

# Midlands Partnership NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Midlands Partnership NHS Foundation Trust was formed on the 1 June 2018 following the acquisition of Staffordshire and Stoke on Trent Partnership NHS Trust by South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The trust provides mental health and community health services across parts of Staffordshire, Telford and Wrekin and Shropshire. The trust holds national contracts for providing mental health care to the Ministry of Defence. They also have extensive involvement in prisons, substance misuse services and Improving Access to Psychological Therapy services through their Inclusion brand. This gives them a large geographical spread with services stretching from the Isle of Wight to the Yorkshire.

The trust is now a major provider of sexual health services commissioned to provide a service in Telford and Wrekin, Shropshire, Leicester city, Leicestershire and Rutland, Stoke-on-Trent and Staffordshire.

Nationwide the trust employs 8,500 employees. It has a total number of 1.5 million service users nationally and operated on a year-end budget of £400 million in 2018. Services are delivered through four care groups that were established following the creation of Midlands Partnership NHS Foundation Trust in 2018. The Staffordshire care group is responsible for all the adult mental and community health services and some adult social care in Staffordshire. The children and families care group covers mental and physical health community services for children and young people in Staffordshire. Shropshire Care Group is responsible for all age mental health services in-patient and community services. The Specialist Care Group provides the following services in South Staffordshire, Shropshire and Telford & Wrekin: Eating Disorder Community and In-patient Services; Learning Disability Services; Forensic community and inpatient mental health services. Sexual Health Services in Telford & Wrekin, Shropshire, Leicester City, Leicestershire & Rutland, Stoke-on-Trent, Staffordshire and HIV services in Telford & Wrekin, Shropshire, Leicester City, Stoke-on-Trent, Staffordshire. Community Dentistry and Diabetic Retinopathy across Staffordshire and on a national footprint Substance Misuse Services, IAPT and prison SMS and mental health provision.

The trust provides services covering the following CQC core services:

Mental health services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Forensic inpatient/secure wards
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for people with learning disabilities
- 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 health services:

- Community health inpatient services
- Community end of life care
- Community health services for adults

# Summary of findings

- Community health services for children, young people and families.
- Urgent care services
- Community dental services
- Community sexual health services

South Staffordshire and Shropshire Healthcare NHS Foundation Trust was predominantly a provider of mental health services. It was last inspected comprehensively in 2016 and was found to be good overall. There was a focused inspection report on acute wards published in September 2017 highlighting concerns around sexual safety on some of the wards. Those concerns have since been addressed. South Staffordshire and Shropshire Healthcare NHS Foundation Trust was the major partner in the new organisation and Midlands Partnership NHS Foundation Trust has organisational continuity with this trust and its registration with the CQC. This means that previous inspection ratings for the core services managed by South Staffordshire and Shropshire Healthcare NHS Foundation trust have carried forward into the new organisation.

Staffordshire and Stoke on Trent Partnership NHS Trust provided community health and adult social care services and was responsible for adult social and community healthcare within Staffordshire, sexual health services in Leicester and community healthcare in Stoke-on-Trent. It also provided health and care services in the community, including community hospitals, health centres, nursing homes, schools, prisons and in a patient's own home. The trust also provides social care services.

Following an inspection in November 2015 we rated the trust as inadequate for Well Led. We rated the trust as Requires Improvement for Safe, Effective and Responsive, and we rated it as good for Caring. Overall, we rated the trust as Requires Improvement.

In April 2018 we inspected the two core services that had previously been rated as 'inadequate' at our November 2015 inspection. These core services were 'Community Health Services for Adults' and 'End of Life Care'. Both services were given a new rating of Good in all domains. All previous ratings for Staffordshire and Stoke on Trent Partnership NHS Trust were nulled at the time of the merger. The services will receive new ratings when they are inspected again as part of Midlands Partnership NHS Foundation Trust.

## Overall summary

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

## What this trust does

The trust provides mental health and community health services across parts of Staffordshire and Shropshire. The trust holds national contracts for providing mental health care to the Ministry of Defence. They also have extensive involvement in prisons, substance misuse services and Improving Access to Psychological Therapy services through their Inclusion brand. This gives them a large geographical spread with services stretching from the Isle of Wight to the Wirral. The trust is now a major provider of sexual health services commissioned to provide a service in five counties.

## 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?

# Summary of findings

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

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

## What we inspected and why

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

We inspected nine services as part of our ongoing checks on the safety and quality of healthcare services:

- Wards for older people with mental health problems
- Mental health crisis services and health-based places of safety
- Acute wards for adults of working age and psychiatric intensive care units
- Wards for people with a learning disability or autism
- Specialist community mental health services for children and young people
- Community health services for children, young people and families
- Community health inpatient services
- Community dental services
- Urgent care services

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 at the trust level. Our findings are 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:

- We rated safe, caring, responsive and well-led as good. We rated effective as requires improvement. Our rating for the trust took into account the previous ratings of services not inspected this time. In this case that included the historic South Staffordshire and Shropshire Healthcare NHS Foundation Trust mental health services.
- Our decisions on the overall ratings consider factors including the relative size of services and we used our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as good. The trust had a strong and experienced leadership team, supported by efficient reporting and governance structures. Non-executive directors and the council of governors were very active in providing independent oversight of the executive team.
- Managers had successfully managed the merger of community services into the trust in June 2018. Integration of physical health and mental health services was having a positive impact on patient care. However, some services still required support to be fully integrated into the systems and culture of the trust. This was recognised in a post-merger action plan.

# Summary of findings

- Overall, clinical services were safe and effectively safeguarded patients from harm. Risk assessments were completed and updated regularly within most services visited.
- In most areas care planning was personalised and holistic reflecting input from the patient or their carers. There was effective multi-disciplinary team working across the trust both within and between individual care teams.
- Physical health care needs were effectively addressed within the core mental health services.
- Staff ensured the rights of patients detained under the Mental Health Act. The trust closely monitored its use of the act and fulfilled its obligation under the Code of Practice. There was good practice in the use of the Mental Capacity Act and staff offered support to patients to make their own decision where possible.
- Staff were caring, and we heard overwhelmingly positive feedback about their professionalism and respect for the dignity and privacy of patients.
- With few exceptions, access to services was responsive; there was effective bed management in the mental health wards and timely responses to mental health problems in the community.
- The recovery college supported patients and staff with mental health problems overcome stigma and social exclusion. Led by current and ex mental health service users the college received very positive feedback about the skills and life lessons they had learned.

However:

- Managers could not provide assurance around the safety of care in the urgent care services. We found that the urgent care services had not been effectively integrated into the otherwise robust governance systems we found within the trust. This left us with concerns about the reporting and recording of incidents within the service.
- Staff left patients potentially at risk in the urgent care services. There was no triage system to determine the priority given to patients attending the two urgent care services. The time of clinical assessment of a patient had been determined by their time of arrival rather than need. The trust did promptly address this and institute a triage system within two working days.
- Although on a recovery journey, there were still concerns about the responsiveness and capacity to meet patient's needs within the Shropshire, Telford and Wrekin child and adolescent community mental health services.
- Managers had not supported staff through regular clinical supervision in some areas. There was no central recording of supervision to allow care group managers to monitor this.
- Staff had not dealt with complaints received by the community health services in a timely manner. Managers were making changes in the way complaints were investigated to address this.
- Some clinical areas did not have the space or facilities to ensure confidentiality, good hand hygiene and lacked capacity to meet demand for appointments.
- Staff did not always have access to accessible information for patients or communication aids to support care delivery.

## Are services safe?

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. All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. In mental health wards, staff could clearly see all areas of the ward and knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.

# Summary of findings

- The trust had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. We found very good practice throughout the trust in the care of people with dementia who presented with behaviours that challenge.
- Staff assessed and managed risks to patients and themselves. They responded promptly to a 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. Most staff had the required training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information at trust bases and it was easy for them to maintain high quality clinical records – whether paper-based or electronic. The trust was attempting to improve access for community workers who worked remotely.
- The trust had a good track record on safety.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. A centralised investigation team 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:

- There was no triage system in place at either of the two urgent care services inspected. This meant patients were not risk assessed on arrival and prioritised by need to receive clinical input. The trust responded quickly to the concerns we raised, and a triage system was put in place within two working days.
- Within the urgent care service, we found no evidence that safeguarding alerts and incidents were being reported appropriately. There had been no safeguarding alerts and very few incidents reported. Problems with staffing and issues around safe care had not been fully investigated and lessons learnt to improve services.
- Some emergency medicines and equipment were found to be out of date, unavailable or not fit for use in some dental settings. The problems were rectified on the day and we were assured that alternative equipment and in date medicines would have been available if required.
- In Shropshire community child and adolescent mental health services and within some of the Staffordshire children's community services staff did not always complete and update robust risk assessments for each young person and use these to understand and manage risks. Although the teams discussed areas of risk during meetings, staff did not consistently document young people's most recent presentation of risk in their risk assessments. Not all risk assessments were updated regularly.

## Are services effective?

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

- Managers had failed to support some staff through regular supervision in line with the trust policy. This was the case in four of the core services we visited. This left staff without the regular support supervision offers and no way to progress and review development plans. It meant managers were unable to demonstrate how they had managed the impact of incidents and discussed lessons learnt with individual staff members.

# Summary of findings

- There was no central recording of the managerial supervision of staff. Local records in some mental health care services demonstrated that supervision was not recorded in line with trust policy.

However:

- Overall, staff assessed the physical and mental health of all patients. They developed individual care plans, reviewed them regularly through multidisciplinary discussion, and updated them as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. In community health services mental health concerns were recognised and escalated appropriately.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. There were over 100 improvement initiatives underway at the time of our inspection.
- Clinical teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The merger had brought community health services (physical and mental health) into one common organisation which had allowed better integration of care.
- 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. Ward and community 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 and discharged these well. Managers made sure that staff could explain patients' rights to them. The trust had robust procedures for the recruitment and management of the Hospital Managers. The trust was responsive to the findings of the Mental Health Act Reviewer reports.
- 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.

## Are services caring?

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- The trust had an active programme for the involvement of patients and carers in service development and evaluation of service effectiveness.
- Staff informed and involved families and carers appropriately.
- The crisis and home treatment team anticipated people's needs by offering a dedicated telephone number to patients for use post discharge if they required extra care and support from their key worker team.
- Staff at Oak Ward care planned access to empathy dolls for patients who would benefit from them.



# Summary of findings

- Baswich Ward was developing an end of life suite for patients and their carers. This suite would support people and those close to them by enabling patients requiring end of life care to have their family with them.
- The learning disability or autism service had a deep understanding of the needs of the patient group and demonstrated a high level of person-centred care and interaction with patients. There was excellent engagement with carers and their input into care planning was clearly evident. Care plans were very detailed and there was an individual care plan for each identified need.

## Are services responsive?

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

- In inpatient areas, staff managed beds well. A bed was available when needed and patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- Services were easy to access. The trust's referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care for mental health problems promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.
- The mental health crisis service was available 24-hours a day and was easy to access – including through a dedicated crisis telephone line. The crisis and home treatment team in Stafford offered a dedicated telephone number to patients for use within seven days of discharge. 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.
- The health-based places of safety were available when needed and there was an effective local arrangement for young people who were detained under Section 136 of the Mental Health Act. Section 12 approved doctors and approved mental health professionals attended promptly when required.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff supported patients with activities outside the service, such as work, education and family relationships. The recovery college for people with long-term mental health problems focussed on life skills was led by current and ex-service users.
- The service met the needs of most patients including those with a protected characteristic. Staff helped patients with advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with the whole team and wider service.

However:

- Although we saw improvement in the way the trust was monitoring children and young people on the waiting lists, the waiting lists in neurodevelopmental pathway remained high and no staff appointed within the Attention Deficit Hyperactivity Disorder pathway, which meant that children and young people were not receiving care in a timely manner.
- In community health services, responsiveness to complaints was not timely and we saw no evidence that historic trust targets of 35 days had been met.



# Summary of findings

- Not all services met accessible information standards. People with communication issues did not have their individual needs met at the units. The service did not always have communication tools for people with disabilities.
- Some clinical areas within the community children's service did not have the space or facilities to ensure confidentiality, good hand hygiene and lacked capacity to meet demand for appointments.

## Are services well-led?

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- The trust had a vision of what it wanted to achieve and workable plans to turn it into action. Managers had developed the vision with involvement from staff, patients, and key groups representing the local community.
- Staff knew and understood the trust's vision and values and applied them to the work of their team. Staff within community health services were not as aware but those that were embraced the new organisation's vision and values.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The senior leadership team modelled those values and behaviours and had high visibility throughout the organisation.
- Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Over 1000 members of staff had received training in quality improvement methods.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well overall.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We saw the trust responded effectively to a fire at one of their hospitals to secure the immediate safety of patients and staff. Managers had been able to put in place alternative accommodation within 48 hours of the incident.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The trust had a plan for a unified patient record across community and mental health services by the end of 2019.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards. Staff used data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

# Summary of findings

- 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:

- Managers could not provide assurance around the safety of care in the urgent care services. We found that the service had not been effectively integrated into the otherwise robust governance systems we found within the trust. This left us with concerns about the reporting and recording of incidents within the service.
- Although on a recovery pathway, there were still concerns about the responsiveness and capacity to meet patient's needs within the Shropshire, Telford and Wrekin child and adolescent community mental health services. As highlighted by NHS Improvement managers did not always have the information available to effectively judge the performance of the service.
- Managers had not supported all staff through regular clinical supervision in some areas. There was no central recording of supervision to allow care group managers to monitor this. The trust policy on supervision emphasised its importance to monitoring performance and well-being of individual staff members.
- Staff had not dealt with complaints received by the community health services in a timely manner. Managers were making changes in the way complaints were investigated to address this.
- Managers told us that the electronic staff record did not allow the accurate recording of training data. The trust also faced challenges in unifying the electronic patient record to encompass physical and mental health team records.
- The role of the freedom to speak up guardian was not well known across all services. In some locations, information about this, the trust's vision and values and some other central staff support services had not been updated since the merger.

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## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. There are two services, community health care for adults and community-based end of life services that have no current rating. They were last inspected in May 2018 as part of Staffordshire and Stoke on Trent Partnership NHS Trust and the ratings were Good overall. They will be inspected and rated as part of Midlands Partnership NHS Foundation Trust in the future as part of our ongoing inspection programme. We have also used our discretion not to take into account the historic ratings for community sexual health services in deciding overall ratings. The service has expanded considerably since their last inspection and we do not believe from our current intelligence that the rating is representative of the current service. We took all other 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 wards for older people with mental health problems, mental health crisis services, wards for people with learning disabilities and the community health inpatient service.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including 15 breaches of legal requirements that the trust must put right. We found 38 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued five requirement notices to the trust. Our action related to breaches of 15 legal requirements in four core services.

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

## What happens next

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

## Outstanding practice

### Community Health Services

#### Community health inpatient services

- The quality of staff supporting patients living with dementia, especially those with behaviours that challenged, was consistently high, reflecting a personalised approach to care. Staff were highly personalised in their support of individual patients.

### Mental Health Services

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

- The service had a deep understanding of the needs of the patient group and demonstrated a high level of person-centred care and interaction with patients. There was excellent engagement with carers and their input into care planning was clearly evident. Care plans were very detailed and there was an individual care plan for each identified need. Care plans referenced the relevant evidence base for using a particular intervention, such as National Institute for Clinical Excellence (NICE) guidelines

#### Wards for older people with mental health problems

- Staff had reviewed and analysed patient falls across the service. Staff had been supported to review and update falls risks assessments. Consequently, the number of patient falls had reduced.
- We also found examples of outstanding practice on individual wards within this core service.
  - Staff at Oak Ward risk-assessed and care planned access to empathy dolls for patients who would benefit from them. Oak Ward were instrumental in the collaborative provision of an effective hospital admission avoidance scheme. This reduced unnecessary hospital admissions for patients and supported them in the community alongside community mental health teams. The scheme was reported to be responsible for reducing admissions by around 50%. Oak Ward were involved in a collaborative “discharge to assess” programme. This ensured patients

# Summary of findings

who were admitted from acute hospitals, were provided with both assessment and treatment, including effective rehabilitation. The programme reduced the incidences of patients entering long term care without first having a greater opportunity to regain the skills required to return to their own home. The ward offered post discharge support for patients with the aim of stabilising placements and reducing readmission rates.

- Baswich and Bromley wards had a full-time discharge liaison officer working across the two wards. The discharge liaison officer prepared personal behavioural support plans for patients entering or returning to a care home and provided direct post discharge support for care home staff. Healthcare support workers at Stafford were on call to attend care homes at the weekend to support staff and patients. Baswich Ward attributed the discharge liaison officer with returning improvements in patient lengths of stay on the ward, which showed reductions of over 40% in the 12 months leading up to this inspection.
- Baswich Ward was developing an end of life suite for patients and their carers. Building work was underway to provide a suite where patients requiring end of life care could have their family with them. Staff on the ward worked closely with external agencies, supporting patients in the Gold Standards Framework for palliative care.
- Bromley Ward had developed an intergenerational therapy programme with a nursery based at the same hospital site. The monthly intergenerational sessions provided a unique strengths-based opportunity for patients and pre-school children to spend time together. They had recently held a day at the seaside event, sharing happy holiday memories. Staff even arranged for an ice-cream van to be present on-site, so everyone could have a lollypop or ice-cream if they wanted to. The programme was well received by patients.

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

- The crisis and home treatment team in Stafford offered a dedicated telephone number to patients for use within seven days of discharge. This facility allowed patients to quickly reconnect with their key worker team if, in hindsight, they did not feel ready for discharge.

## Areas for improvement

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

### Urgent Care

- The trust must ensure there is a system of clinical supervision for nursing staff (Regulation 18(2)(a)).
- The trust must ensure that it reviews staffing establishment and ways to improve recruitment and retention of staff (Regulation 18(1)).
- The trust must ensure they continue to work to develop and implement a triage system for patients attending both units that is in line with the Royal College of emergency medicine good practice guidance 2017 (Regulation 18(1)).
- The trust must ensure staff have training in all key skills and provide time for staff to complete it. The trust should ensure that all staff have training in life support, recurring detailed sepsis awareness, manual handling, mental health, learning disabilities and dementia awareness, and safeguarding level 3 (Regulation 18(2)(a)).
- The trust must ensure they review their accessible information standards to ensure access to information for people with disabilities (Regulation 9(3)(h)).
- The trust must ensure that they review the risk register and ensure its risks are monitored within a governance framework (Regulation 17(2)(b)).

# Summary of findings

- The trust must ensure that they collect, analyse and act on patient outcome information to improve services (Regulation 17(2)(a)).
- The trust must ensure that learning from incidents is carried out across both units to ensure all staff have the opportunity to learn (Regulation 17(2)(e)).

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

- The trust must ensure that managers provide staff with regular one to one supervision that is consistently recorded for personal support, professional development and work performance according to the trust's policy. (Regulation 18(2)(a)).

## **Specialist community mental health services for children and young people**

- The trust must ensure that risk assessments are updated regularly and ensure that when risks are identified there is clear information available. (Regulation 12(2)(a)).
- The trust must ensure that all new referrals within the access team are triaged by a mental health professional. (Regulation 12(2)(a)).
- The trust must ensure all staff create personalised, holistic and recovery orientated care plans which reflect the views of the young person or their family and documents consent effectively. (Regulation 9(1)(a)(b)(c)).
- The trust must ensure that calibration of clinical equipment is maintained and there is a system in place to monitor this (Regulation 15(1)(e)).
- The trust must ensure there are regular environmental risk assessments of the care environment. (Regulation 17(2)(b)).
- The trust must ensure that it continues to monitor, and address waiting lists within the neurodevelopmental pathway and have sufficient staffing within this pathway. (Regulation 17(2)(a)).

Action a trust **SHOULD** take to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services:

## **Trust wide**

- The trust should consider centralising the recording of supervision to provide ongoing assurance that regular support is offered to staff in line with the trust policy.

## **Community health services for children and young people**

- The trust should ensure that staff follow infection prevention control principles. For example, have access to hand wash facilities where baby clinics were held and wash their hands during clinical interactions. (Regulation 12(2)(h)).
- The trust should ensure staff complete and record up to date risk assessments and review regularly to ensure people are kept safe from harm. (Regulation 12(1)(2)(b)).
- The trust should ensure records contain up to date information which could be shared with colleagues. This would ensure all stakeholders had access to all relevant information needed to provide safe, good quality care and treatment. (Regulation 17(2)(c)).
- The trust should consider improving staff access to mobile equipment to allow them to access and record patient information. Network issues should be resolved to allow portable devices.
- The trust should consider improving the time taken to deal with complaints to bring the response time closer to targets set out in local policy.

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## Community health inpatient services

- The trust should ensure 'Public Health England Guidance, learning disabled patients in hospital guide, working together 2. 2014' is taken into account. (Regulation 9(1)(b)(c)).
- The trust should consider reviewing the means of communication to visitors where an infection control protocol is in place and provide a clinical disposal bin in the patient's room at the entrance.
- The trust should consider improving the clarity of sample staff signature templates on the wards, to encourage better legibility of the written name to enable a robust audit of records.
- The trust should consider reviewing patients views on the food provided at the Hospital to inpatients.
- The trust should consider auditing the effectiveness of the complaints procedure to bring the average timescale of 88 days to investigate and close adult community inpatient complaints closer to the trust's 35-day policy target time.
- The trust should consider raising awareness of staff, so they are familiar with the trust mission statement and values.
- The trust should consider reviewing the efficiency of its electronic data record systems to provide accurate assurances to the Board.

## Community dental services

- The trust should ensure systems and processes are working effectively so that medical emergency medicines are in date, stored according to manufactures guidance and the correct format. (Regulation 12(2)(g)).
- The trust should consider reviewing the arrangements for taking medical emergency medicines and equipment on domiciliary visits when invasive treatment is carried out.
- The trust should consider improving the time taken to deal with complaints to bring the response time closer to targets set out in local policy.

## Urgent care

- The trust should consider reviewing the waiting rooms at both units to take account of the needs of children and capacity issues at Leek minor injuries unit.
- The trust should consider aiming to improve response times to complaints where possible to meet their own target.
- The trust should consider reviewing access to written information to incorporate other main languages (other than English) used by the population that access the trust.
- The trust should consider actively promoting collection of patient feedback.

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

- The trust should ensure that staff are always acting on the results of National Early Warning scores where the score requires an action after administering rapid tranquilisation. (Regulation 12(2)(b)).
- The trust should ensure that portable appliance testing for electrical equipment is done on time and ensuring that there is a monitoring system in place. (Regulation 15(1)(e)).
- The trust should ensure that all staff can operate the anti-barricade systems including bank and agency. (Regulation 12(2)(a)).
- The trust should consider that there is readily available information in easy read format particularly around relevant information about the trust's services for people with learning disabilities.

## Wards for people with a learning disability or autism

# Summary of findings

- The trust should ensure that risk assessments are updated regularly. (Regulation 12(1)(2)(b)).
- The trust should ensure that staff are receiving supervision and that there is a robust system in place to document that supervision is taking place in line with trust policy. (Regulation 18(2)(a)).
- The trust should ensure that there are at least two staff on shift skilled in emergency medicines to ensure that patients are able to leave the hospital grounds and access community trusts. (Regulation 18(1)).
- The trust should consider that all staff are aware of who the Freedom to Speak Up Guardian is and how to contact them.
- The trust should consider if pictorial signs displayed around the trust are effective at orientating patients.

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

- The trust should ensure that its risk assessments and care plans refer to physical health risks and needs. (Regulation 12(1)(2)(b)).
- The trust should ensure that physical health checks are carried out on all patients as part of an initial assessment. (Regulation 12(1)(2)(b)).

## **Specialist community mental health services for children and young people**

- The trust should ensure that there is a review of soundproofing and impact of noise and vibrations within premises on staff and patients. (Regulation 10(2)(a)).
- The trust should ensure that all staff receive their mandatory training and improve the training compliance rates for clinical risk assessment and information governance. (Regulation 18(2)(a)).
- The trust should ensure that there is a consistent way of recording and monitoring supervision across the trust. (Regulation 18(2)(a)).
- The trust should ensure all young people get a copy of their care plan. (Regulation 17(2)(e))
- The trust should ensure that lessons learned from incidents or complaints within their core trust and in the wider trust is shared with staff in a consistent manner. (Regulation 17(2)(e)).
- The trust should consider that effective systems and processes are in place to assess, monitor and improve clinical records.

## **Wards for older people with mental health problems**

- The trust should consider how senior leaders communicate important information about the future of trust's services to staff, being mindful to communicate plans in a timely manner, to reduce any negative impact upon staff morale.

## Is this organisation well-led?

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

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



# Summary of findings

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- The trust had a vision of what it wanted to achieve and workable plans to turn it into action. Managers had developed the vision with involvement from staff, patients, and key groups representing the local community.
- Staff knew and understood the trust's vision and values and applied them to the work of their team. Staff within community health services were not as aware but those that were embraced the new organisation's vision and values.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The senior leadership team modelled those values and behaviours and had high visibility throughout the organisation.
- Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Over 1000 members of staff had received training in quality improvement methods.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well overall.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We saw the trust responded effectively to a fire at one of their hospitals to secure the immediate safety of patients and staff. Managers had been able to put in place alternative accommodation within 48 hours of the incident.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The trust had a plan for a unified patient record across community and mental health services by the end of 2019.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards. Staff used data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively with other local health and social care trusts 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.
- 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:

- Managers could not provide assurance around the safety of care in the urgent care services. We found that the service had not been effectively integrated into the otherwise robust governance systems we found within the trust. This left us with concerns about the reporting and recording of incidents within the service.

# Summary of findings

- Although on a recovery journey, there were still concerns about the responsiveness and capacity to meet patient's needs within the Shropshire, Telford and Wrekin child and adolescent community mental health services. As highlighted by NHS Improvement managers did not always have the information available to effectively judge the performance of the service.
- Managers had not supported staff through regular clinical supervision in some areas. There was no central recording of supervision to allow care group managers to monitor this. The trust policy on supervision emphasised its importance to monitoring performance and well-being of individual staff members.
- Staff had not dealt with complaints received by the community health services in a timely manner. Managers were making changes in the way complaints were investigated to address this.
- Managers told us that the electronic staff record did not allow the accurate recording of training data. The trust also faced challenges in unifying the electronic patient record to encompass physical and mental health team records.
- The role of the freedom to speak up guardian was not well known across all services. In some locations, information about this, the trust's vision and values and some other central staff support services had not been updated since the merger.

## 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 ↔ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Good Jun 2019
Mental health	Good ↔ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
<b>Overall trust</b>	Good ↔ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019

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	N/A	N/A	N/A	N/A	N/A	N/A
Community health services for children and young people	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Community health inpatient services	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Community end of life care	N/A	N/A	N/A	N/A	N/A	N/A
Community dental services	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Urgent care	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Inadequate Jun 2019	Requires improvement Jun 2019
Community health sexual health services	Good Jul 2016	Good Jul 2016	Good Jul 2016	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016
<b>Overall*</b>	Good Jun 2019	Good ↑ Jun 2019	Good Jun 2019	Good ↑ Jun 2019	Requires improvement Jun 2019	Good Jun 2019

\*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	Good ↑ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Forensic inpatient or secure wards	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Wards for older people with mental health problems	Good ↔ Jun 2019	Outstanding ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Wards for people with a learning disability or autism	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Community-based mental health services for adults of working age	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Mental health crisis services and health-based places of safety	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019
Specialist community mental health services for children and young people	Requires improvement ↓ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↓ Jun 2019	Requires improvement ↓ Jun 2019
Community-based mental health services for older people	Good Jul 2016	Good Jul 2016	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Community mental health services for people with a learning disability or autism	Good Jul 2016	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall</b>	Good ↔ Jun 2019	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019

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

# Community health services

## Background to community health services

The trust provides seven community health services in Staffordshire, Stoke-on-Trent, Shropshire, Telford and Wrekin. At our last inspection the trust provided two community health services (sexual health services and community health service for children and young people). Community health services previously provided by Staffordshire, Stoke on Trent Partnership Trust became part of Midland Partnership NHS Foundation Trust on 1 June 2018. This led to an expansion of the two existing community health services. The five community health services that became part of the trust were community health inpatient services, community end of life care, community health services for adults, urgent care services and community dental services. These services were all based in Staffordshire.

## Summary of community health services

**Good** ● → ←

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

The summary of community health services appears in the overall summary of this report.

# Community health services for children and young people

Good   

## Key facts and figures

Midlands Partnership NHS Foundation Trust was formed on the 1 June 2018 following the acquisition of Staffordshire and Stoke on Trent Partnership NHS Trust by South Staffordshire and Shropshire Healthcare NHS Foundation Trust. This meant our ratings from the last inspection of these services in 2016 no longer applied at the time of this 2019 inspection.

Before the inspection visit we reviewed information that we held about this service and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with a wide range of trust staff
- spoke with patients and carers
- observed care and treatment
- looked at care records.

During our inspection we visited the following sites, services and teams:

Bentilee Neighbourhood Centre	<b>Child Nth City Hlth Visit_G02865</b>	<b>Health visiting</b>
Bentilee Neighbourhood Centre	<b>School Readiness_G03973</b>	<b>Part of Stoke Speech and Language Therapy Service</b>
Cobridge Community Health Centre	<b>Community Breast Feeding Team_G03098</b>	<b>Infant Feeding, Community Support</b>
Silverdale Medical Centre, Vale Pleasant, Silverdale, Newcastle, ST5 6PS	<b>0-19 Newcastle_G02873</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Wilnecote Health Centre	<b>0-19 Tamworth_G02772</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying</b>



# Community health services for children and young people

		<b>additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families</b>
Civic Centre, South Walls, Stafford, ST16 3AQ	<b>0-19 Stafford &amp; Surrounds_G02766</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Tutbury Health Centre	<b>0-19 East Town_G02762</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Tutbury Health Centre, Monk Street, Tutbury, Burton-on- Trent DE13 9NA	<b>0-19 Burton_G02761</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>

Information about the sites and teams, which offer community health services for children, young people and families at this trust, is shown below

<b>Location / site name</b>	<b>Team/ward/satellite name</b>	<b>Services provided</b>
Beecroft Court	<b>SALT - Cannock_G02754</b>	<b>Speech &amp; Language Therapy Services (Children)</b>
Beecroft Court	<b>SALT Education West_G02755</b>	<b>Speech &amp; Language Therapy Services (Children)</b>
Bentilee Neighbourhood Centre	<b>Child Nth City Hlth Visit_G02865</b>	<b>Health visiting</b>

# Community health services for children and young people

Bentilee Neighbourhood Centre	<b>School Readiness_G03973</b>	<b>Part of Stoke Speech and Language Therapy Service</b>
Cannock Chase Hospital	<b>Paediatrics Podiatry_G02742</b>	<b>Podiatry</b>
Civic Centre, South Walls, Stafford, ST16 3AQ	<b>0-19 Stafford &amp; Surrounds_G02766</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Cobridge Community Health Centre	<b>Community Breast Feeding Team_G03098</b>	<b>Infant Feeding, Community Support.</b>
Codsall Clinic, Elliots Lane, Codsall, WV8 1PH	<b>0-19 Seisdon &amp; Surrounds_G02740</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Colliery practice Cannock	<b>0-19 Cannock Colliery_G02771</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Duke Street, Fenton	<b>Child Nth Occupation Ther_G02914</b>	<b>Occupational Therapy</b>
Duke Street, Fenton	<b>Child Nth Physiotherapy_G02879</b>	<b>Physiotherapy</b>
Duke Street, Fenton	<b>Child Nth County CCN_G02887</b>	<b>Providing care for children in the community setting, including the home, who would otherwise need to be in hospital</b>

# Community health services for children and young people

Gnosall Surgery	<b>0-19 Gnosall_G02769</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Hanford Health Centre	<b>Child Nth County Diabetes_G02886</b>	<b>Children's diabetes nursing team</b>
Hill Street Health & Well Being Centre, Burton	<b>SALT East_G02736</b>	<b>Speech &amp; Language Therapy Services (Children)</b>
Hill Street Health & Well Being Centre, Burton	<b>SALT Education East_G02737</b>	<b>Speech &amp; Language Therapy Services (Children)</b>
Lanxess House	<b>Paed LD South Staffs - East</b>	<b>Group of professionals, providing medical and non-medical outpatient and community services. The service provides child protection medicals, advice to Fostering and Adoption Panel and expert lead in immunisation. Secondary, specialist and community services are provided for children with health and development needs, offering assessment, investigation, therapy and, where applicable; treatment. In partnership with parents, staff also support the follow-up and management of children with special needs, including children with complex disabilities and for those who need help with behaviour related to their disability.</b>
Leek Health Centre	<b>0-19 Moorlands_G03436</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>

# Community health services for children and young people

Norton Canes Health Centre	<b>0-19 Cannock &amp; Rugeley_G02753</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Samuel Johnson Hospital, Lichfield	<b>Paediatric Physio East_G02738</b>	<b>Physiotherapy</b>
Shelton Primary Care Centre	<b>Public Health Advisory Service_G03906</b>	<b>Working in partnership with schools and other professionals, we offer support to children and young people with SEND in various ways. 5 - 19 years contract</b>
Shelton Primary Care Centre	<b>CYP Targeted Intervention Service_G03426</b>	<b>Working in partnership with schools and other professionals, we offer support to children and young people with SEND in various ways. 5-19 years contract</b>
Silverdale Medical Centre, Vale Pleasant, Silverdale, Newcastle, ST5 6PS	<b>0-19 Newcastle_G02873</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Springfields health & Wellbeing Centre, Rugeley	<b>School Age Immunisation Team_G02756</b>	<b>School Age Immunisation Team</b>
St Chad's Health Centre, Dimbles Lane, Lichfield, WS13 7HT	<b>0-19 Lichfield &amp; Burntwood_G02764</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Stafford Central Clinic, Stafford	<b>Dietetics Stafford_G02759</b>	<b>Community Dietetics service for children and young people</b>

# Community health services for children and young people

Stafford Central Clinic, Stafford	<b>Paediatric Physio West_G02743</b>	<b>Physiotherapy</b>
Stafford Central Clinic, Stafford	<b>SALT Stafford_G02758</b>	<b>Speech &amp; Language Therapy Services (Children)</b>
The Bridge	<b>Paed LD South Staffs - West</b>	<b>Group of professionals, providing medical and non-medical outpatient and community services. Secondary, specialist and community services are provided for children with health and development needs, offering assessment, investigation, therapy and, where applicable; treatment. In partnership with parents, staff also support the follow-up and management of children with special needs, including children with complex disabilities and for those who need help with behaviour related to their disability.</b>
Trentside Clinic, Stafford Road, Stone, ST15 0TT	<b>0-19 CPE/Specialist County_G03452</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Tutbury Health Centre	<b>0-19 East Town_G02762</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>
Wilnecote Health Centre	<b>0-19 Tamworth_G02772</b>	<b>Coordinate and deliver the healthy child programme in Staffordshire. Contributing to improving health and wellbeing outcomes for children and young people, identifying additional needs early, building resilience and reducing health inequalities by providing effective universal and targeted interventions for children and their families.</b>

# Community health services for children and young people

56 High Street, Burton-On- Trent	<b>Children's Community East</b>	<b>offer care for children in the community setting, including the home, who would otherwise need to be in hospital,</b>
Stafford County Hospital	<b>Children's Community West</b>	<b>offer care for children in the community setting, including the home, who would otherwise need to be in hospital</b>
Lanxess House	<b>Paed CHC South Staffs - East</b>	<b>Group of professionals, providing medical and non-medical outpatient and community services. Secondary, specialist and community services are provided for children with health and development needs, offering assessment, investigation, therapy and, where applicable; treatment. In partnership with parents, staff also support the follow-up and management of children with special needs, including children with complex disabilities and for those who need help with behaviour related to their disability.</b>
The Bridge	<b>Paed CHC South Staffs - West</b>	<b>Group of professionals, providing medical and non-medical outpatient and community services. Secondary, specialist and community services are provided for children with health and development needs, offering assessment, investigation, therapy and, where applicable; treatment. In partnership with parents, staff also support the follow-up and management of children with special needs, including children with complex disabilities and for those who need help with behaviour related to their disability.</b>
Saxon Hill Community School	<b>Staffordshire Special School Nursing Service</b>	<b>School nursing team supporting Special Schools</b>
Trent Valley Road, Lichfield	<b>Community Complex Care Team</b>	<b>provides services for children and adults who have continuing complex healthcare needs, including technology dependence</b>

## Summary of this service

We rated the service as good because:

# Community health services for children and young people

- The leadership team helped keep people safe from avoidable harm and provided the right care and treatment, by planning for enough nursing staff with the right qualifications, skills, training and experience.
- Staff were provided with mandatory training in key skills. Compliance was good, and education, training and development was promoted, supported and embedded.
- The team provided care and treatment based on national guidance and could evidence of its effectiveness. Managers monitored and checked practice to make sure staff followed guidance. Staff consulted and adhered to National Institute for Health and Care Excellence guidelines which meant patients received evidence-based care.
- Staff of different disciplines worked together as a team to benefit patients. GP's, nurses and other key professionals worked together to provide good care. Joint working and collaboration with external stakeholders were embedded in the work carried out to support patients and their families.
- Staff consistently cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff took account of patients' individual needs. Interpreters were available for patients who did not speak English. Patients, carers and staff could access specialist services, for example, mental health teams for support.
- People could access the service in a timely manner. Staff responded to referrals to treatment promptly and in line with good practice.
- Managers had the right skills and abilities to run a service providing sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust was committed to improving services by learning from when things went well and when they went wrong. They promoted learning and professional development.

However:

- Staff did not always use control measures to prevent the spread of infection. For example, being appropriately bare below the elbow and removing painted nails.
- Staff within a minority of teams did not always complete risk assessments for each patient. Records did not always contain complete risk information to ensure staff could access appropriate risk information at the right time.
- The quality of documented patient records was variable. They were not always clear, up-to date and available to all staff providing care.

## Is the service safe?

Good   

We rated safe as good because:

- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse. There were good support systems in place to safeguard people who used the services.
- The service had suitable premises and equipment and looked after them well. They were well maintained and there were support systems and services in place to ensure continued maintenance and suitability for use.



# Community health services for children and young people

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication, at the right dose, at the right time.
- 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.
- Staff did follow infection prevention control principles to prevent the spread of infection. However, in some clinic settings staff did not have access to running water. Staff used alcohol gel and minimised patient contact to minimise risk.

However:

- Staff within a minority of teams did not always complete risk assessments for each patient. Their records did not always contain complete risk information to ensure staff could access appropriate risk information at the right time. We found other team assessments to be fully completed and in line with national guidance.
- Staff kept records of patients' care and treatment but the quality of records was variable. They were not always clear, up-to date and available to all staff providing care.

## Is the service effective?

Good ● ↑

We rated effective as good because:

- The service provided care and treatment based on national guidance and collected evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service mostly made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good ● → ←

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from people who used the services confirmed that staff treated them well and with kindness.

# Community health services for children and young people

- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- Staff focused on empowering people to manage their own health, care and wellbeing and to maximise their independence.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Not all complaints were investigated in line with local targets for a timely response.

## Is the service well-led?

Good ● → ←

We rated well-led as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually be improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Community health services for children and young people

## Areas for improvement

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

# Community health inpatient services

Good 

## Key facts and figures

At the time of our inspection the trust provided all adult community inpatient services at the Haywood Hospital. The Haywood Hospital became part of Midland Partnership NHS Foundation Trust on 1 June 2018. This meant our ratings from the last inspection of this hospital in 2016 no longer applied at the time of this 2019 inspection.

Before the inspection visit we reviewed information that we held about this service and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with a wide range of trust staff
- spoke with patients and carers
- observed care and treatment
- looked at care records.

Information about the sites and teams, which offer services for inpatients at this trust, is shown below:

Location / site name	Team/ward/satellite name	Number of inpatient beds
Haywood Hospital	<b>Haywood Chatterley Ward</b>	<b>25 beds</b>
Haywood Hospital	<b>Haywood Grange Ward</b>	<b>32 beds</b>
Haywood Hospital	<b>Haywood Jackfield Ward</b>	<b>20 beds</b>
Haywood Hospital	<b>Haywood Broadfield Ward</b>	<b>23 beds</b>
Haywood Hospital	<b>Haywood Sneyd Ward</b>	<b>20 beds</b>

### **Broadfield Ward**

This ward has 23 beds and provides care for adult patients requiring neurological rehabilitation. Patients present with a variety of neurological diagnoses including stroke, Multiple Sclerosis, traumatic brain injury, brain tumours and spinal problems.

### **Chatterley Ward**

This ward has 25 beds; 20 intermediate care/ rehabilitation and complex assessment beds and 5 palliative care beds.

# Community health inpatient services

## Grange Ward

Grange Ward takes a combination of step down and step up patients. The step-up patients will come from their place of residence or directly from the emergency portals.

## Jackfield Ward

This ward has 20 rehabilitation beds; accommodating patients with complex assessment and rehabilitation needs.

## Sneyd Ward: Stroke Rehabilitation Unit

This ward has 20 beds and provides specialist and co-ordinated rehabilitation to adults following a stroke and is part of a wider stroke service that includes an acute stroke unit based at the University Hospital of North Midlands and the Community Stroke Team at the Haywood Hospital.

The rehabilitation is provided by a range of specialist health professionals which includes medical, nursing, occupational therapy, physiotherapy, speech and language therapy and dieticians.

From October 2017 and September 2019, no patients (0%) attending community inpatient services within the last 12 months were identified as being child aged 17 years or under.

## Summary of this service

We rated the service as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors and provided training in key skills. Staff assessed and managed risk well and used control measure to prevent the spread of infection.
- The service provided care and treatment based on national guidance and made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment
- 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 planned and provided services in a way that met the needs of local people and people could access the service when they needed it. The service took account of patients' individual needs and treated concerns and complaints seriously.
- Managers at all levels in the service had the right skills and abilities and promoted a positive culture. The service had a vision for what it wanted to achieve and workable plans to turn it into action. The service had effective systems for identifying risks and managed information well to support all its activities. There was a strong sense of involvement in the service and pride in the hospital from staff.

## Is the service safe?

Good 

We rated safe as good because:

# Community health inpatient services

- The service provided mandatory training in key skills to all staff and most staff completed it.
- The service had nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date and easily available to all staff providing care. The exception to this was one ward where a new staff member, bank or agency worker would struggle to easily find the plans of care associated with the risk assessments for a patient.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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 service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- Although we concluded the service was providing safe care, nursing and support staffing levels were under constant pressure. Bank and agency staff filled vacancies.
- The protocol for those visiting one patient who was suspected of having a possibly infectious disease was not made clear to their family in constant attendance. There was no clinical waste bin in the room for anyone to dispose of protective apron and gloves.
- Many staff names against their sample signatures were illegible and this made this record unfit for purpose as it could not facilitate an audit.

## Is the service effective?

**Good** 

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure that staff were competent for their roles.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

# Community health inpatient services

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a paper records system that they could all update.

However:

- Some patients we spoke with said the food was not appetising or sufficiently varied.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- We saw high quality of staff support for patients living with dementia especially those whose behaviour challenged the service with agitation and with high level of emotional attention need. Staff were highly personalised in their support of individual patients.

However:

- Patients who spoke with us did not always know their estimated discharge date. This meant they were not as involved as they could be in their rehabilitation plan.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Arrangements to admit treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:



# Community health inpatient services

- The service did not provide additional therapy or activities for a patient who had their discharge from hospital delayed. This meant the patient had very little stimulus whilst in hospital. We raised this with the Matron and Hospital manager who undertook to review it.
- The trust had no action plan in place to bring the average timescale of 88 days to investigate and close adult community inpatient complaints closer to its 35-day policy target time.

## Is the service well-led?

**Good** 

We rated well-led as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.
- There was a strong sense of involvement in the service and pride in the hospital from staff we spoke with at every level and in every role.

However:

- The service mission statement and values were not displayed on the wards at Haywood Hospital and staff including the manager we asked did not really know them.
- Although ward and therapy staff had access to information, policies and procedures through the service's intranet, ward managers had consistently reported issues with recording staff appraisal records on the electronic record system.

## 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.

# Urgent care

Requires improvement ●

## Key facts and figures

At the time of our inspection the trust provided all its urgent care services at the Haywood Hospital and Leek Moorlands Hospital. The Haywood Hospital and Leek Moorlands Hospital became part of Midland Partnership NHS Foundation Trust on 1 June 2018. This meant our ratings from the last inspection of this service as part of the community inpatient service in 2016 no longer applied at the time of this 2019 inspection. Following our published guidance, we have recognised this as a separate core service on this occasion.

Information about the sites and teams, which offer urgent care services for at this trust, is shown below:

Location / site name	Team/ward/satellite name	Services provided	Address (if applicable)
Haywood Hospital	Haywood Walk in Centre	Walk in Centre Nurse led management of minor illness and injury to walk in patients (no appointment required)	Haywood Hospital High Lane Burslem
Leek Moorlands Hospital	Leek Hospital Minor Injuries	Nurse led management of minor illness and injury to walk in patients (no appointment required)	Ashbourne Road Leek Staffordshire

The Haywood Walk-in Centre and Leek minor injuries unit are nurse-led services which offers convenient access to a wide range of minor injury / minor ailment services. The Haywood walk in centre is open every day between the hours of 7.00am and 9.30pm Monday to Friday and 9.00am-9.30pm at weekends, and no appointment is necessary. Leek minor injuries unit is open every day between the hours of 8am and 8pm, and no appointment is necessary.

A wide range of conditions can be treated including:

- Wounds
- Cuts and grazes
- Rashes
- Ear infections
- Sprains and strains
- Suspected fractures
- Bites and stings
- Minor head injuries
- Minor burns
- Foreign bodies in the eye.

# Urgent care

The Haywood walk in centre is situated in Burslem, Stoke-on-Trent which is central to the northern part of Stoke-on-Trent. Leek minor injuries unit is situated in the rural town of Leek within the Staffordshire Moorlands. This is approximately 10 miles away from the city of Stoke-on-Trent and supports people to attend local services without the need to travel long distances.

We inspected this service using our comprehensive inspection methodology. We undertook an announced inspection of the urgent care service from 6 to 7 March 2019. To get to the heart of patients experience of care and treatment, we asked the same five questions of all services: are they safe, effective, caring, responsive, and well led? Where we have a legal duty to do so, we rate services performance against each key question as outstanding, good, requires improvement, or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the mental capacity act 2005.

During the inspection visit, the inspection team:

- took a tour of the environment,
- spoke with 14 patients who were using the service,
- interviewed 18 members of staff,
- observed care and treatment,
- looked at 17 care records.

## Summary of this service

We rated the service as requires improvement because:

- The service did not have enough nursing staff with the right qualifications, skills, and training, to keep people safe from avoidable harm and to provide the right care and treatment. The service did not plan for medical emergencies and not all staff understood their roles if one should happen.
- The service did not monitor the effectiveness of care and treatment and therefore could not use findings to improve them. They did not compare local results with those of other services to learn from them.
- Managers did not always ensure that staff were competent for their roles. Not all staff received an annual work performance appraisal and the service did not provide structured clinical supervision.
- The service did not meet accessible information standards. People with communication issues did not have their individual needs met at the units.
- The service did not use a systematic approach to continually improve the quality of its service and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Complaints were not responded to in a timely way and learning was not shared with staff.
- Managers at all levels in the service did not always have the right skills and abilities to run a service providing high-quality sustainable care, and the leadership team was new. The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- 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 followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# Urgent care

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- 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.
- The trust provided services to ensure people living in more rural areas had a local service that they could access. The service had links with mental health services for people who needed them.

## Is the service safe?

### Requires improvement

We rated safe as requires improvement because:

- The service did not meet the standard of triage of patients within 15 minutes of arrival as directed in the Royal College of Emergency Medicine (RCEM) best practice guideline-Initial assessment of emergency department patients (2017).
- Not all staff had the necessary training on how to recognise and report abuse. Most staff had not had training in safeguarding at level 3. This training had only commenced in January 2019 and the leaders of the service felt this was not necessary before this date. The service had made no safeguarding referrals in 18 months.
- The service did not carry out medical emergency scenario drills, and only some staff had training in paediatric life support.
- The manual handling training compliance was low.
- The trust did not supply detailed sepsis training for staff in the urgent care departments on a recurring basis.
- The service did not provide training for staff in mental health issues, dementia or learning disabilities.
- The service did not have enough nursing staff with the right qualifications, skills, and training, to keep people safe from avoidable harm and to provide the right care and treatment. There was a discrepancy between planned and actual staffing, there was inadequate staffing establishment and the vacancy rates for nursing staff was high.
- There was no system for learning from incidents across the units.
- The service used safety monitoring results only for sepsis monitoring.

However:

- The service used a child protection screening tool for all patients aged 0 to 19 and expectant mothers for safeguarding issues.
- Managers had a system to monitor whether staff were up-to-date with mandatory training.
- The service had several dedicated consultation rooms and treatment rooms at Leek minor injuries and at the Haywood walk in centre.
- 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 followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. The service audited patient group directions and staff had training to use them.
- The service used an electronic incident reporting system and all staff knew how to use the system.

# Urgent care

## Is the service effective?

**Requires improvement** ●

We rated effective as requires improvement because:

- Managers did not have a system of audit to monitor the use of evidence-based care.
- Due to the lack of a triage system pain relief was delayed in some cases.
- They did not have supportive tools to assess pain for people with disabilities.
- Managers did not monitor the effectiveness of care and treatment and therefore did not use findings to improve them. They did not compare local results with those of other services to learn from them.
- Not all staff had an annual appraisal.
- The service did not provide structured clinical supervision.

However:

- The service used supportive tools to ask children about pain.
- Staff were skilled and knowledgeable regarding the minor injury and minor illness. The service supported staff to access additional training, such as specialist clinical subjects.
- Staff were competent medication prescribers.
- The service had a clear pathway for escalating patients requiring urgent treatment at an emergency department once assessed.
- There was direct referral to the local fracture clinic so that the patient could go home with their appointment already arranged.
- The service provided seven-day services for patients.
- There was good communication with the patients GP. Staff at both units contacted the patient's GP and other healthcare professionals for more information to ensure they had all the information necessary to treat a patient.
- The service and staff used opportunities to promote good health for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients gave feedback through the friends and family test that was mainly positive.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff explained treatment and referrals to patients always.

# Urgent care

However:

- Staff did not always provide patients with enough information about their care and treatment.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- There was no separate waiting area for children at both units, and no quiet areas to wait for people who were distressed by a noisy environment.
- The service did not meet accessible information standards. People with communication issues did not have their individual needs met at the units. The service did not have any communication tools for people with disabilities.
- The service did not always respond to complaints in a timely way and did not have a forum to share complaints with staff.
- The service did not collect data about referral to treatment times. The trust did not supply any information about waiting times at both units.

However:

- The trust provided services to ensure people living in more rural areas had a local service that they could access, and the main service was situated at an accessible central location.
- The service mostly saw and treated patients within an hour.
- Patients had direct access to specialist ophthalmologists from both units.
- Both units could refer patients directly to the emergency department at the local acute hospital if their injury or illness was more serious than those the units could deal with.
- The information for patients' GPs was very good. This meant the GP could access this very quickly and had enough information to meet individual needs.
- The service had developed a guide for the completion of the child protection check.
- The service had links with mental health services for people who needed them. The service had an agreement with the local mental health trust that provided people with urgent mental health support 24 hours a day.
- The service had an effective full capacity protocol.
- The service received many compliments from patients.

## Is the service well-led?

**Inadequate** ●

We rated well-led as inadequate because:

- Managers at all levels in the service did not always have the right skills and abilities to run a service providing high-quality sustainable care, and the leadership team was new. A service manager and a consultant nurse led the service, they were not always supported by senior managers.

# Urgent care

- The service did not have a strategy. Managers told us that they had ideas for the future to develop the service, however felt it was difficult to work on a strategy until the consultation process was complete and they had direction from the clinical commissioning group.
- Service leads attended hospital management team meetings but did not escalate service specific issues at this forum. This combined with a lack of incident and safeguarding reporting meant risks within the service were not recognised by the trust.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were no risks for urgent care recorded on the trust's corporate risk register.
- The service used secure electronic systems with security safeguards but did not collect information and did not analyse it to support activities. For example, the service did not analyse incident reporting on staff shortages
- The service did not collect information from the electronic patient record to improve services. There were not any audit programmes in place relating to the improvement of patient care.
- The service did not always engage well with patients and staff. There was limited use of the friends and family test with a lack of promotion to obtain feedback.
- The service did not have a programme of team meetings for both units to discuss incidents, complaints or learning.

However:

- Staff felt well supported by the leadership team.
- There was a positive culture at both units.
- The trust was currently consulting on development of health services across North Staffordshire which included urgent care services.
- The trust quickly responded to our concerns and initiated safe systems to triage patients within two working days. They also developed a local action plan to bring the service in line with trust wide governance arrangements.

## Areas for improvement

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

# Community dental services

Good 

## Key facts and figures

The Dental Service provides dental care for vulnerable people and emergency or urgent dental care to anyone not currently under treatment with a dentist locally. The team consists of dentists, dental therapists, dental hygienists and dental nurses.

The service operated from 13 locations. Two of these are within general hospitals where treatment under general anaesthesia is carried out.

Dental services are provided primarily to residents of Stoke-on-Trent and Staffordshire, although emergency and urgent dental care is available to anyone visiting or working in the area. Special care patients are often referred into the service via general dental practitioners or referred on by a dentist within the service.

The following services are provided:

- Emergency or urgent dental treatment
- Out of hours emergency or urgent dental treatment
- Special care dental treatment
- Routine dental care for children
- Epidemiology surveys
- Sedation IV and RA

Emergency/urgent dental care is provided to anyone with dental pain who is not currently with another dentist locally.

Special care dentistry is provided for patients with special care needs such as learning disabilities, mental health problems and patients who suffer from dental phobia. This type of dental care typically requires more patient contact time and can involve techniques such as the use of conscious sedation or general anaesthesia.

Epidemiological surveys are carried out as requested.

Anxious patients are referred in by general dental practitioners to have treatment carried out under sedation.

The service provides routine care for children with specific dental needs which include a general anaesthesia service for younger children requiring extractions.

Before the inspection visit we reviewed information that we held about this service and information requested from the trust.

Our inspection between 25 and 27 February 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited six out of the 13 locations where dental services are provided from. The services were located in Stoke-on-Trent, Burton-on-Trent, Stafford and Rugeley.

During the inspection visit, the inspection team:

- took a tour of the environment,
- spoke with 14 patients who were using the service,



# Community dental services

- interviewed 25 members of staff,
- observed care and treatment,
- looked at 10 dental care records.

## Summary of this service

We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- There were sufficient numbers of suitably qualified staff to provide safe treatment for patients. Staff were encouraged to complete mandatory training relevant to their roles. Mandatory training rates were good, and these were actively monitored by managers.
- There was good use of skill mix within the service including that of dental hygiene therapists and dental nurses with extended duties. There was a proactive approach towards multidisciplinary working, these included the trust's learning disability team with whom they had a good working relationship.
- Premises were clean and hygienic and used dental instruments were decontaminated and sterilised in line with nationally recognised guidance.
- There were systems in place to protect patients from abuse or neglect. The service had a good safety record and there were systems in place to reduce the likelihood of never events occurring.
- Staff were aware of the importance of obtaining informed consent prior to treatment. They had a good awareness of their responsibilities under the Mental Capacity Act 2005 and the principals of Gillick competence.
- Patients were treated with dignity and respect. Patients told us that staff were friendly, amazing, cheerful and fantastic. Staff took time to help patients who needed extra support such as those with learning disabilities, mental health problems and patients who suffer from dental phobia.
- The service took into account patients' needs. All clinics we visited were fully accessible for wheelchair users or those with limited mobility. Translation services were available for patients who did not have English as a first language.
- The appointment system met patients' needs and there were arrangements for patients requiring emergency treatment both in and outside normal working hours. Waiting times for initial assessment and treatment were generally good.
- There was a clear vision and strategy for the service and there were plans in place of how to achieve these. Staff morale was generally good across the service. There were effective governance arrangements in place. Staff engaged with patients, other healthcare professionals and external stakeholders in order to continually improve the service.

However:

- We found some out of date adrenaline in the emergency drug kit at one clinic. This had not been identified or disposed of by the process in place for checking the medical emergency drugs.
- Glucagon was not stored in a temperature-controlled environment and the expiry dates had not been changed to reflect this.
- At two clinics which we visited there were no size 4 oropharyngeal airways.

# Community dental services

- At one clinic we visited the aspirin was not of the dispersible form as described in nationally recognised guidance.
- Medical emergency equipment and medicines were not taken on domiciliary visits. This had not been formally risk assessed.
- Although the service received very few complaints they were not always dealt with in a timely manner.

## Is the service safe?

**Good** ●

We rated it as good because:

- 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.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Medicines and gasses used in the provision of conscious sedation were stored correctly.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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 service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- We found some out of date adrenaline in the emergency drug kit at one clinic. This had not been identified or disposed of by the process in place for checking the medical emergency drugs.
- Glucagon was not stored in a temperature-controlled environment and the expiry dates had not been changed to reflect this.
- At two clinics which we visited there was no size 4 oropharyngeal airways.
- At one clinic we visited the aspirin was not of the dispersible form as described in nationally recognised guidance.
- Medical emergency equipment and medicines were not taken on domiciliary visits. This had not been formally risk assessed.

# Community dental services

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and provided evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Dentists, dental care professionals and other healthcare professionals supported each other to provide good care. For example, they worked closely with the trust's learning disability team to assist in making reasonable adjustments and arranging transportation for patients.
- 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.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were good and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs.
- The service received a high number of compliments for the care it provided.

However

# Community dental services

- Although the service received very few complaints they were not always dealt with in a timely manner.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## 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 nine of 11 mental health core services in Staffordshire, Stoke-on-Trent, Shropshire, Telford and Wrekin.

## Summary of mental health services

Good   

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

The summary of mental health services appears in the overall summary of this report.

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

Good  

## Key facts and figures

Midlands Partnership NHS Foundation Trust provides two Access teams, four Crisis Resolution and Home Treatment teams, two Health Based Places of Safety and four Mental Health Liaison Teams. We inspected all these services, based at St Georges and County Hospitals in Stafford, The Redwoods Centre and the Royal Shrewsbury Hospital, Hall Court and the Princess Royal Hospital in Telford, St Michaels Hospital in Lichfield and Queens Hospital in Burton-upon-Trent. However, patients are usually seen at home and as an alternative to hospital admission. The health-based place of safety provides services for people who require assessment under Section 136 or 135 of the Mental Health Act 1983.

The Care Quality Commission (CQC) last inspected the mental health crisis teams and the health-based places of safety in March 2016 as part of a comprehensive inspection of South Staffordshire and Shropshire NHS Trust, before its merger with Staffordshire and Stoke on Trent Partnership NHS Trust. We rated the service as Requires Improvement overall with Requires Improvement for Safe and Responsive and Good for Effective, Caring and Well-led.

Our inspection was announced one working day before we visited (staff knew we were coming) to ensure that everyone we needed to talk to was available. The team included an inspection manager, three inspectors, an assistant inspector and two specialist nurse advisers. Specialist advisers are experts in their field who we do not directly employ.

During the inspection visit, the inspection team:

- spoke with four managers of the teams
- spoke with five patients who were using the service
- spoke with two carers
- spoke with 35 other staff members including doctors, nurses, social workers and administration staff
- attended and observed a multi-disciplinary team meeting
- attended and observed a home visit
- looked at the environment of the health-based places of safety
- looked at medicine charts of patients in the home treatment teams
- looked at 22 patient records within the access and home treatment teams
- 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 improved. 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. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

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

- Staff working for the mental health crisis teams 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 staff engaged in clinical audit to evaluate the quality of care they provided.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary 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 people 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 well. The services did not exclude people who would have benefitted from care.
- The services were well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

## Is the service safe?

Good ● ↑

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

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The physical environment of the health-based places of safety met the requirements of the Mental Health Act Code of Practice.
- 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.
- Staff assessed and managed risks to patients and themselves. Staff working for the mental health crisis teams developed crisis plans when this was necessary and responded promptly to sudden deterioration in a patient's health. 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 applied the safeguarding principles in their practice.
- 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.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff working for the mental health crisis teams regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety.
- The services 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.

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

However;

- Risks associated with physical health problems were not always recorded.

## 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 developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented and staff updated them when appropriate.
- Staff working for the mental health crisis teams provided a range of care and treatment interventions suitable for the patient group.
- 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 the full range of specialists required to meet the needs of patients under their care. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skill. 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 that 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 staff ensured patients had access to physical healthcare, care plans did not always reflect patients' needs for physical healthcare.

## 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.



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

- 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. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. 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 people who would have benefitted from care. Staff assessed and treated people promptly. Staff followed up people who missed appointments.
- The health-based places of safety were available when needed and there was an effective local arrangement in place for young people who were detained under Section 136 of the Mental Health Act. Section 12 approved doctors and approved mental health professionals attended promptly when required.
- The services met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural support.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good ● → ←

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

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

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

## Areas for improvement

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

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

Good   

## Key facts and figures

The service is comprised of six acute inpatient wards and one psychiatric intensive unit across three sites. The acute wards offer specialist assessment, care and treatment to adults who are experiencing mental health difficulties. The wards provide services for both patients admitted informally and those detained under the Mental Health Act 1983. The clinical management system across all seven wards consisted of a dedicated multidisciplinary team including full-time consultant psychiatrists.

At the Redwoods Centre in Shrewsbury, there are three adult acute wards; Pine, female ward Laurel, male ward and Birch, mixed gender ward; each providing 18 beds.

At St George's Hospital in Stafford, there are three adult acute wards; Chebsey and Brocton both mixed gender wards; Brocton providing 20 beds and Chebsey 19 beds. Brocton ward has some beds in one of the corridors which are commissioned for the use of Ministry of Defence (MoD) personnel.

Milford ward at St George's Hospital in Stafford is currently used as the acute ward replicating West Wing with 12 beds. West Wing was a mixed gender adult admission ward providing 20 beds and was situated at the George Bryan Centre in Tamworth. This ward was closed after there was a fire that destroyed the ward on the 11 February 2019.

Norbury is the Psychiatric Intensive Care Unit male only ward that offers 11 beds for those patients requiring additional support that cannot be adequately managed by the acute wards.

We inspected seven wards based at these two locations:

- St George's Hospital
- The Redwoods Centre,

At the last comprehensive inspection in 2016, the service had safe rated as requires improvement and effective, caring, responsive and well- led rated as good. In September 2017 we carried out a responsive inspection of the service following concerns raised around sexual safety on the wards. We required the trust to ensure that systems were in place to monitor risks around the use of mixed sex accommodation following that inspection.

We re-inspected all of the key questions to see if they had made improvements towards a rating of outstanding.

Our inspection between 12 and 14 March 2019 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 this service and information requested from the trust.

During the inspection visit, the inspection team:

- took a tour of the environment,
- spoke with 18 patients who were using the service,
- spoke with six relatives of patients who were using the service,
- interviewed 41 members of staff including nurses, health care assistants, nurse associates, psychologists, occupational therapists, social workers and doctors,

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

- observed care and treatment,
- attended three multidisciplinary team meetings, and two clinical reviews,
- observed four handover meetings and four huddle team meetings,
- looked at 36 care records and 64 patients' medicine prescription charts,
- interviewed seven deputy/ward managers and matrons.

## Summary of this service

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

- We rated safe, caring, responsive and well-led as good. We rated effective as requirement improvement.
- The ward environments were safe and clean. 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. The ward staff worked well together as a multi-disciplinary 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.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Managers had failed to provide support for staff through regular supervision or record sessions in line with the local policy. This left staff without the benefits regular supervision offers and no way to evidence and review development plans between annual appraisals.

## 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.

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

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people 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/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of 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.

However:

- There were two cases in Birch ward where staff did not follow up with an intervention after the physical observations were taken to assess the effects of rapid tranquilisation (medicine given by injection to manage behaviours that staff believe puts the person or others at risk).
- Portable appliance testing for electrical equipment was overdue on some wards and not all staff could operate the anti-barricade system on Brocton ward. This had a potential impact on the ability of staff to attend to a patient in the case of an emergency.
- Although there was a plan to mitigate this risk, potential ligature points were still available in areas of Norbury and Milford wards. These had been balanced against risks associated with potential infection by the water-based legionella bacterium.

## Is the service effective?

**Requires improvement** ● ↓

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

- Managers had failed to provide support for staff through regular supervision or record sessions in line with the local policy. This left staff without the benefits regular supervision offers and no way to evidence and review development plans between annual appraisals. Following our last inspection in 2016, we asked the provider to address the problem of low rates of supervision for staff working in this core service and found this had not been actioned.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs and were personalised.

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

- 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.
- 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. 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 other relevant teams within the organisation and with relevant services outside the organisation.

## Is the service caring?

Good   

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

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

## Is the service responsive?

Good   

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

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom most of them 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.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- There was no readily available information in easy read format for people with learning disabilities.

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

## 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:

- Local managers had failed to implement the recommendation made in the 2016 inspection that all staff receive regular supervision in line with local policy and professional guidelines.

## 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

Good   

## Key facts and figures

Midlands Partnership NHS Foundation Trust provided inpatient mental health services for people with learning disabilities.

Oak House was a 10 bedded unit in the grounds of Shrewsbury Hospital providing a service for male and female adults, over the age of 18 who have a learning disability. The unit provides a complex physical health needs respite service to approximately 18 people with severe learning disabilities and complex physical health needs in Shropshire. The unit had 10 beds but was operating at a four-bed maximum occupancy due to staffing numbers and a review of the service. The service did not admit patients with behaviour that challenged. Patients were treated informally and were not detained under the Mental Health Act 1983.

The CQC last inspected this service in March 2016 as part of a comprehensive inspection of South Staffordshire and Shropshire Healthcare NHS Trust. Following the 2016 inspection, we rated this service as good.

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

This service is registered with the CQC for the following activities:

- diagnostic screening procedures
- treatment of disease, disorder or injury

Before the inspection visit, we reviewed information we held about this service, this included a standard data request return, which we routinely request from all mental health trusts.

During the inspection visit, the inspection team

- visited the ward to look at the quality of the environment and observe how staff were caring for patients
- spoke with four carers/relatives of patients using the service
- spoke with eight staff including the ward manager, ward sister, speech and language therapist, two nurses, two healthcare assistants and a consultant
- attended and observed a handover meeting
- looked at three patient care and treatment records
- carried out checks of medicines management for the four patients admitted at the time of inspection
- looked at a range of policies, procedures and other documents relating to the running of the service
- we were unable to speak to any patients during our inspection, as the patients that were on the ward at the time were unable to communicate effectively with us

## Summary of this service

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



# Wards for people with a learning disability or autism

- 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 developed holistic, recovery-oriented care plans informed by a comprehensive assessment. 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. Managers ensured that these staff received training and appraisal. The ward staff worked well together as a multi-disciplinary 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.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Managers did not always offer staff support in their roles. Staff were not always receiving regular one to one supervision, and managers were not documenting that supervision had taken place, in line with trust policy.

## Is the service safe?

Good ● → ←

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

- All ward areas were clean, had good furnishings, were well maintained and ensured the privacy and dignity of patients.
- Staff assessed and managed risk well. Staff carried out regular, robust risk assessments of the care environment.
- The service had nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. The service occasionally closed on weekends due to not having enough nursing and medical staff but because this was a respite service this had minimal effect on patients and their care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff managed patient risks well. All staff were aware of and dealt with any specific risk issues such as falls and pressure ulcers.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

# Wards for people with a learning disability or autism

- The ward 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:

- Staff did not always update patient risk assessments within six months though we found the risk assessments were individualised, holistic and included those risks associated with physical health.
- Whilst there were enough skilled staff on every shift, only one Band 3 healthcare assistant was trained in the use of emergency medicines. On occasion, this prevented patients from accessing community services outside of the hospital grounds, when this staff member was not on shift.

## 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 and every readmission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated 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. 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.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals 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 ward team had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early 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.

However:

- Managers did not always offer staff support in their roles. Staff were not always receiving regular one to one supervision, and managers were not documenting that supervision had taken place as per the trust policy. This was not an issue that we picked up at our last inspection.

## Is the service caring?

Good   

# Wards for people with a learning disability or autism

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment. Staff listened to and observed patient's wishes and needs and this was reflected in patients care plans. Staff also spoke with carers to discuss patient needs.
- Staff informed and involved carers appropriately and provided them with support when needed.

## Is the service responsive?

Good   

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

- Staff planned and managed service users' admissions and discharges from the respite service well. Staff liaised well with carers to plan their respite dates and to ensure the relevant clinical information was handed over before and after each respite stay.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and those patients that were able, were supported to make hot drinks and snacks at any time.
- The ward met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy, cultural and spiritual support.
- The service treated complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- Staff supported patients to engage with the wider community. Where appropriate, staff supported patients whilst on respite to access the day services that they usually attend.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Signs displayed around the service were not always effective at orientating patients.

## Is the service well-led?

Good   

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

- Leaders had a very good understanding of the service and patient group they managed. They could explain clearly how the teams were working to provide high quality care. They demonstrated passion and commitment in their role, towards staff, patients and their carers.

# Wards for people with a learning disability or autism

- Staff we spoke with knew and understood the service's vision and values and how they applied to their work within the service and placed the patient at the centre of all care.
- 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.
- The ward team had access to the information they needed to provide safe and effective care and used that information to good effect.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Staff we spoke with were unable to name the Freedom to Speak Up Guardian, or what their role was.

## Outstanding practice

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

## Areas for improvement

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

# Specialist community mental health services for children and young people

Requires improvement  

## Key facts and figures

Midlands Partnership NHS Foundation Trust was formed on 1 June 2018 following a merger between South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke on Trent Partnership NHS Trust.

In South Staffordshire services are provided for children aged 0 – 18 years. They were inspected under South Staffordshire and Shropshire Healthcare NHS Foundation trust in March 2016 and were rated as good. Shropshire, Telford and Wrekin services were previously inspected as part of Shropshire Community Trust. They provide services to children aged 0 – 25 years. Before the merger the services were inspected in March 2016 and rated as requires improvement. They became part of South Staffordshire and Shropshire Foundation Trust in May 2017.

The provision of children and young people’s mental health services (CAMHS) in the trust work towards a Thrive framework which focuses on a “needs led” service; Thrive has four different domains: Advice and Support; Getting Help; Getting More Help and Risk Support. The Early Help offer in Shropshire is provided by independent partnership agencies. The trust provides the specialist part of the service, which includes specialised assessment, and treatment of complex and co-morbid mental health difficulties in children and young people.

At the time of our inspection, the trust provided a wide range of specialist community mental health services for children and young people. The services were commissioned by four clinical commissioning groups in South Staffordshire and two clinical commissioning groups within Shropshire, Telford and Wrekin, which resulted in some variation in service configuration.

The specialist mental health services for children and young people had teams based in different locations throughout the trust, with main sites and satellite services.

The service in South Staffordshire consist of a range of services including:

- CAMHS (East and West)
- CAMHS Intensive outreach team
- CAMHS eating disorders service
- CAMHS Early years’ service
- Looked after children’s service (Sustain Plus)

The services in Shropshire, consist of a range of Emotional health & wellbeing support services to children and young people aged 0-25. The services in the trust works in partnership with The Children’s Society, Kooth and Healios. The services have a main base in Shrewsbury with satellite teams within Telford and Wrekin. The service consisted of a range of services including:

- Core CAMHS team
- Eating disorders team
- Children learning disability CAMHS team
- Looked after children’s service
- Neurodevelopmental team

# Specialist community mental health services for children and young people

- Crisis and home treatment team
- Access and brief Intervention team

At our last inspection in March 2016, we rated specialist community mental health services for children and young people under South Staffordshire and Shropshire Healthcare NHS Foundation trust good overall, with requires improvement in the responsive domain and a rating of good in the safe, effective, caring and well led domains.

We told the trust that it must:

- review the waiting times from assessment to treatment for patients and put systems in place to reduce the length of wait

We also told the trust that it should ensure:

- All staff working in CAMHS complete detailed risk assessments and update these regularly.
- CAMHS services participate in accreditation schemes such as the Quality Network for Community CAMHS.
- Consent to treatment is recorded and accessible in the electronic records.
- Mental capacity and Gillick competence discussions are recorded in patient records.
- Patients' receive care plans in a format, which is accessible for them.
- Services know who their advocacy provider is and actively promote the use of independent support for patients.
- Calibration of scales used for weighing patients happens regularly.

Shropshire services were previously inspected as part of Shropshire Community Trust. The services were inspected in March 2016 and rated as requires improvement overall. In 2017 the services became part of what was then South Staffordshire and Shropshire Healthcare NHS Foundation Trust in response to the identification of issues with the service in place with long waiting lists, poor outcomes and the use of a clinical model focused on medicines rather than psychological and other treatments.

We undertook this inspection to find out whether the trust had made improvements since our last inspection and following the merge and acquisition of services. Before our inspection visit, we reviewed the information that we held about these services and asked a range of other organisations for information. For this inspection, we visited sites in Lichfield, Stafford, Burton-on-Trent, Shrewsbury and Telford and Wrekin.

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

During the inspection visit, the inspection team:

- visited seven team bases across Staffordshire and Shropshire and reviewed the quality of the environment
- interviewed service managers and operational leaders
- spoke to 69 staff members including doctors, clinical leads, mental health nurses, learning disability nurses, mental health practitioners, psychologists, psychotherapists, occupational therapists, art therapists, family therapists, dieticians and administrative staff
- reviewed 37 care records
- spoke with six young people and 13 carers of young people that were using the service

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- reviewed a number of policies, minutes of meetings and other documents related to the running of the service
- observed staff members working with the children and young people and their carers.
- attended and observed four multidisciplinary team meetings.

## Summary of this service

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

We rated caring as good and safe, responsive, effective and well led as requires improvement because:

- Across the core service there were inconsistencies in addressing issues from the previous inspection. There were differences in quality of practice between Shropshire and Staffordshire. We concluded that services in Staffordshire were of a good quality. Our concerns were about the services for the people of Shropshire.
- In Shropshire there were concerns in the way the trust triaged referrals within the access team. At the time of the inspection despite the service having been commissioned, the trust had allocated no staff to assess people for attention deficit hyperactivity disorder (ADHD). This meant that the waiting list for pathways was high and waits were getting longer.
- Not all risk assessments were updated regularly and care plans within Shropshire lacked detail and did not reflect the views of the children and young people or their families. Carers and young people told us they were not given copies of care plans.
- Staff considered patients' capacity to make decisions about their care but did not consistently or effectively record these considerations in the patient' records within Shropshire.
- Services in Shropshire made limited use of outcome measures. This reduced their ability to monitor patient progress. Not all staff were aware of or involved in clinical audits.
- Staff morale in Shropshire was generally low and staff felt isolated from the other teams in the trust.
- Local managers in Shropshire had not ensured thorough and robust oversight or audits around the quality of documentation within the clinical records.
- Staff did not complete regular environmental risk assessments. Staff were not aware of where the environmental risks were.
- Staff were not consistently checking calibration of clinical equipment and there was no system in place to monitor this.
- Although we found that staff received regular supervision, the trust did not have a consistent and effective system for collating and monitoring supervision data.

However:

- Staff regularly reviewed the effects and side effects of medications on each patient's physical health. This was an improvement since the transfer of Shropshire services into the trust.
- Staff knew how to identify abuse and safeguard young people in line with current recognised guidance and trust policy. Staff followed safeguarding processes and ensured that they highlighted any safeguarding information on the electronic recording system.



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- Young people felt that staff listened to them and provided them with appropriate emotional and practical support. Young people described the staff as caring, supportive and non-judgemental.
- Staff in the teams provided a range of treatment and care for patients based on national guidance and best practice. Staff supported young people with their physical health and encouraged them to live healthier lives.

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff did not complete regular environmental risk assessments, staff were not aware of where the environmental risks were.
- Staff were not consistently checking that calibration of equipment such as blood pressure machines, scales and height machines were maintained. This had not been addressed since the last inspection in March 2016, there was no system in place to monitor this.
- Staff did not always complete and update robust risk assessments for each young person and use these to understand and manage risks. Although the teams discussed areas of risk during meetings, staff did not consistently document young people's most recent presentation of risk in their risk assessments. Not all risk assessments were updated regularly.
- Staff in Shropshire had experienced difficulties in accessing historical information since transferring to the new electronics records system, information that had been scanned was not easy to find.
- Initial referrals to the service were triaged by an access team which was not staffed by appropriate mental health practitioners. These referrals were then referred to an appropriate mental health practitioner to review within seven days, leading to a delay in determining the level of risk and patient need.
- Despite the service having been commissioned, the service had no staff within the attention deficit hyperactivity disorder (ADHD) pathway and there were no vacancies advertised.
- There was high reliance on locum medical staff. Young people had no continuity of care and psychiatrists could not always build relationships to understand the needs of the young people better.

However:

- Psychiatrists and non-medical prescribers followed best practice when storing prescriptions and prescribing medicines. Staff regularly reviewed the effects and side effects of medications on each patient's physical health.
- Staff demonstrated an awareness of how to protect children and young people that were at any risk of abuse. Staff were all trained in safeguarding level three and had a good understanding of what and how to report a concern.
- The service had staff with the right qualifications, skills and training.
- All staff had a good understanding of the duty of candour and could describe when it would be used.
- Teams had adopted good robust lone working procedures which meant that staff were aware of possible risks and knew their colleague's whereabouts.



# Specialist community mental health services for children and young people

## Is the service effective?

**Requires improvement** ● ↓

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

- Some care plans in Shropshire were generic, not personalised, recovery focused or holistic; they lacked detail and did not reflect the views of the children and young people or their families.
- Staff considered patients' mental capacity and Gillick competency to make decisions about their care but did not consistently or effectively record these considerations in the patient' records within Shropshire.
- There was no common system in place for the service to capture supervision rates.
- Services in Shropshire made limited use of outcome measures. This reduced their ability to monitor patient progress. Not all staff were aware or involved in clinical audits.

However:

- Staff monitored physical health needs appropriately and routinely liaised with children and young people's GP to ensure physical health needs were being met.
- The teams included a full range of specialists required to meet the needs of children and young people under their care. This was an improvement since last inspection in 2016. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with opportunities to update and further develop their skills.
- Patients had access to a range of psychological therapies in line with National institute for Health and Care Excellence guidance. Staff received additional specialist training to provide these.
- All teams had regular and effective multidisciplinary team meetings. Staff worked closely with schools, social services, and other local independent services.

## Is the service caring?

**Good** ● → ←

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

- Staff clearly demonstrated understanding of young peoples' care needs and showed an encouraging, sensitive and supportive attitude.
- Feedback from young people confirmed that staff treated them with kindness felt staff listened to them and provided them with appropriate emotional and practical support.
- Carers told us staff were interested in their well-being as well as their child's. Staff had gone the extra mile to support them during difficult times.
- Staff signposted young people and their carers to local advocacy support and counselling services.

However:

- Care records in Shropshire did not consistently show that young people were involved in development of their care plans. Carers and young people told us they were not given copies of care plans.

# Specialist community mental health services for children and young people

## Is the service responsive?

**Requires improvement** ● → ←

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

- Although we saw improvement in the way the trust was monitoring children and young people on the waiting lists, at the time of the inspection, despite the service having been commissioned the trust had allocated no staff to assess people for attention deficit hyperactivity disorder. This meant that the waiting list for neurodevelopmental pathways was high and waits were getting longer.
- Soundproofing was ineffective across all children and young people's mental health services (CAMHS) sites. Conversations and movement were heard between staff offices, consultation rooms and adjacent rooms, disturbing work and compromising confidentiality. Managers told us there were imminent plans to move to suitable locations.
- Tamworth facilities were small, cramped with limited sitting spaces. This was not suitable for wheelchair users.
- Locations in Shropshire had limited interview rooms leading to cancellation and rescheduling of appointments. Managers told us there were plans to move to suitable locations.

However:

- There was information in waiting rooms that had information relevant to children and young people and there were activities and toys appropriate for all ages.
- There were clear criteria for depicting which services young people could access. The access team in Shropshire provided a single point of access for all referrals to ensure that children and young people had access to the right support from the point of referral.
- Young people and their families knew how to raise concerns or complaints and stated that they felt listened to and supported. Staff knew how to handle complaints and there was information about how to make a complaint in all the waiting rooms.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Staff morale in Shropshire was low, staff felt unappreciated, separated from teams, colleagues in Staffordshire and the senior management. Staff felt communication was poor and that senior managers were making robust changes without meeting or understanding them. The service managers had already recognised this and had put in place action plans to address this.
- Local managers in the teams had not ensured thorough and robust oversight or audits around the quality of documentation within the clinical records.
- Most staff in Staffordshire did not know about their freedom to speak up guardian or how to contact them.
- We were assured that staff were receiving regular managerial supervision from their manager and clinical supervision from their peers and in line with their own professional guidance. However, because of inconsistency in the recording of supervision documentation and rates across the core service the trust was unable to track supervision data.

# Specialist community mental health services for children and young people

- Not all staff were up-to-date with their mandatory training (information governance, clinical risk assessment, adult basic life support), or their medicine management training.

However:

- In Shropshire, services took a systematic approach to working with other organisations such as Healios and Beam to improve care outcomes for young people.
- The teams had local risk registers that had items so that risks could be identified, escalated and addressed.

## Areas for improvement

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

# Wards for older people with mental health problems

Good   

## Key facts and figures

Midlands Partnership NHS Trust provides inpatient mental health services to the people of Staffordshire and Shropshire.

The trust's wards for older people with mental health problems provide assessment and treatment for people with both organic and functional mental health disorders. Organic mental illness is usually caused by disease affecting the brain, such as Alzheimer's. Functional mental illness has predominantly a psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety.

Patients can be admitted and treated informally or detained under the Mental Health Act 1983 (MHA).

The trust has five wards for older people with mental health problems and these are based across three sites in Shropshire and Staffordshire.

The Redwoods Centre in Shrewsbury:

- Oak ward is a 16-bed mixed gender ward for older adults with organic mental health problems.
- Holly ward is a 16-bed mixed gender ward for adults over 65 years old with functional mental health problems.

St George's Hospital in Stafford:

- Baswich ward is a 12-bed mixed gender assessment ward for older adults with organic mental health problems.
- Bromley ward is a 14-bed mixed gender assessment ward for adults over 65 with functional mental health problems.

George Bryan Centre in Tamworth:

- East Wing is a 12-bed mixed gender assessment ward for older adults with either organic or functional mental health problems.

We inspected all five wards across this service. We did this in two parts, inspecting George Bryan Centre and The Redwoods in February 2019 and St George's in March 2019. We did this because we were unable to inspect St George's Hospital in February 2019 because they had an outbreak of diarrhoea and vomiting.

Our inspection in February was unannounced. Staff did not know we were coming. This meant we were able to observe routine activity on the wards. Our inspection in March was announced several days beforehand. Staff knew we were coming. This meant everyone we needed to speak with was available.

Each location within this service is registered with CQC for the following activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury

Before the inspection visit, we reviewed information we held about this service, this included a standard data request return, which we routinely request from all mental health trusts.

During the inspection visit, the inspection team:

# Wards for older people with mental health problems

- visited the five wards to look at the quality of the environment and observe how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with 16 carers / relatives of patients using the service
- looked at minutes of patient feedback meetings
- looked at 26 patient care and treatment records
- spoke with the local managers and ward managers of the service
- spoke with 40 other staff members; including doctors, health care support workers, nurses, physiotherapists, speech and language therapists, occupational therapists, therapy assistants, activities co-ordinators, a discharge liaison officer, a pharmacist and pharmacy technician, cleaners, administrators and a visiting social worker
- attended and observed a hand-over meeting and a multidisciplinary care planning meeting
- observed six ward based activities including a music therapy group
- attended and observed a team huddle meeting, a rapid review meeting and a safe care review meeting
- carried out a specific check of the medicines management for 37 patients across the service; 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. The ward environments were safe and clean. 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 or strengths based supportive 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 and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included 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.
- 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.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well-led, and the governance processes ensured that ward procedures ran smoothly.

# Wards for older people with mental health problems

## 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 people 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.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of 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?

**Outstanding** ☆ ↑

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

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented or strengths based and supportive for patients with dementia.
- Staff excelled in providing a wide range of care and treatment interventions suitable for the patient group and consistent with national guidance and best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Staff had access to physical health diagnostic screening equipment such as bladder scanners and could provide subcutaneous antibiotics for patients who needed them. Because of this staff could prevent the need for admission to an acute hospital, therefore ensuring that patients experienced continuity of care in an environment that they were familiar with.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Participation in quality improvement initiatives enabled Baswich Ward to reduce patient length of stay by over 40% in the preceding year and halved the number of admissions to Oak Ward.

# Wards for older people with mental health problems

- The ward teams included the full range of specialists required to meet the needs of patients on the wards. The multidisciplinary teams included psychologists, dietitians, speech and language therapists as well as occupational therapists and physiotherapists. No patient had to wait for referrals to outside agencies for this assessment or support because these staff were ward based. 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.
- Staff from different disciplines worked together as a team to benefit patients. They combined therapy programmes to include social stimulation and engagement with praxis and balance. 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.
- 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. They understood trust policy on the Mental Capacity Act 2005 and assessed then recorded capacity clearly for patients who might have impaired mental capacity.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They offered patients a copy of their care and support plans. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good ● → ←

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

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons. Any delays were beyond the control of the service.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom, almost all with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could have hot drinks and snacks at any time.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

# Wards for older people with mental health problems

- There was only one complaint registered for this service and 48 compliments. 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?

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 trust's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued by local managers but some felt isolated from the senior trust leadership. They reported that the trust 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:

- Staff on one ward told us that senior trust leaders had not been visible or supportive when they had needed them, and that the trust was slow to communicate proposed changes to their services.

## 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.



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

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Pauline Carpenter, CQC Head of Inspection, chaired this inspection and Michael Fenwick, Inspection Manager led it. An executive reviewer, Lisa Crichton Jones, supported our inspection of well-led for the trust overall.

The team included two inspectors, and three specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.