented in the daily record with any changes if they were required, this information was not always updated in the main risk assessment document and care plans.

## 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. Staff working for the mental health crisis teams 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 used recognised rating scales to assess and record severity and outcomes. They carried out local audits, were benchmarked against other teams in the trust, and participated in quality improvement initiatives.

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

- Staff working for the mental health crisis teams used recognised rating scales to assess and record severity and outcomes. Staff working for the crisis teams and in the health-based places of safety participated in clinical audit, benchmarking and quality improvement initiatives.
- The mental health crisis teams included or had access to a 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 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. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However

- Although physical observations (such as blood pressure and pulse) were recorded and monitored, the information was included in the daily summaries, so was not easily trackable over time.
- The teams did not include the full range of professionals to provide care and support for patients.
- The recorded supervision levels were variable for medical and non-medical staff.

## 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 in the mental health crisis teams involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

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

- The mental health crisis service was available 24-hours a day and was easy to access – including through a dedicated crisis telephone line. The referral criteria for the mental health crisis teams did not exclude patients who would have benefitted from care. Staff assessed and treated people promptly. Staff followed up people who missed appointments.

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

- The service met the needs of all patients – including those with a protected characteristic, or who needed additional support with communication. 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 integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They supported staff to develop their skills and take on more senior roles.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued by their teams and local managers. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- 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 regional quality improvement activities.
- There were effective, multi-agency arrangements to agree and monitor the governance of the mental health crisis service and the health-based places of safety. Managers of the service worked actively with partner agencies (including the police, ambulance service, primary care and local acute medical services) to ensure that people in the area received help when they experienced a mental health crisis; regardless of the setting.

However

- Staff gave mixed views about the level of support they received from senior managers and the broader trust.

## Areas for improvement

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

# Wards for people with a learning disability or autism

**Outstanding** ☆ → ←

## Key facts and figures

Cheshire and Wirral NHS Foundation Trust provides inpatient assessment and treatment, and respite care to patients with learning disabilities and or autism in Chester and Macclesfield.

Eastway assessment and treatment unit is based in Chester and Greenways assessment and treatment unit is based in Macclesfield.

Greenways assessment and treatment unit had a maximum of 12 beds for both male and female patients who had a diagnosis of learning disabilities with or without autism.

Eastway assessment and treatment unit had a maximum of nine beds for both male and female patients who have a diagnosis of learning disabilities with or without autism.

The units both provide staff support to patients on a 24-hour basis.

The team around the patient consists of nursing staff, a consultant psychiatrist, occupational therapy, psychology, and speech and language therapy as well as healthcare support workers.

At the last inspection in June 2015 the service was rated as outstanding overall. The service was rated good for safe, effective and well led. They were rated outstanding for caring and responsive.

During this inspection we inspected all key questions across this core service. This inspection was unannounced with very short notice given.

The Mental Health Act reviewer from the Care Quality Commission last visited Eastway unit in January 2020 and Greenways was visited in July 2019.

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients and carers.

During the inspection visit, the inspection team:

- looked at the quality of the ward environments and observed how staff were caring for patients;
- looked at both seclusion rooms;
- spoke with two patients who were using the service;
- spoke with six carers and or family members;
- spoke with the managers and head of care;
- spoke with 13 other staff members; including psychologists, nurses, occupational therapist, technical instructors, clinical support workers, advanced practitioners, speech and language therapists, consultant psychiatrist and a modern matron;
- completed a short observational framework for inspection;
- looked at six care and treatment records of patients;
- looked at incidents reported on the wards;
- reviewed a record where rapid tranquilisation and where seclusion had been used;

# Wards for people with a learning disability or autism

- carried out a specific check of the medication management on the units; and
- 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 outstanding because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- 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. There is a truly holistic approach to assessing, planning and delivering care and treatment to all patients who use the services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. New evidence- based techniques and technologies are used to support the delivery of high-quality care.
- They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability (and/or autism) and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. Feedback from people who used the service, those close to them was always very positive about the way staff treated people.
- They supported patients to understand and manage their care, treatment or condition. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders. People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This includes people with protected characteristics under the Equality Act, and people who are in vulnerable circumstances or who have complex needs. Staff helped patients with communication, advocacy and cultural and spiritual support.

# Wards for people with a learning disability or autism

- It was well led, and the governance processes ensured that ward procedures ran smoothly. Carers had been involved in a qualitative study to explore how family members experienced their involvement, with a view to shaping service development. The trust had created a centre for autism, neurodevelopmental disorders and intellectual disability (CANDDID). CANDDID has also worked with families and carers to coproduce the development suite of online training for people who care for people with learning disabilities or autism.

However;

- Figures provided following the inspection indicated that only 77% of staff at Greenways had received training in managing violence and aggression including rapid tranquilisation and immediate life support. On Eastway ward only 68% of staff had received training in fire ward evacuation and on Greenways ward only 74% had receive the same training.
- Not all staff had received management and clinical supervision necessary for their position.
- The trust did not have full oversight of patients who were subject to a Deprivation of Liberty Safeguards authorisation, though the trust responded immediately and put a system in place.

## Is the service safe?

**Good** ● → ←

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

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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 had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

# Wards for people with a learning disability or autism

- Figures provided following the inspection indicated that only 77% of staff at Greenways had received training in managing violence and aggression including rapid tranquilisation and immediate life support. On Eastway ward only 68% of staff had received training in fire ward evacuation and on Greenways ward only 74% had receive the same training.

## 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.
- There is a truly holistic approach to assessing, planning and delivering care and treatment to all patients who use the services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. New evidence- based techniques and technologies are used to support the delivery of high-quality care.
- The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills. Staff 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 ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with 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 ward teams had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early on in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves and used varying communication tools to achieve this with individual patients where possible. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However;

- The service did not make sure staff received regular management and clinical supervision applicable to their position. The trust has recently introduced a system to monitor and have oversight of this.

# Wards for people with a learning disability or autism

- The trust did not have full oversight of patients who were subject to a Deprivation of Liberty Safeguards authorisation, though the trust responded immediately and put a system in place.

## Is the service caring?

**Outstanding** ☆ → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account and understood their individual needs. Feedback from people who used the service, those close to them was always very positive about the way staff treated people.
- They supported patients to understand and manage their care, treatment or condition. Staff are motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.
- People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person. Staff always empower people who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.
- Staff recognise that people need to have access to, and links with, their advocacy and support networks in the community and they support people to do this. They ensure that people's communication needs are understood, seek best practice and learn from it.
- Staff find innovative ways to enable people to manage their own health and care when they can and to maintain independence as much as possible.
- Staff informed and involved families and carers appropriately. Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

## Is the service responsive?

**Outstanding** ☆ → ←

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

- There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This includes people with protected characteristics under the Equality Act, and people who are in vulnerable circumstances or who have complex needs. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were continually monitoring and overseeing the discharge care pathway.

# Wards for people with a learning disability or autism

- People who use the service and others are involved in regular reviews of how the service manages, responds and listens to carers and family members. The service can demonstrate where improvements have been made as a result of learning from reviews and that learning is shared with other services.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of a good quality and patients could make hot drinks and snacks at any time.
- It was easy for people to give feedback and raise concerns about care received and the service encouraged it. The service treated concerns and complaints seriously, investigated them promptly and thoroughly, and included patients and families in the process. The service shared lessons learned with all staff in the service and more widely.

## Is the service well-led?

Good   

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

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

However;

- Figures provided following the inspection indicated that only 77% of staff at Greenways had received training in managing violence and aggression including rapid tranquilisation and immediate life support. On Eastway ward only 68% of staff had received training in fire ward evacuation and on Greenways ward only 74% had receive the same training.
- Not all staff had received management and clinical supervision necessary for their position.

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

Good   

## Key facts and figures

Cheshire and Wirral NHS Foundation Trust provides community learning disability services to children, young people and adults in Chester, Macclesfield, Trafford and Wirral. The trust also provides community respite facilities on the Wirral and Macclesfield.

The trust is organised into clinical care groups. Adult community learning disability services and community respite units sat under the learning disability, neurological disorder and acquired brain injury clinical care group. Community learning disability services for children and adolescents sat under the children, young people and families clinical care group.

The learning disability, neurological disorder and acquired brain injury clinical care group provided adult community learning disability services covering:

- Central and East Cheshire
- West Cheshire
- Trafford
- Wirral

As part of this inspection we visited community learning disability teams in Central and East Cheshire and Western Cheshire.

The learning disability, neurological disorder and acquired brain injury clinical care group provided community respite facilities at:

- Thorn Heys – located on the Wirral. Thorn Heys was a five-bed respite unit.
- Crook Lane – located in Winsford. Crook Lane was a six-bed respite unit.

As part of this inspection we visited Thorn Heys respite unit.

The young people and families clinical care group provided child and adolescent community learning disability services covering:

- East Cheshire
- West Cheshire
- Wirral

As part of this inspection we visited child and adolescent community learning disability teams in east Cheshire.

At the last inspection in June 2015 the service was rated as good overall and in each of the five domains.

During this inspection we inspected all key questions across this core service. This inspection was unannounced.

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients and carers.

During the inspection visit, the inspection team:

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

- looked at the quality of the environments and observed how staff were caring for patients;
- spoke with four patients who were using the service and eight family members and carers;
- spoke with the team managers and the senior management team of the two clinical care groups;
- spoke with 25 other staff members; including nurses, psychiatrists, intensive support workers, health facilitators, physiotherapists occupational therapists, psychologists and speech and language therapists, and admin staff;
- attended and observed two multi-disciplinary meetings and three patient appointments;
- looked at 18 care and treatment records of patients;
- carried out a specific check of the medication management on the sites; and
- 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 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.

However;

- We identified items of equipment that were overdue maintenance checks. However, the trust responded immediately to this.
- Although staff considered patient capacity, we found that staff did not always document assessments of capacity within clinical records.

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

## Is the service safe?

Good   

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

- All clinical premises where patients received care were safe, clean, well-furnished and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. 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. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- We identified items of equipment that were overdue maintenance checks. However, the trust responded immediately to this.

## Is the service effective?

Good   

Our rating of this service 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.

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

- Staff understood and applied national institute for health and care excellence 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.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

However;

- Although records showed that staff considered patient capacity, we found that staff did not always document assessments of capacity within clinical records.

## Is the service caring?

Good   

Our rating of this service 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 this service 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.

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

- 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 this service 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.
- There was a strong focus on service improvement. Quality improvement methodology had been embedded within teams. Staff had participated in quality improvement and research projects. The learning disability, neurological disorder and acquired brain injury care group had developed a centre for autism, neuro-developmental disorders and intellectual disability (CANDDID) which brought research and quality improvement projects and promoted partnership working
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively 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

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

# Child and adolescent mental health wards

**Outstanding** ☆ ↑

## Key facts and figures

Cheshire and Wirral Partnership NHS Foundation Trust provide two child and adolescent mental health wards at Ancora House which is located at the Countess of Chester Health Park. The wards provide care and treatment to children and young people who have severe and/or complex mental health conditions who require hospital care. The wards are:

Indigo Ward - a 12 bed inpatient mental health ward caring for young people with mental illness in West Cheshire.

Coral Ward - a 14-bed acute assessment ward.

The beds are contracted by NHS England North West specialised commissioning team on behalf of Cheshire and Merseyside commissioners. The wards admit patients who are both informal and detained under the Mental Health Act.

## Summary of this service

We last inspected Cheshire and Wirral Partnership NHS Foundation Trust's child and adolescent mental health wards in August 2018. On that inspection, we rated this core service as good overall with ratings effective, responsive and well led domains rated as good, safe as requires improvement and caring as outstanding. An action plan was developed by the provider to address the issues raised in the safe domain.

We visited both wards in this core service.

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

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited both wards, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with patients who were using the service;
- spoke with carers;
- spoke with the acting ward manager of Indigo and Coral wards;
- spoke with other staff members; including support workers, doctors, nurses, occupational therapy staff, psychologists, participation worker and nurse consultant;
- attended and observed one listen up group;
- attended and observed one multi-disciplinary meeting;
- looked at 12 care and treatment records of patients;
- attended and observed ward based activities;
- carried out a specific check of the medication management on both wards;
- reviewed 15 prescription charts and

# Child and adolescent mental health wards

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

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

- The service provided safe care. The ward environments were safe, clean and specifically designed with the patient group in mind. This had considered the risks this group may pose. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- The service had their own website which was developed in collaboration with patients and carers. This allowed them quick access to help and information using information technology.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They involved patients and families and carers in every care decision. Patients and carers were involved in every change that was due to take place on the wards and changes were led by patients. For example, patient panel at interviews, questions devised by patients, new forms and leaflets were designed by patients and there were numerous groups where patients could give their ideas for ways to improve the service. There were monthly carer meetings where carers could raise any concerns or ideas about the service and feedback was always given at the following meeting. We saw evidence of how changes were made to the service following engagement with patients and carers.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason. The service had worked hard to ensure that the wards were part of the local community. There were lots of ways this was done including involvement in the local nature reserve, members of the community coming in regularly to speak to patients such as the police, local MPs and even a Paralympian. The building had been designed with the help of patients. The bedrooms had mood lighting which patients could use to signal to staff how they were feeling. For example, using the red light if they were struggling. The wards had access to a large outdoor space with room for growing fruit and vegetables which were later used in cooking groups. There was a gym and staff had been trained as instructors.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly. Many of the senior leadership team had worked in child and adolescent services for several years. Ward managers had access to a wide range of information about their service monthly which allowed them to pick out themes and trends. The senior leadership team in conjunction with ward-based staff had a clear vision for the future of the service. This had allowed them to plan by putting extra funding into training for the staff team. The wards were applying for accreditation to be an autism friendly ward and staff were making changes to make the environment and paperwork more autism friendly. The wards had been involved in several quality improvement projects which had featured in the trust quality improvement report. The ward was accredited with the quality network for inpatient child and adolescent mental health services and the team had also won an award for inpatient services at the positive practice awards in 2019.

# Child and adolescent mental health wards

## Is the service safe?

Good  

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

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The building was designed specifically with the risks of the patient group in mind.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. 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 physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated these as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills 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.

# Child and adolescent mental health wards

- 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 ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- The service had their own website which was developed in collaboration with patients and carers. This allowed them quick access to help and information using information technology.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff 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 patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Staff ensured patients were at the focus of their own recovery journey and they proactively supported them to build resilience and coping skills to manage their symptoms.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- The team went the 'extra mile' to involve patients and their families and carers in every care decision. Patients and carers were involved in every change that was due to take place on the wards and changes were led by patients. For example, patient panel at interviews, questions devised by patients, new forms and leaflets were designed by patients and there were numerous groups where patients could give their ideas for ways to improve the service.
- There were several meetings where patients and carers could give feedback on the service and how it could improve. This included comment boxes, listen up groups and community meetings. Feedback on changes that had been made were displayed on the wards.
- Together, staff and patients developed an information leaflet about the wards. This included pictures of the bedrooms, gardens and the main building, information the patients felt was important for them to know such as what they could bring to the ward, visitor information, ward telephone numbers and address and the social media and MyMind website.
- There were monthly carer meetings where carers could raise any concerns or ideas about the service and feedback was always given at the following meeting. We saw evidence of how changes were made to the service following engagement with patients and carers especially through the triangle of care work.
- There were welcome packs for both patients and carers that were given out on admission. Again, these were designed by patients and contained more detailed information than the information leaflet.
- The discharge questionnaire was redesigned by patients following feedback that this was too in depth. Information technology was remade using emojis to describe their experiences on the ward. Feedback from these was very positive with a high uptake.

# Child and adolescent mental health wards

## Is the service responsive?

**Outstanding** ☆ → ←

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

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom where they could keep their personal belongings safe. There were quiet areas for privacy. The building was designed in collaboration with the young people that were using the service at the time. This meant that the patients truly were at the heart of the service. The bedrooms were modern and contained mood lighting. The young people wanted the bedrooms to have a university hall of residence feel about them. There was soft seating by the window.
- There were many rooms off the wards that the patients could also use such as the "den" which could be used for film nights and if external speakers came to the service. There was also a gym, occupational therapy kitchens and meeting rooms that could be used for visitors.
- The main outdoor area was extremely large. As it was below ground level (as the building was on a slope) it also had a lift to access it for patients who had disabilities or eating disorders. There was a large chicken coop. This was tended to daily by the patients and staff. There was also a vegetable garden and fruit trees. There was an outdoor sports pitch with tennis nets and inflatable goalposts. There was a hedgehog house and bughouse.
- Staff facilitated young people's access to high quality education throughout their time on the ward. The school was based in the same building as the two wards and had equipment available for education up to A Level standard, this included a full working science lab.
- There was a huge focus on the importance of maintaining relationships with family and carers. There were lots of up to date information in the main reception on different carers groups across the patch the wards covered. There was a monthly carers and patients listen up group on the wards.
- The ward staff worked hard to build and maintain links with the wider community. This included taking part in events at the local nature reserve, involvement in the local pride event, training on dementia friends from a national dementia charity for patients and an intergenerational tea party with patients with dementia.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

**Outstanding** ☆ ↑

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

# Child and adolescent mental health wards

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities. There had been several quality improvement projects by the wards which also featured in the trust quality improvement report. This included ideas such as the introduction of a twilight shift to reduce incidents between 4pm and 12am and introduction of the mini team poster so patients knew who was directly responsible for their care. There was also the introduction of the "doing what matters" course. This was a patient experience improvement project and the aim was to introduce a new therapeutic model called acceptance and commitment therapy. Acceptance and commitment therapy aims to help people build richer, fuller and more meaningful lives by helping them to identify what matters to them and teaching a range of skills to help them handle the difficult thoughts and feelings.
- The service won an award at the children and young peoples positive practice awards for inpatient care. This award recognises positive practice in delivering inpatient care, with a focus on involving young people and their carers/ parents and having a range of activities and treatment options available.
- The wards were involved in two research projects. One was around the development and evaluation of a valid and reliable tool to identify young people at increased risk of admission to Tier 4 child and adolescent mental health services. The second was looking at implementing an Intensive Support Service as part of the Tier 4 child and adolescent mental health services new Care Model.
- Both wards were accredited by the Quality Network for inpatient child and adolescent mental health services.

## Outstanding practice

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

A Head of Hospital Inspection led this inspection. One executive reviewer and two specialist advisers supported our inspection of well-led for the trust overall.

The team also included one inspection manager, nine inspectors, twelve specialist advisers and two experts by experience.

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