Good

Black Country Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
TAJ	Quayside	Sandwell Single Point of Referral	B69 2DG
TAJ	Brooklands health Centre	Wolverhampton Wellbeing service	WV1 2ND
TAJ52	Penn Hospital	Wolverhampton Complex Care Team - South	WV4 5HN
TAJ	Steps to Health	Wolverhampton Complex Care Teams - North	WV10 9TH
TAJ	Quayside	Sandwell Community Mental health Team - North	B69 2DG

Summary of findings

TAJ	Quayside	Sandwell Community Mental health Team - South	B69 2DG

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

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

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Overall summary

We changed the overall rating for community-based mental health services for adults of working age from requires improvement to good because:

- At the last inspection, we found that not all services had access to emergency equipment. This had been an issue for the Wolverhampton complex care team north. During this inspection, we found that improvements had been made and all services had access to emergency equipment including defibrillators and oxygen.
- During the inspection in November 2015, we found that the fridge temperatures in the Wolverhampton complex care team north had not been routinely checked and this could lead to harm to patients. During this inspection we found that the trust had installed fridge-monitoring equipment, which was linked to the mental health hospital, so that temperatures could be monitored at all times.
- The trust had addressed the issues of waiting times in the single point of referral service and they were now meeting their targets for completing assessment. The other services did still have waiting lists, but these were closely monitored and had already been assessed for risk during the initial assessment. Patients on the list had access to a duty worker should they need to speak to someone for advice.
- At the last inspection, there were issues with Mental Health Act paperwork and the legal status of patients being recorded on prescription charts. We found that these issues had been resolved with support from the trust's Mental Health Act team.
- At the previous inspection, we found that these services used a range of systems to record patient information. This was still the case and the trust still need to fully resolve this issue however we found that this was mitigated due to staff communication and the weekly multidisciplinary team meetings that took place which included ward staff, community teams and the crisis team.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- All sites had well-equipped, well-organised and clean clinic rooms. Emergency equipment, including defibrillators and oxygen was checked daily to ensure it was fit for purpose and could be used effectively in an emergency.
- Staff had a low number of patients on their caseloads. This allowed them to take on the role of duty worker and provide good levels of support to patients. The number of psychiatrists available meant that patients could access an appointment if needed in a crisis.
- Staff completed risk assessments and discussed the changing needs of patients in regular meetings, both internally and with the wider trust's teams, such as the acute inpatient wards and the crisis teams.
- Staff received training in safeguarding for both children and adults. They understood what to report and knew how to do this. Safeguarding was a regular agenda item in supervision and at team meetings.

Are services effective?

Good

We rated effective as good because:

- The multi-professional teams included a range of skilled and trained staff including nurses, doctors, psychologists, occupational therapists and recovery workers.
- The physical health teams in the Wolverhampton complex care teams and the Sandwell CMHTs ensured that patients had access to physical health checks as needed and depot injection clinics could be accessed in a range of venues.
- Staff used outcome monitoring tools to ensure patients made progress and to ensure treatment was appropriate to their needs.
- Staff had received training in both the Mental Health Act and Mental Capacity Act and understood the principles of these and how to use them when supporting patients. Mental Health Act paperwork for patients on Community Treatment Orders had been completed correctly in the records and patients had their rights under the Act explained to them on a regular basis.

Summary of findings

However:

- Staff did not always transfer information from contact notes to patients' care plans. In the Sandwell team, not all patients records showed that they had been involved in the development of their care plans.
- The services used both paper and electronic records. Sandwell and Wolverhampton had different electronic systems in place and it was difficult for staff to access information in a timely manner.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- Staff treated patients with dignity and respect. They showed they understood the needs of patients they worked with. We saw examples of staff going above and beyond their role to assist a patient who did not speak English as a first language.
- Services offered a wide range of group and community based activities for patients in conjunction with local leisure centres and West Bromwich Albion Football Club. This ensured that patients could build support networks outside of their mental health teams. Patients spoke very highly of these activities and suggested that it gave them something to look forward to.
- Staff included carers in one to one sessions with the agreement of the patient. Services displayed information in reception areas specifically to meet the needs of carers. The used the carers support team at the trust to enhance support to carers.

Are services responsive to people's needs?

Good 

We rated responsive as good because:

- Services had a duty system where patients and professionals could phone in for advice and guidance. Patients could be seen urgently if they required additional support.
- The trust had addressed the issues of waiting times in the single point of referral service and they were now meeting their targets for completing assessment.
- Rooms were adequately soundproofed and staff could ensure that patient's confidentiality was maintained.
- All services had disabled access and rooms where they could see people with mobility issues. Staff had access to interpreters and signers for deaf people and reported this was easy to

Summary of findings

arrange. Some staff spoke other languages such as Punjabi and this ensured a patient could have support from someone without an interpreter and who understood their cultural needs.

- The services received low numbers of complaints. Staff felt confident about referring formal complaints to the Patient Advice and Liaison service at the trust or to managers to be resolved. Learning lessons from the outcomes of complaints was discussed in team meetings.

Are services well-led?

Good

We rated well-led as good because:

- Staff received a high level of supervision including caseload management, clinical and group supervision. Managers had completed appraisals for all staff.
- Staff that we spoke to enjoyed their work and were committed to providing quality services to patients. They felt team members supported each other and shared skills and good practice.
- Staff understood the need to be open and honest with patients if things went wrong and gave examples of when they had done this.

However:

- The Wellbeing team said they would benefit from having more defined job descriptions and a clearer understanding of the role of this service following its redesign. They felt that there was limited opportunity for career progression.

Summary of findings

Information about the service

We visited six community teams during this inspection. All of the teams, with the exception of the Single Point of Referral, use a mental health clustering tool. This tool describes a group of people according to their mental health needs and difficulties. For example, cluster 10 covers people who are experiencing a first episode of psychosis, and cluster 11 for patients experiencing ongoing recurrent psychosis (low symptoms).

The Sandwell Single Point of Referral (SPOR) team is a nurse led service which assesses all mental health referrals made in Sandwell. Once an assessment is completed, they liaise with the Sandwell community mental health teams to ensure patients are allocated appropriately.

The Sandwell community mental health north and south teams were formed following last year's inspection from smaller teams including primary care, assertive outreach, complex care and older adults teams making them an ageless service. They cover clusters 4 to 21 and staff have continued to focus on their areas of expertise within the larger teams. They are a multidisciplinary team who focus on using psychological therapies to complement medical interventions available through outpatient appointments. The teams provide a range of one to one appointments both in the service and in patients' homes, depot clinics, group therapy and community based activities.

The Wolverhampton complex care north and south teams support patients in clusters 8 to 21 providing support to patients with complex mental health difficulties. They have a wide range of disciplines within their staff team and focus on using psychological therapies to complement medical interventions. Referrals to this service and the Wolverhampton Wellbeing service are made through the mental health liaison team who decide the most appropriate service for patients to be referred to for assessment. The complex care teams provide one to one interventions, group therapy and depot clinics.

The Wellbeing service based in Wolverhampton had recently been through a period of redesign and became operational in its current form the week before the inspection. They provide a service to patients in clusters 4 to 7 and 11 for patients with low-level mental health issues. They also provide the seven day follow up appointments to patients in clusters 1 to 7 who are being discharged from the wards. They are a psychology led service who treat patients through the use of psychological therapies and looking at all areas of a patient's life to help them resolve issues such as housing and benefits to help improve quality of life. They offer an initial six-week course of cognitive behavioural therapies which can be extended to meet the needs of individual patients.

Our inspection team

Head of Inspection: James Mullins, Care Quality Commission (CQC)

The team that inspected community based mental health services for adults of working age consisted of two CQC inspectors, four nurses and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Summary of findings

Why we carried out this inspection

We undertook this inspection to find out whether Black Country Partnership NHS Foundation Trust had made improvements to their community-based mental health services for adults of working age since our last comprehensive inspection of the trust in November 2015.

When we last inspected the trust in November 2015, we rated community-based mental health services for adults of working age requires improvement overall.

We rated the core service as requires improvement for safe, responsive and well led and good for effective and caring.

Following the November 2015 inspection, we told the trust that they must take action in the following areas:

- The trust must ensure that emergency equipment is available and accessible at all locations.
- The trust must ensure that checks of temperatures of the medicines fridges are completed and recorded consistently and that medicines are stored at the required temperatures. This was an issue in the Complex Care North Team.

We told the trust it should make improvements in the following areas:

- The trust should ensure that there are effective systems to monitor high referrals and waiting times in the single point of referral team.
- The trust should ensure that the legal status of patients is recorded on prescription charts in line with the code of practice requirements. Ensure that when appropriate the T2, T3, Form 4a or CTO12 capacity to consent to treatment forms are with the prescription charts.
- The trust should ensure that Mental Health Act paperwork copies are available in all patients' notes to ensure clarity regarding the legalities of the Community Treatment Order and its application.
- The trust should ensure that records are well organised and different team members can have easy access to patients' records when needed.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA 2008 (regulated activities) : relating to safe care and treatment
- Regulation 15 HSCA2008 (regulated activities): relating to premises and equipment

Regulation 17 HSCA 2008 (regulated activities) : relating to good governance

How we carried out this inspection

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

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

This was an announced inspection. Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- visited six community mental health teams across Sandwell and Wolverhampton and looked at the quality of the environment and observed how staff were caring for patients
- spoke with 17 patients who were using the service and three carers
- spoke with the managers and deputy managers for each of the services
- spoke with 42 other staff members; including doctors, nurses and occupational therapists, psychologists, student nurses, support time and recovery workers, community recovery workers and administration staff

Summary of findings

- attended and observed one group supervision, a physical healthcare clinic, two outpatient appointments, three home visits and an allocations meeting
- attended four group sessions for patients
- looked at 33 records of patients and eight sets of Mental Health Act paperwork

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

What people who use the provider's services say

We spoke to 17 patients and 3 carers. Patients told us staff treated them with care compassion and respect. They said staff understood their issues and supported them with a kind and gentle approach. Patients said they could access support and advice when they needed it.

One patient said their appointment had been cancelled but they had not been informed and another felt their consultation with a clinician was too short.

Good practice

- The Wolverhampton complex care teams and Sandwell CMHTs had introduced dedicated physical health teams, comprising of qualified nurses and healthcare assistants. They provided weekly 'one stop' Clozaril clinics where patients could attend and have their blood taken and tested on site, receive basic physical health monitoring and checks for side effects from their medication. Staff could then provide Clozaril tablets to take home, dependant on the results of the blood test. Clozaril is a medication that requires regular blood testing to ensure it is safe for the patient to take; therefore the team were able to re test patients' blood at different intervals and liaise with other professionals such as the Clozaril patient monitoring service, pharmacy and psychiatrists when blood tests were outside normal ranges. Staff and patient feedback was very positive, and they agreed the clinics were efficient and had improved the patient experience.
- In the Sandwell CMHTs, the lead psychologist had developed a training programme for staff. This covered three levels including basic awareness for all staff, fundamental skills for trained staff and advanced practice, which looked at cognitive behavioural therapy for personality disorders, anxiety, and psychosis and deliberate self-harm. Managers gave staff time to attend the training and the psychologists provided group supervision to enhance the use of these skills. We observed the group supervision. It was interactive and gave staff the opportunity to discuss how they were putting these skills in to practice in a safe and supportive environment.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure all services use one system for record keeping, ensuring that staff can access information when needed.
- The trust should ensure that staff transfer information from contact notes to care plans and that Sandwell CMHTs record patient's involvement in the development of the care plans.
- The trust should ensure that the wellbeing service have clear guidance about the purpose of the new service and a permanent base where they can see clients and work as a team.

Black Country Partnership NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Sandwell Single Point of Referral	Quayside
Wolverhampton Wellbeing Service	Brookland Health Centre
Wolverhampton Complex Care Team - South	Penn Hospital
Wolverhampton Complex Care Team - North	Steps To Health
Sandwell Community Mental Health Team - North	Quayside
Sandwell Community Mental Health Team - South	Quayside

Mental Health Act responsibilities

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

Mental Health Act (MHA) training was not mandatory for this trust. Sixty six percent of staff had received training and the others had been booked on to this. They demonstrated an understanding of the act and the code of practice.

Paperwork for community treatment orders was in place and completed in line with the guidance. Patients had their rights read to them on a regular basis. Staff could seek guidance from the MHA team and talk to psychiatrists if they needed additional support.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- Interview rooms in the Wolverhampton north and south teams had alarms fitted which linked to the reception. The Sandwell single point of referral service (SPOR) and the Sandwell community mental health teams were based in the same building. Staff had access to handheld alarms, which they used in interview rooms. The Wellbeing service did not see clients in their building, which was a temporary base.
- All sites had well-equipped, well-organised and clean clinic rooms, except the Wellbeing service which did not have one. Emergency equipment, including defibrillators and oxygen, was checked daily to ensure that it was fit for purpose and couldbe used effectively in an emergency. The Sandwell community mental health teams did not have a couch in their clinic room. The trust had introduced a new system for monitoring fridge temperatures. This was linked to the hospital so that an alarm was activated if there was an issue out of hours.
- In all services, areas were observed to be clean with well-maintained furniture. Buildings were cleaned by the trust's own cleaning services. We saw timetables and worksheets, which showed that cleaners were in the buildings on a regular basis.
- All services displayed posters on handwashing and infection control. Handwashing gel was readily available for staff and patients throughout the buildings.
- All equipment we looked at was well maintained, serviced appropriately and in date. All electrical equipment had safety testing stickers attached.

Safe staffing

- The trust decided the staffing establishment levels based on the needs of patients and number of referrals. All teams had a range of band seven, band six and band five nurses. The Wolverhampton complex care team north had 20 whole time equivalent (WTE) nurses; SPOR had 11.6 WTE nurses; Sandwell south 18 WTE; Sandwell north had 19 WTE nurses and the Wellbeing service had 8.20 WTE nurses.
- Vacancy rates at the time of the inspection were 18.5% for the Wolverhampton complex care teams; 3.4% for Sandwell CMHT north; 0.8% for Sandwell CMHT south; the SPOR team was 26.1% and the Wellbeing service 6.49%. These vacancies were mainly for band 5 and band 6 posts.
- All teams, except SPOR who only carried out assessments on new referrals, had a mix of staff, which included psychologists, psychology assistants, occupational therapists, support time and recovery (STR) workers, community recovery workers, and administration staff.
- SPOR are a triage and assessment team so staff did not hold caseloads. Average caseloads for all the other teams were 25 – 30 cases for complex cases and 30 plus cases for those with a lower level of need. Staff received regular caseload supervision every four to six weeks to ensure caseloads were manageable.
- The services used bank and agency staff to provide additional cover when needed. Where possible, regular staff on part time hours would provide bank cover. Managers interviewed agency staff to establish their suitability for the service and ensured that they received a thorough induction. Where possible, teams used regular bank and agency staff to minimise disruption to the patients.
- The Wolverhampton complex care teams had three consultant psychiatrists attached to each team. The consultants were supported by a combination of six senior house officers and junior doctors. The Wolverhampton teams had recently restructured how doctors worked and each consultant now retained responsibility for a patient even if they were admitted to the ward. This ensured continuity of care for patients. The Sandwell CMHTs had three consultants for each team and access to an assertive engagement consultant based in the same building. The SPOR service referred patients to a psychiatrist in the Sandwell teams if a need was identified as part of the assessment. The Wellbeing team had access to a psychiatrist in the complex care team if a patient needed a medication review. Staff could refer patients back to the complex care teams if their needs changed. This was a primary care service where GPs were the responsible medical officers. The services operated between 9am and 5pm and the crisis

Good

Are services safe?

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

and home treatment teams provided out of hours support or patients could access the mental health liaison nurse at the local accident and emergency department.

- The trust has a target of 85% completion rate for its mandatory training courses. All teams had achieved the trust target or above. The compliance rate for these services was 93.1% from 1 July 2015 to 30 June 2016.

Assessing and managing risk to patients and staff

- We looked at 33 sets of records across the six services. The SPOR was a nurse led service, which triaged and assessed patients before signposting to the most appropriate service to meet the patient's needs. The services use the Sainsbury risk assessment tool. Of the six set of records we looked at in this service, staff had completed risk assessments and crisis plans detailing the patient's wishes had been put in place. We looked at 27 sets of records across the Wolverhampton complex care teams, the Wellbeing service and Sandwell CMHTs. Of these, 25 had completed risk assessments, which staff had updated with appropriate alerts when needs changed. Staff discussed with patients and recorded their advance decisions about the way they would like to be treated and supported should needs change.
- Staff responded promptly to deterioration in patients' mental health as they had easy access to psychiatrists in most of the services. Weekly meetings between ward staff, crisis teams, and the community teams meant that staff communicated well regarding patients and potential changes in risk and need for support. The waiting lists were reviewed weekly to monitor these patients for increased level of risk.
- All services had waiting lists, which staff discussed at allocations and team meetings to ensure they met the changing needs of patients. The Sandwell CMHTs had taken on additional bank and agency staff to help reduce waiting times for patients. The Sandwell community mental health team south had a waiting list of 251 patients and the Sandwell CMHT north had 265 patients. These patients were seen within the 18-week target. The Wellbeing service had a waiting list of 202 patients with an average wait of 9 weeks. At the time of the inspection, Wolverhampton complex care teams had a waiting list of 534 patients with an average wait of 44 weeks which was outside their 18 week target. The Wellbeing service had a waiting list of 202 patients with an average wait of 9 weeks.
- The patients on the lists had been assessed as part of the triage system provided by SPOR in Sandwell and the mental health liaison service in Wolverhampton. They ensured urgent referrals were passed straight to the complex care teams and those waiting had a lower level of need and risk. All teams reviewed the waiting lists in team meetings and assessed changing levels of risk to ensure patients' needs were met. Patients could be seen urgently or seek advice through the duty workers available in each team. In Wolverhampton the duty workers could arrange an appointment for a face-to-face meeting on the same day and had access to psychiatrists for further support if they felt a patients needs had changed significantly. Some patients were waiting for group sessions and had to wait for a new group to start.
- Teams were 100% compliant for safeguarding children and safeguarding adults level two. Managers reported there had been difficulty accessing enough places on safeguarding adults level 3 but this had been resolved and all staff who hadn't completed the training were booked on to it. Staff demonstrated a good understanding of safeguarding and knew what to report. Managers discussed safeguarding in supervision and staff could speak to the safeguarding lead at the trust.
- Staff in all services adhered to the trust's lone working policy. They did initial assessment visits in pairs to complete risk assessments and carried work mobile phones. They completed the online diary so it was clear where they were visiting and their estimated time of return. In the Sandwell CMHT's, it had been identified that some staff had not logged back in after visits. Managers provided additional training on lone working and placed posters on the doors to remind staff of the protocol to use.
- The services stored, ordered and administered depot injections. We saw that the medicines were effectively stored and that staff followed the trust's transportation of medicines policy when taking depots to the patients' homes. Patient's prescription charts were completed correctly and were in date, except in the Wolverhampton complex care team where two charts had not been updated following patients' recent

Good

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admission to hospital. We raised this with the manager who ensured this was resolved before we left the site. At the Sandwell CMHT site, some oral medicines, which were no longer required due to a change in trust policy, had not been disposed of. Managers told us they would dispose of this medicine immediately.

Track record on safety

- The trust reported 20 serious incidents for these services from beginning of July 2015 to end of June 2016. Nineteen of these, were unexpected deaths, of which thirteen had happened in the patient's own home. These incidents were split across eight teams with complex care reporting the highest number with seven.
- Managers gave examples of serious incidents and root cause analysis being completed for these, which included suicides and patients being discharged from out of county hospitals without accommodation being sourced. The trust identified that communication between professionals needed to be improved and risk and contingency plans put in place. Staff needed additional support and training when being allocated significantly complex cases.

Reporting incidents and learning from when things go wrong

- The six services had reported 233 incidents on the electronic recording system from beginning of October 2015 to 31 September 2016. The highest proportion, 69 incidents, was reported under clinical care (delays/failures/errors/health deterioration) and the lowest for medical devices/equipment. Sandwell CMHT reported the highest number of incidents with 58 and the Wellbeing service in Wolverhampton the lowest with 18.
- All staff knew which incidents to report and did this using the electronic reporting system. They reported issues such as problems with medication, physical/non-physical violence and aggression and self-harm.
- Staff informed patient and relatives as soon as they could after an incident. Patients received a letter detailing the issue and potential risks and who to contact if they needed further support.
- Staff received feedback from investigations through supervision and team meetings. Managers and deputies debriefed staff and discussed the implementation of action points.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We looked at 33 patient records. Initial assessments had been completed in 31 sets of records and care plans in 30. Three did not contain care plans but these were new patients and staff had not finished completing the plans. Some care plans lacked detail, although they were recovery focussed and personalised. Staff recorded more information in the clinical records but did not always transfer information to the care plans.
- The services used a mix of paper records and electronic recording systems. The teams in Sandwell had a different electronic system to the one used by the teams in Wolverhampton. This meant it was difficult for new staff or agency and bank staff to follow the systems in place or access patients' information in a timely manner. Staff stored paper records in locked storage areas and kept the keys in a locked box. In the Sandwell CMHTs the records were kept in large locked cabinets and staff found it time consuming to locate the correct files due to the large number of files stored.

Best practice in treatment and care

- Services used national institute for health and care excellence when prescribing medication; including psychosis and schizophrenia in adults (NICE guideline CG178).
- All services, except SPOR, offered a wide range of psychological therapies including cognitive behavioural therapy, dialectical behavioural therapy, eye movement desensitisation and reprocessing therapy as recommended by NICE guidance.
- All teams referred patients to external organisations for housing, employment, and benefits advice. The Wellbeing service felt it was important to take a holistic approach to supporting patients and staff helped patients with these issues. The STR workers and community recovery workers supported patients to access services.
- All community patients in the Wolverhampton complex care teams and the Sandwell CMHTs received an annual health check and patients who were on high dose antipsychotics, lithium and depot (regular injection) medications had their physical health regularly monitored, as set out in psychosis and schizophrenia in adults (NICE guideline CG178).Staff provided advice and written information on exercise, smoking cessation and appropriate diet. The Wolverhampton complex care teams and Sandwell CMHTs had introduceddedicated physical health teams comprising of qualified nurses and healthcare assistants. They provided weekly 'one stop' Clozaril clinics where patients could attend and have their blood taken and tested on site, receive basic physical health monitoring and checks for side effects from their medication. Staff could then provide Clozaril tablets to take home, dependant on the results of the blood test. Clozaril is a medication that requires regular blood testing to ensure it is safe for the patient to take; therefore the team were able to re test patients' blood at different intervals and liaise with other professionals such as the Clozaril patient monitoring service, pharmacy and psychiatrists when blood tests were outside of normal range. Staff and patient feedback was very positive and they agreed that the clinics were efficient and had improved the patient experience.
- Services used mental health care clusters to monitor outcomes for patients. Each cluster described a group of people according to their mental health difficulties and needs. Staff used this to identify a needs based profile to ensure that patients received appropriate treatment. They also used the threshold assessment grid, which assessed the severity of a patient's mental health problems across seven domains.
- Staff carried out audits around case notes, infection control, environmental checks, and waiting times in the depot clinic and high dose antipsychotics. Managers used learning and actions from these to improve issues such as recording information in case records. The audit of the depot clinic identified issues with the number of people waiting in the Wolverhampton complex care teams. Staff developed a ticketing system, which improved the flow of patients through the clinic and reduced the number of patients waiting in reception.

Skilled staff to deliver care

- SPOR was a nurse led assessment and triage team, which used nurses. The other services had a wide range of staff including psychiatrists, psychologists, occupational therapists, mental health and physical health nurses, STR workers and community recovery workers. Staff reported that the end of the section 75 agreement, which had meant social workers from the

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local authority were placed within the teams, had been detrimental to the way services operated and meant delays in patients receiving a service from social workers because of the referral process.

- All services trained staff in CBT techniques. In the Sandwell CMHTs, the lead psychologist had developed a training programme for staff, which covered three levels including basic awareness for all staff, fundamental skills for trained staff and advanced practice, which looked at CBT for personality disorders, anxiety, and psychosis and deliberate self-harm. Managers gave staff time to attend the training and the psychologists provided group supervision to enhance the use of these skills. We observed the group supervision; it was interactive and gave staff the opportunity to discuss how they were putting these skills in to practice in a safe and supportive environment.
- Staff received a corporate induction and a local induction, which included the opportunity to shadow established staff and visits to other teams.
- Staff received clinical and case management supervision every 6-8 weeks. One hundred percent of staff, who were eligible, had received an annual appraisal. They also accessed psychology led group supervision for CBT and could attend groups on trauma and hearing voices. Staff had access to the personality disorder network provided by staff with expertise in this area so that they could discuss individual cases and seek advice. The trust also provided a psychosis network, which was a group of professionals from the trust and experts by experience who had been developing a care pathway for psychosis but also provided a forum that staff could access for advice and sharing good practice.
- Managers addressed issues with staff performance through supervision initially and then with the support of the trust's human resources department if a more formal process was required.

Multi-disciplinary and inter-agency team work

- All teams held weekly multidisciplinary team meetings. Topics discussed included staffing and recruitment, training, safeguarding and referrals. These meetings were well attended and the minutes up to date and detailed.
- Staff from the Wolverhampton complex care teams, the Wellbeing team and the Sandwell CMHTs attended weekly meetings with staff from the wards and the crisis team to discuss the needs and risks of patients. The Sandwell teams, including SPOR, held a weekly allocations meeting to look at the referrals that SPOR had assessed and how these would be managed. The Sandwell teams, held a daily morning meeting to discuss patients under complex care and give updates on risk, crisis, admissions and safeguarding. This ensured a safe and effective handover of patients between services.
- Staff reported that handover to social services had been easier while social workers worked within the teams under the section 75 agreement with the local authority. Although the agreement had ended, staff maintained good relationships with the social workers and made referrals when appropriate. Sandwell teams had developed good working relationships with the trust's chaplaincy department and gave examples of how this helped them to engage with some patients. The STR worker in Sandwell had developed a full programme of community activities such as accessing the local gym by building relationships with other organisations in the community. Staff also said they appreciated the support for carers that they accessed through the carers team at the trust.

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

- Staff had received Mental Health Act training or had been booked on to this and showed an awareness of the code of practice and the guiding principles.
- We looked at the community treatment order (CTO) paperwork for eight patients across the Wolverhampton complex care teams and Sandwell CMHTs. Staff had completed documentation in line with the guidance and it was recorded correctly in the patients' records. Managers stated that they had received guidance on this from the trust's Mental Health Act team following the last inspection.
- Records showed that patients had their rights under CTO's explained to them on a regular basis.
- Patients could access the independent mental health advocacy service and leaflets were available in all services. Staff knew who the provider was and how to make referrals.
- Teams could speak to the Mental Health Act team at the trust for advice, guidance, and administrative support.
- Mental Health Act audits were completed by a central trust team.

Are services effective?

Good

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

Good practice in applying the Mental Capacity Act

- The policy on the Mental Capacity Act was held electronically and was available for all staff to refer to.
- Sixty six percent of staff had received training in the Mental Capacity Act (MCA). The others had been booked on to this training, which was not mandatory. Staff showed an understanding of the Mental Capacity Act and its five guiding principles.
- Staff discussed issues around capacity with colleagues and the psychiatrists so that decisions could be made in the best interests of patients. Staff said that they discussed capacity with patients. However, 33% of the notes we looked at did not show this was decision specific or person centred.

All staff we spoke to were able to tell us where they could get advice regarding the Mental Capacity Act. The team at the trust carried out Mental Capacity Act audits for these services.

Outstanding ☆

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff treated patients with dignity and respect. They took a kind and gentle approach while being proactive in assessing the needs of patients. We observed an assessment at the Wellbeing service where the worker took a holistic approach to the assessment asking questions about diet, sleep, and alcohol intake and considered the patients history. It was goal focussed but showed a compassionate and caring approach to the patient.
- Staff showed an understanding of the needs of their patients and demonstrated this during our discussions with them. Staff gave examples of where they had gone beyond the remit of their roles to support patients. One worker had supported a patient who was resident in this country but needed a passport to get the paperwork needed so that he could return home. The ability of the worker to speak the same language as the patient, who spoke English as a second language, enhanced the level of support and care they received. Sandwell CMHTs had continued to support a patient who had been placed out of area for legal reasons so that the patient received continuity of care.
- The STR worker in the Sandwell CMHTs had developed access to community activities such as the local gym and badminton. He had worked with the Albion foundation which was attached to the local football club to develop a football league for people with mental health issues. He also supported the recovery college in Sandwell, which included a choir. We observed these activities and they were well attended and patients said they helped to keep them motivated and gave them something to look forward to.
- The services provided a wide range of groups including dialectical behavioural therapy, anxiety management, emotional resilience, hearing voices, and recovery. During the group, we observed at the Wolverhampton complex care north team staff took an innovative and therapeutic approach to discussion. The group was inclusive and it was clear staff had relationships built on trust with the patients who felt able to speak about their experiences openly.
- The 17 patients we spoke to said that staff were accessible and they could get help without delay if they needed it. One patient said staff had supported them to change their worker when they felt they did not have a rapport with their allocated care co-ordinator. One patient told us that they could choose whether to have a family member present or not during one to one sessions and that, staff maintained confidentiality.

The involvement of people in the care they receive

- Fifteen patients said they had been involved in their care planning and reviews. Of the 33 records we looked at four did not record patient involvement in care planning. These records were in the Sandwell CMHTs.
- Staff invited carers to meetings with the consent of patients. The services displayed information for carers in reception areas. Staff made referrals to the carers support team at the trust to enhance support to carers.
- All staff knew who the advocacy provider was and how to make a referral if a patient requested this.

Services did not use patients in the recruitment of staff. However, patients at Wolverhampton complex care north had been consulted in the redecoration of the reception and waiting area.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Services had a clear referral criteria depending on the level of need and support required. Patients with a higher-level need were supported within complex care services while others were seen in primary care or the Wellbeing service. Patients could move between services if their level of need changed. In Wolverhampton, the mental health liaison team received referrals. They triaged referrals and passed them to the Wolverhampton complex care and the Wellbeing service for assessment. The Wellbeing service carried out the 7-day discharge assessments for patients in clusters one to seven leaving the acute mental health wards. In Sandwell these assessments were completed by the CMHTs. In Sandwell, referrals were received by SPOR who carried out the initial assessments and then signposted to the CMHTs according to level of need identified. They used a red, amber, green rating tool to ensure that urgent referrals could be allocated straight to the CMHTs for assessment. All teams, with the exception of SPOR, had a duty system covered by a team member who was available to give advice and guidance over the telephone to both patients and professionals. The Wolverhampton complex care team could see patients on the same day if needed.
- The mental health liaison team who were not part of this inspection managed and triaged referrals for Wolverhampton. The SPOR team managed all referrals for Sandwell. In the SPOR team, staff triaged referrals as they came in to the service. The target from referral to assessment was 28 days. They were meeting this target at the time of the inspection. They had a waiting list of 251 patients but the average waiting time for assessment was 3 weeks, which was within the 28 day target set for them. The team had a 'did not attend' rate of 40%. The team had a robust system for contacting patients including offering a second appointment and letting the GP know if patients did not attend appointments. The other teams had an 18-week target for seeing patients but prioritised urgent cases so they did not have to wait. The waiting times from referral to allocation of a care coordinator at the time of the inspection were Wellbeing service 5.64 weeks, Wolverhampton complex care teams 5.25 weeks and Sandwell CMHTs 9 weeks. The Wolverhampton complex care teams and Sandwell CMHTs did have waiting lists. In Sandwell, they had employed bank and agency staff to reduce the lists as the waiting list had been generated from the amalgamation of several teams being brought together to form two teams. The Sandwell community mental health team south had a waiting list of 251 patients with an average wait of 13 weeks and the Sandwell CMHT north had 265 patients who waited on average 11 weeks which was within their 18 week target. The Wolverhampton complex care teams had a waiting list of 94 patients with an average wait of 10.8 weeks; of these, 15 patients were waiting over 18 weeks but all but one of these had previously missed their appointment. The Wellbeing service had a waiting list of 202 patients with an average wait of 9 weeks. They had a 'did not attend' rate of 24% for assessments. Staff mitigated risks by reviewing cases weekly in team and allocation meetings and providing a daily duty service which patients could contact if needs changed.
- The teams took a proactive approach to re engaging with clients and keeping contact with those who found it difficult to engage. Staff gave examples of keeping cases open where they felt patients were particularly vulnerable and visiting at home on a regular basis to check that the patient was managing and did not need further support or had fallen into a crisis.
- Duty workers would make contact with patients who missed appointments by phone and if unsuccessful patients would be offered another appointment by letter. If this appointment was not attended, patients would receive a follow up letter 3 weeks later and if discharged from the service, the referrer would be informed.
- Teams could offer appointments between 8am and 6pm and tried to be as flexible as possible about appointments times. They visited patients at home if this was more convenient or could offer appointments in the clinics. The depot clinics in Sandwell took place on three different sites to improve access for patients.
- Staff tried not to cancel appointments but, if they had to, the duty workers or administration staff would make contact with the patient. One patient told us that they had not been informed when their appointment with the Wolverhampton complex care team north had been cancelled and only found out when the turned up.

The facilities promote recovery, comfort, dignity and confidentiality

Are services responsive to people's needs?

Good

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

- We did not inspect the facilities at the Wellbeing service as they had been split over three sites in temporary accommodation. We visited the site at brooklands road but the team did not see patients there. The other services had a full range of rooms and equipment to support patients including clinic rooms, smaller rooms for one to one sessions and group rooms.
- Interview rooms had adequate soundproofing to ensure confidentiality for patients.
- Services had a wide range of information available and this could be provided in different languages including Punjabi, Hindi and Polish.

Meeting the needs of all people who use the service

- All services had access for those with disabilities including lifts, downstairs meeting rooms and disabled toilets.
- Services had a wide range of information available and this could be provided in a range of languages including Punjabi, Hindi and Polish. Services had leaflets on the support and groups they provided and information about services they could access in the community such as carers information, debt advice, domestic abuse and sexual exploitation.
- Staff stated it was easy to access interpreters and people who could use sign language and gave examples of using these services. Some staff could speak other languages such as Punjabi and we observed staff using this to speak to patients in their native language.

Listening to and learning from concerns and complaints

- From 01 July 2015 to 30 June 2016, the services had received five complaints. One of the complaints was upheld. None of the complaints had been referred to the parliamentary health service ombudsman. The services had received 16 compliments in the same period.
- Staff encouraged patients to raise concerns and gave out complaints/compliments leaflets. Staff referred patients to the patient, advice and liaison service at the trust if they wanted to make a formal complaint. Patients could also give feedback using the friends and family leaflets available in reception areas. Staff would discuss issues with their managers who would speak to patients to see if they wanted to make a formal complaint.
- All services could give examples of meetings with patients and written responses to concerns raised. Staff received feedback through supervision and discussed action points in team meetings.

Are services well-led?

Good

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

Our findings

Vision and values

- The trust's values included honesty, openness, empowerment, dignity, and respect. Services displayed posters in reception and staff areas that depicted the values. Staff demonstrated they understood these values through the care and support they showed to patients.
- Team objectives reflected these values and were a part of supervision and appraisals.
- Staff knew who senior managers were and stated that they felt well supported by senior staff.

Good governance

- Staff received mandatory training and all services were above the compliance rate of 85% set by the trust.
- Staff received a high level of supervision including caseload management, clinical and group supervision. Managers had completed appraisals for all staff.
- Staff stated that patient care was their priority but the different systems used for recording patient information could be time-consuming especially locating paper records. The Sandwell CMHTs used large lockable cupboards and although records were stored alphabetically, staff said it was difficult to locate records quickly.
- Staff reported incidents and understood the reasons for doing this.
- Staff participated in audits such as those of case files, which happened every two weeks.
- Staff learnt from complaints and incidents. Managers used learning from these in supervision and team meetings. Staff also received information in the trust bulletin about wider issues across the trust.
- Staff demonstrated a good understanding of safeguarding. They had also received training about the Mental Health Act and the Mental Capacity Act and understood how to use these to support the patients in their care.
- Managers used a range of key performance indicators (KPIs) including the mental health clustering tool and referral to treatment times. The teams also had KPIs set around appraisals, sickness, care plans, mandatory training and outcomes for patients. Managers reviewed these in supervision.
- The team managers stated they had sufficient authority within their roles to develop teams and services they offered. They received support from administration staff.
- Staff felt they could raise issues with line managers who could escalate these to the trust risk register. Issues that related to this core service and were on the risk register included staffing and the impact of redesign of some services.

Leadership, morale and staff engagement

- The Sandwell CMHT north team had the highest sickness rate of 7.6% from July 2015 to June 2016. The lowest rate was 3.6% for the Wolverhampton complex care teams. Managers used regular bank staff or block booked agency staff to cover long-term sickness.
- The services reported no cases of bullying and harassment within the staff teams.
- Staff knew the whistle blowing policy and would use this if needed. Of the 42 staff we spoke to, only two said that they would not feel able to raise issues with their managers.
- The Sandwell CMHTs teams had been in operation for less than a year and had been formed by amalgamating other teams such as primary care, complex care, assertive outreach, and older adults. Staff still worked in their smaller teams and felt they had not fully integrated into the new teams. Managers acknowledged more work needed to be done to fully integrate teams and the trust had appointed an additional service manager to support the older adults' workers. Staff working in the Wolverhampton complex care teams and SPOR felt well supported by managers.
- Staff we spoke to enjoyed their work and were committed to providing quality services to patients. They felt team members supported each other and shared skills and good practice.
- Staff had the opportunity for career progression, although staff felt that the funding to support additional training was not always available. Staff in the wellbeing team felt there was limited opportunity to progress within the team.
- Staff gave examples of discussing incidents with patients when thing had gone wrong. They would inform patients as soon as possible and raise an incident alert on the electronic system.

Are services well-led?

Good

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

- Staff could feedback to managers locally about the development of services. They had been involved in the development of the personality disorder network and the psychosis network.
- The Wolverhampton complex care team south physical healthcare team had received a highly commended award at the recent trust excellence/quality awards for the development of this service.

Commitment to quality improvement and innovation

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.